

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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		22723.13
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	22723.13									
(c) Total Receipts (from Line 19)	128400.44	128400.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	151123.57	151123.57								
7. Total Disbursements (from Line 31)	92007.73	92007.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59115.84	59115.84								
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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	112950.64	112950.64
(ii) Unitemized	3279.99	3279.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)	116230.63	116230.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	11000.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	127230.63	127230.63
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)	1150.01	1150.01
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	19.80	19.80
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))	128400.44	128400.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	128400.44	128400.44

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.....	1507.73	1507.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1507.73	1507.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	90500.00	90500.00
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	0.00
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))..	92007.73	92007.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92007.73	92007.73

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)	127230.63	127230.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	127230.63	127230.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1507.73	1507.73
37. Offsets to Operating Expenditures (from Line 15, page 3)	1150.01	1150.01
38. Net Operating Expenditures (subtract Line 37 from Line 36)	357.72	357.72

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

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

FOR LINE NUMBER: PAGE 6 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. George D. Bartell

Mailing Address 4727 Denver Ave S

City State Zip Code
Seattle WA 98134-2316

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

Name of Employer The Bartell Drug Company Occupation Chairman and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 9 / 2 0 1 1

Transaction ID: 33000564

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Ms. Carol Kelly

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 National Association of Chain Drug Sto Occupation Senior Vice President, Government Affa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 3 / 2 0 1 1

Transaction ID: 33014360

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard A. Cognetti

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 Kinney Drugs, Inc. Occupation Member, Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 5 / 2 0 1 1

Transaction ID: 33118237

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **7600.00**

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: PAGE 7 / 55

(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. Larry J. Merlo

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

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

Name of Employer Occupation
CVS Caremark Corporation President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 28 / 2011

Transaction ID: 33119149

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Dr. J.P. Borneman, PhD

Mailing Address PO Box 87

City State Zip Code
Bryn Mawr PA 19010-0087

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

Name of Employer Occupation
Hyland's, Inc. Chairman and Chief Executive Officer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 33119184

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sally Cranney

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 Director, Meetings and Special Events

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 33119185

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 55
	<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. Sharon Sternheim	Date of Receipt MM / DD / YYYY 03 / 18 / 2011
	Mailing Address 969 Madison Ave	Transaction ID: 33121736
	City State Zip Code New York NY 10021-2763	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Thriftway/Zitomer Drug Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Mr. R. James Huber	Date of Receipt MM / DD / YYYY 03 / 29 / 2011
	Mailing Address PO Box 1417-D49	Transaction ID: 33121742
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Chain Drug Sto Occupation Executive Vice President and Chief Fin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Mr. Craig C. Painter	Date of Receipt MM / DD / YYYY 03 / 29 / 2011
	Mailing Address 520 E Main St	Transaction ID: 33121744
	City State Zip Code Gouverneur NY 13642-1561	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	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) ▼ Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	10365.00
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: PAGE 9 / 55
(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)
Mr. Warren D. Wolfson

Mailing Address 100 E Washington St

City State Zip Code
Syracuse NY 13202-1612

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

Name of Employer Kinney Drugs, Inc. Occupation Attorney at Law, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2011

Transaction ID: 33136207

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Ms. Bridget-ann Hart

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 Kinney Drugs, Inc. Occupation President and Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2011

Transaction ID: 33136208

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Mr. David C. McClure

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 Kinney Drugs, Inc. Occupation Vice President, Retail Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2011

Transaction ID: 33136209

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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: PAGE 10 / 55
(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)
Mr. Gregory D. Wasson

Mailing Address 200 Wilmot Rd

City State Zip Code
Deerfield IL 60015-4620

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

Name of Employer Walgreen Co. Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2011

Transaction ID: 33136213

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Mr. Stephen P. McCoy

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 Kinney Drugs, Inc. Occupation EVP and CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2011

Transaction ID: 33136214

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard J. Hartig

Mailing Address 703 Main St

City State Zip Code
Dubuque IA 52001-6814

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

Name of Employer Hartig Drug Company, Inc. Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 06 / 2011

Transaction ID: 33142966

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **6865.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 55		
	<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

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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. Robert J. Narveson	Date of Receipt MM / DD / YYYY 04 / 06 / 2011
	Mailing Address 6901 E Fish Lake Rd Ste 118	Transaction ID: 33142968
	City State Zip Code Maple Grove MN 55369-5454	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Thrifty White Stores Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Christopher T. Dimos, RPh	Date of Receipt MM / DD / YYYY 04 / 07 / 2011
	Mailing Address 1206 Maple Avenue	Transaction ID: 33153758
	City State Zip Code Downers Grove IL 60515-4816	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SUPERVALU INC. Occupation President, Pharmacy Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Steven C. Anderson	Date of Receipt MM / DD / YYYY 04 / 07 / 2011
	Mailing Address PO Box 1417-D49	Transaction ID: 33154155
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Chain Drug Sto Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	8500.00
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: PAGE 12 / 55
(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. Joe Courtright

Mailing Address 2100 Brookwood Dr

City State Zip Code
Little Rock AR 72202-1734

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

Name of Employer Occupation
USA Drug Chief Executive Officer and President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 33182611

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Andrew A. Giancamilli

Mailing Address 19803 Parke Lane

City State Zip Code
Grosse Ile MI 48138-1027

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

Name of Employer Occupation
Rexall Pharma Plus Chief Executive Officer, North America

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 33183355

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Mark E. Griffin

Mailing Address 2701 S Minnesota Ave Ste 1

City State Zip Code
Sioux Falls SD 57105-4746

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

Name of Employer Occupation
Lewis Drugs, Inc. President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 33183501

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 55
	<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

A.	Full Name (Last, First, Middle Initial) Mr. Thomas M. Ryan		Date of Receipt
	Mailing Address 1 Cvs Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 14 / 2011
	City	State	Zip Code
	Woonsocket	RI	02895-6146
	FEC ID number of contributing federal political committee. C		Transaction ID: 33183505
Name of Employer CVS Caremark Corporation		Occupation Chairman of the Board, President and C	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 ▼ 5000.00	<input type="text"/> 5000.00

B.	Full Name (Last, First, Middle Initial) Mr. Anthony N. Civello		Date of Receipt
	Mailing Address 3220 Spring Forest Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 14 / 2011
	City	State	Zip Code
	Raleigh	NC	27616-2822
	FEC ID number of contributing federal political committee. C		Transaction ID: 33183506
Name of Employer Kerr Drug, Inc.		Occupation Chairman, President & CEO	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 ▼ 5000.00	<input type="text"/> 5000.00

C.	Full Name (Last, First, Middle Initial) Mr. Curt Maki		Date of Receipt
	Mailing Address 7711 Gross Point Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 15 / 2011
	City	State	Zip Code
	Skokie	IL	60077-2615
	FEC ID number of contributing federal political committee. C		Transaction ID: 33184254
Name of Employer Topco Associates LLC		Occupation VP, Program Management, HBC, General M	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 ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 10250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 14 / 55
(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)
Steve Kaczynski

Mailing Address 9400 NW 104 Street

City State Zip Code
Medley FL 33178-1333

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

Name of Employer Occupation
Navarro Discount Pharmaci- Chief Executive Officer
es

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2011

Transaction ID: 33200370

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles C. Butt

Mailing Address 646 S Main Ave

City State Zip Code
San Antonio TX 78204-1210

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

Name of Employer Occupation
H-E-B Chairman and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2011

Transaction ID: 33203551

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert D. Loeffler

Mailing Address 646 S Main Ave

City State Zip Code
San Antonio TX 78204-1210

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

Name of Employer Occupation
H-E-B Chief Administrative Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2011

Transaction ID: 33203570

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 10250.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 55
(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)
Mr. Craig Boyan

Mailing Address 646 S Main Ave

City San Antonio State TX Zip Code 78204-1210

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

Name of Employer H-E-B Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 19 / 2011
Transaction ID: 33203573
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Mr. Martin Otto

Mailing Address 646 S Main Ave

City San Antonio State TX Zip Code 78204-1210

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

Name of Employer H-E-B Occupation CFO and EVP of Merchandising/Procurement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 19 / 2011
Transaction ID: 33203575
Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
Mr. Craig Norman

Mailing Address 646 S Main Ave

City San Antonio State TX Zip Code 78204-1210

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

Name of Employer H-E-B Occupation Senior Vice President, Pharmacy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 19 / 2011
Transaction ID: 33203579
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 8500.00

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: PAGE 16 / 55

(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

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. Dennis F. Wiesner

Mailing Address 3481 Fredericksburg Rd

City State Zip Code
San Antonio TX 78201-3848

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

Name of Employer Occupation
H-E-B Senior Director Privacy, Pharmacy and

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: 33203582

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. William F. Wolfe

Mailing Address 30 Hunter Ln

City State Zip Code
Camp Hill PA 17011-2400

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

Name of Employer Occupation
Rite Aid Corporation Group Vice President, Managed Care and

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 1

Transaction ID: 33215309

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Ms. Julie A. Philp

Mailing Address 1701 16th St., NW #342

City State Zip Code
Washington DC 20009-3132

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

Name of Employer Occupation
National Association of Chain Drug Sto Director, Gov't Affairs

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: 33215848

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 55
	<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) David Bellaire	Date of Receipt MM / DD / YYYY 04 / 26 / 2011
	Mailing Address 60 Old Stratton Chase, NW	Transaction ID: 33221471
	City State Zip Code Atlanta GA 30328-3652	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Bain & Company, Inc. Senior Partner, Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Paul E. Beahm	Date of Receipt MM / DD / YYYY 04 / 26 / 2011
	Mailing Address 702 SW 8th St	Transaction ID: 33221954
	City State Zip Code Bentonville AR 72716-6209	Amount of Each Receipt this Period 1001.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Wal-Mart Stores, Inc. Senior Vice President and General Merc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.00	

C.	Full Name (Last, First, Middle Initial) Ms. Mary Sammons	Date of Receipt MM / DD / YYYY 04 / 27 / 2011
	Mailing Address 30 Hunter Ln	Transaction ID: 33229339
	City State Zip Code Camp Hill PA 17011-2400	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Rite Aid Corporation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	7001.00
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: PAGE 18 / 55

(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. Mary Staples		Date of Receipt																				
	Mailing Address 1560 E Southlake Blvd Ste 230		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		2	7		2	0	1	1													
	City State Zip Code Southlake TX 76092-6456		Transaction ID: 33229340																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																					
Name of Employer National Association of Chain Drug Sto		Occupation Director, State Government Affairs																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																					

B.	Full Name (Last, First, Middle Initial) Mr. Scott Verner		Date of Receipt																				
	Mailing Address 2400 NW 55th Ct		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		3	0		2	0	1	1													
	City State Zip Code Fort Lauderdale FL 33309-2672		Transaction ID: 33249974																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																					
Name of Employer Nipro Diagnostics		Occupation President & CEO																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00																					

C.	Full Name (Last, First, Middle Initial) Mr. Kermit Crawford, RPh		Date of Receipt																				
	Mailing Address 200 Wilmot Rd		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		3	0		2	0	1	1													
	City State Zip Code Deerfield IL 60015-4620		Transaction ID: 33249976																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00																					
Name of Employer Walgreen Co.		Occupation Senior Vice President of Pharmacy																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00																					

SUBTOTAL of Receipts This Page (optional)	3750.00
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: PAGE 19 / 55
(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)
Mr. John C. Vayianos

Mailing Address 74 20th St

City State Zip Code
Brooklyn NY 11232-1101

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

Name of Employer Occupation
PROFOOT Inc. Vice President, Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: 33249978

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Ralph E. Petri

Mailing Address 3220 Spring Forest Rd

City State Zip Code
Raleigh NC 27616-2822

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

Name of Employer Occupation
Kerr Drug, Inc. EVP, Pharmacy & Logistics

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: 33249980

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert Thompson

Mailing Address 30 Hunter Ln

City State Zip Code
Camp Hill PA 17011-2400

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

Name of Employer Occupation
Rite Aid Corporation Vice President, Pharmacy Business Deve

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: 33249984

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 55
(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"/>		<input type="checkbox"/>		<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

A. Full Name (Last, First, Middle Initial)
Mr. Jeffery H. Gerchenson

Mailing Address 7711 N Merrimac Ave

City Niles State IL Zip Code 60714-3423

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

Name of Employer ALVA-AMCO Pharmacal Cos., Inc. Occupation Chairman, President and Chief Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 30 / 2011

Transaction ID: 33249986

Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Mr. Todd Guinn

Mailing Address 9501 E Shea Blvd

City Scottsdale State AZ Zip Code 85260-6719

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

Name of Employer CVS Caremark Corporation Occupation Assistant Vice President, Pharmacy Net

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 30 / 2011

Transaction ID: 33249994

Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Mr. Gregg Johnson

Mailing Address 2400 NW 55th Ct

City Fort Lauderdale State FL Zip Code 33309-2672

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

Name of Employer Nipro Diagnostics Occupation Vice President, Consumer Healthcare

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 30 / 2011

Transaction ID: 33249996

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1095.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 55
	<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. A.P. Skip Aldridge	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address PO Box 9606	Transaction ID: 33250001
	City State Zip Code Mission Hills CA 91346-9606	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pharmavite	Occupation Executive Vice President and Chief Cus	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Mr. Todd M. Kwait	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 23230 Chagrin Blvd Ste 340	Transaction ID: 33250005
	City State Zip Code Cleveland OH 44122-5431	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Product Quest Manufacturi- ng, LLC	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Matthew Leonard	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 1 Cvs Dr	Transaction ID: 33250014
	City State Zip Code Woonsocket RI 02895-6146	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CVS Caremark Corporation	Occupation Senior Vice President, Pharmacy Mercha	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1865.00
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: PAGE 22 / 55
(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. David Neu

Mailing Address PO Box 959

City State Zip Code
Valley Forge PA 19482-0959

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

Name of Employer Occupation
AmerisourceBergen Corpora- Senior Vice President, Retail Sales an-
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 33319303

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Robert J. Kwait

Mailing Address 23230 Chagrin Blvd Ste 340

City State Zip Code
Cleveland OH 44122-5431

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

Name of Employer Occupation
Bob Kwait Consulting Grou- Chairman
p/Kwait & Ass

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 33319305

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Robert J. Narveson

Mailing Address 6901 E Fish Lake Rd Ste 118

City State Zip Code
Maple Grove MN 55369-5454

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

Name of Employer Occupation
Thrifty White Stores President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 33319308

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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: PAGE 23 / 55
(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. Curt Behrens

Mailing Address 50 N Ela St

City State Zip Code
Barrington IL 60010-3265

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

Name of Employer P2B, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 05 / 13 / 2011
Transaction ID: 33319309
Amount of Each Receipt this Period: 365.00

B.

Full Name (Last, First, Middle Initial)
Mr. Don L. Bell, II

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 National Association of Chain Drug Sto Occupation Senior Vice President, Legal Affairs a

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.35

Date of Receipt: 06 / 30 / 2011
Transaction ID: PR1054895625787
Amount of Each Receipt this Period: 865.35
P/R Deduction (\$96.15 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. David M. Fitzsimmons

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 National Association of Chain Drug Sto Occupation Vice President, Finance and Accounting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt: 06 / 30 / 2011
Transaction ID: PR1054896225787
Amount of Each Receipt this Period: 230.76
P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1461.11**

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 24 / 55
(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)
Mrs. Sandra Kay Guckian

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 & Deputy Director, Stat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 913.45

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1054896925787
Amount of Each Receipt this Period 913.45
P/R Deduction (\$96.15 Bi-Weekly)

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

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 ▼ 461.52

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1054897025787
Amount of Each Receipt this Period 461.52
P/R Deduction (\$38.46 Bi-Weekly)

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

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 ▼ 923.04

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1054897925787
Amount of Each Receipt this Period 923.04
P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 2298.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 55
	<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. Paul T. Kelly	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address PO Box 1417-D49	Transaction ID: PR1055164125787
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 764.38
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$72.11 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Federal Legislative Af	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 764.38	

B.	Full Name (Last, First, Middle Initial) Ms. Diane Darvey	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address PO Box 1417-D49	Transaction ID: PR1055165025787
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 461.52
	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, Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

C.	Full Name (Last, First, Middle Initial) Mr. Larry Lotridge	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address PO Box 1417-D49	Transaction ID: PR1055173625787
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 230.76
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Conference Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

SUBTOTAL of Receipts This Page (optional)	1456.66
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 26 / 55
(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)
Mr. Kevin N. Nicholson

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: National Association of Chain Drug Sto
Occupation: Vice President, Government Affairs & P

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt: 06 / 30 / 2011
Transaction ID: PR1055174725787
 Amount of Each Receipt this Period: 326.91
 P/R Deduction (\$19.23 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Julie Khani

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: National Association of Chain Drug Sto
Occupation: Vice President, Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
473.04

Date of Receipt: 06 / 30 / 2011
Transaction ID: PR1055177425787
 Amount of Each Receipt this Period: 473.04
 P/R Deduction (\$39.42 Bi-Weekly)

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

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: National Association of Chain Drug Sto
Occupation: SVP, Marketing, Communications, & Medi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.16

Date of Receipt: 06 / 30 / 2011
Transaction ID: PR2231851425787
 Amount of Each Receipt this Period: 923.16
 P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **1723.11**

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 27 / 55

(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. Christine M. Kopple		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address PO Box 1417-D49		Transaction ID: PR2257462225787		
	City Alexandria	State VA	Zip Code 22313-1480	Amount of Each Receipt this Period 413.47	
	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 ▼ 413.47			

B.	Full Name (Last, First, Middle Initial) Mr. Marc Schloss		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address PO Box 1417-D49		Transaction ID: PR2390680725787		
	City Alexandria	State VA	Zip Code 22313-1480	Amount of Each Receipt this Period 230.76	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)		
Name of Employer National Association of Chain Drug Sto		Occupation Director, Federal Government Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.76			

C.	Full Name (Last, First, Middle Initial) Jennifer Anne Foley		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 218 7th Street NE Apt B		Transaction ID: PR2489082325787		
	City Washington	State DC	Zip Code 20002-6075	Amount of Each Receipt this Period 461.52	
	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 ▼ 461.52			

SUBTOTAL of Receipts This Page (optional)	1105.75
TOTAL This Period (last page this line number only)	112950.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 55

(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 checked="" 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)
National Association of Chain Drug Stores
Mailing Address 413 N. Lee Street

City State Zip Code
Alexandria VA 22313-1480

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
207.68

Date of Receipt

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

Transaction ID: 33006237

Amount of Each Receipt this Period

55.95

Jan.11 - Bank Fees Reimbursement

B.

Full Name (Last, First, Middle Initial)
National Association of Chain Drug Stores
Mailing Address 413 N. Lee Street

City State Zip Code
Alexandria VA 22313-1480

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
386.58

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 33147823

Amount of Each Receipt this Period

178.90

Feb/Mar.11 - Bank Fees Reimbursement

C.

Full Name (Last, First, Middle Initial)
National Association of Chain Drug Stores
Mailing Address 413 N. Lee Street

City State Zip Code
Alexandria VA 22313-1480

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
612.58

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 33330560

Amount of Each Receipt this Period

226.00

Apr.11 - Bank Fees Reimbursement

SUBTOTAL of Receipts This Page (optional)

460.85

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 29 / 55
(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 checked="" 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)
National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City	State	Zip Code
Alexandria	VA	22313-1480

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

Name of Employer	Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1150.01

Date of Receipt

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

Transaction ID: 33447637

Amount of Each Receipt this Period

537.43

May 11 Bank Fees Reimbursement

SUBTOTAL of Receipts This Page (optional)	▶	537.43
TOTAL This Period (last page this line number only)	▶	998.28

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 55
(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)
Wal-Mart Stores PAC

Mailing Address 702 SW 8th Street

City Bentonville State AR Zip Code 72716

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2011

Transaction ID: 33105242

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Walgreen Co. PAC

Mailing Address 104 Wilmot Road, M.S.
#1447

City Deerfield State IL Zip Code 60015-6200

FEC ID number of contributing federal political committee. **C** C00160770

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2011

Transaction ID: 33121743

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Pharmavite PAC

Mailing Address 8510 Blaboa Boulevard

City Northridge State CA Zip Code 91325

FEC ID number of contributing federal political committee. **C** C00410654

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2011

Transaction ID: 33203549

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 11000.00

TOTAL This Period (last page this line number only) ► 11000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1445 New York Ave, NW City Washington State DC Zip Code 20005 Purpose of Disbursement 01/31/11 Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32935808 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1	Amount of Each Disbursement this Period 44.95 01/31/11 Merchant Fees
B.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1445 New York Ave, NW City Washington State DC Zip Code 20005 Purpose of Disbursement 01/31/11 Analysis/Ck. Imaging Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32935809 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1	Amount of Each Disbursement this Period 11.00 01/31/11 Analysis/Ck. Imaging Fee
C.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1445 New York Ave, NW City Washington State DC Zip Code 20005 Purpose of Disbursement 02/28/11 Analysis/Ck. Imaging Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33032009 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	Amount of Each Disbursement this Period 33.00 02/28/11 Analysis/Ck. Imaging Fees

SUBTOTAL of Disbursements This Page (optional)	88.95
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 32 / 55

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SunTrust Bank</p> <p>Mailing Address 1445 New York Ave, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 02/28/11 Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33032012 Date of Disbursement 02 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 79.90</p> <p>001 Category/ Type</p> <p>02/28/11 Merchant Fees</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SunTrust Bank</p> <p>Mailing Address 1445 New York Ave, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 03/10/11 Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33142890 Date of Disbursement 03 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 45.55</p> <p>001 Category/ Type</p> <p>03/10/11 Merchant Fees</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SunTrust Bank</p> <p>Mailing Address 1445 New York Ave, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 03/31/11 Analysis/Ck. Imaging Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33142892 Date of Disbursement 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 20.45</p> <p>001 Category/ Type</p> <p>03/31/11 Analysis/Ck. Imaging Fees</p>

SUBTOTAL of Disbursements This Page (optional) ▶

145.90

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 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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1445 New York Ave, NW City Washington State DC Zip Code 20005 Purpose of Disbursement 04/30/11 Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33286925 Date of Disbursement 04 / 30 / 2011	Amount of Each Disbursement this Period 205.20 04/30/11 Merchant Fees
B.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1445 New York Ave, NW City Washington State DC Zip Code 20005 Purpose of Disbursement 04/30/11 Analysis/Ck. Imaging Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33286929 Date of Disbursement 04 / 30 / 2011	Amount of Each Disbursement this Period 20.80 04/30/11 Analysis/Ck. Imaging Fees
C.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1445 New York Ave, NW City Washington State DC Zip Code 20005 Purpose of Disbursement 04/30/11 Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33286953 Date of Disbursement 04 / 30 / 2011	Amount of Each Disbursement this Period 152.05 04/30/11 Credit Card Fees

SUBTOTAL of Disbursements This Page (optional) ▶

378.05

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 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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 33403769 Date of Disbursement 05 / 31 / 2011
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 519.43
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 05/31/11 Merchant Fees	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		05/31/11 Merchant Fees

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 33403770 Date of Disbursement 05 / 31 / 2011
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 18.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 05/31/11 Analysis/Ck.Imaging Fees	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		05/31/11 Analysis/Ck.Imaging Fees

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 33403771 Date of Disbursement 05 / 31 / 2011
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 240.12
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 05/31/11 Credit Card Fees	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		05/31/11 Credit Card Fees

SUBTOTAL of Disbursements This Page (optional)	777.55
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 35 / 55

<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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1445 New York Ave, NW City Washington State DC Zip Code 20005 Purpose of Disbursement 06/30/11 Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33540197 Date of Disbursement 06 / 30 / 2011	Amount of Each Disbursement this Period 99.28 06/30/11 Merchant Fees
B.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1445 New York Ave, NW City Washington State DC Zip Code 20005 Purpose of Disbursement 06/30/11 Anaysis/Ck. Imaging Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33540203 Date of Disbursement 06 / 30 / 2011	Amount of Each Disbursement this Period 18.00 06/30/11 Anaysis/Ck. Imag- ing Fees

SUBTOTAL of Disbursements This Page (optional) ►

117.28

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

1507.73

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) Blue Dog PAC Mailing Address 236 Massachusetts Ave, NE, Suite 5 City Washington State DC Zip Code 20002 Purpose of Disbursement Candidate Name Blue Dog PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33086146 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Gardner For Congress Mailing Address PO Box 2408 City Loveland State CO Zip Code 80539 Purpose of Disbursement Candidate Name Rep. Cory Gardner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33086532 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Blumenthal For Connecticut Mailing Address 777 Summer Street City Stamford State CT Zip Code 06901 Purpose of Disbursement Candidate Name Mr. Richard Blumenthal Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33086913 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 1	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<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) Kevin Mccarthy For Congress	Transaction ID: 33087234 Date of Disbursement 03 / 15 / 2011
	Mailing Address PO Box 12667	Amount of Each Disbursement this Period 1000.00
	City Bakersfield State CA Zip Code 93389	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Kevin McCarthy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Maria	Transaction ID: 33087236 Date of Disbursement 03 / 15 / 2011
	Mailing Address PO Box 12740	Amount of Each Disbursement this Period 1000.00
	City Seattle State WA Zip Code 98111	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Maria Cantwell	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: 33087237 Date of Disbursement 03 / 15 / 2011
	Mailing Address 425 2nd St., NE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name National Republican Senatorial Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
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

A.	Full Name (Last, First, Middle Initial) Snowe For Senate Mailing Address PO Box 2012 City Portland State ME Zip Code 04104 Purpose of Disbursement Candidate Name Sen. Olympia J. Snowe Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33087249 Date of Disbursement 03 / 15 / 2011 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Steve Israel For Congress Committee Mailing Address PO Box 777 City Deer Park State NY Zip Code 11729 Purpose of Disbursement Candidate Name Rep. Steve J. Israel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33087250 Date of Disbursement 03 / 15 / 2011 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee Mailing Address 6380 Wilshire Blvd., #1612 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement Void - Congressman Waxman Campaign Committee Candidate Name Rep. Henry A. Waxman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33102682 Date of Disbursement 03 / 18 / 2011 Amount of Each Disbursement this Period -1000.00 011 Category/ Type Void - Congressman Waxman Campaign Committee

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Sam Johnson</p> <p>Mailing Address P.O. Box 860096</p> <p>City Plano State TX Zip Code 75086</p> <p>Purpose of Disbursement Void - Friends Of Sam Johnson</p> <p>Candidate Name Rep. Samuel Robert Johnson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33102703 Date of Disbursement 03 / 18 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Friends Of Sam Johnson</p>
<p>B. Full Name (Last, First, Middle Initial) The National Republican Congressional Committee</p> <p>Mailing Address 320 First Street</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement</p> <p>Candidate Name The National Republican Congressional Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33116106 Date of Disbursement 03 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Maria</p> <p>Mailing Address PO Box 12740</p> <p>City Seattle State WA Zip Code 98111</p> <p>Purpose of Disbursement Void - Friends Of Maria</p> <p>Candidate Name Sen. Maria Cantwell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131132 Date of Disbursement 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Friends Of Maria</p>

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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)

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<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) Friends Of Sherrod Brown	Transaction ID: 33205829 Date of Disbursement 04 / 20 / 2011
	Mailing Address PO Box 76187	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Sherrod Brown	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Lois Capps	Transaction ID: 33205849 Date of Disbursement 04 / 20 / 2011
	Mailing Address PO Box 23940	Amount of Each Disbursement this Period 1000.00
	City Santa Barbara State CA Zip Code 93121	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Lois Capps	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Carper For Senate	Transaction ID: 33205850 Date of Disbursement 04 / 20 / 2011
	Mailing Address 19 East Commons Blvd Second Floor	Amount of Each Disbursement this Period 1000.00
	City New Castle State DE Zip Code 19720	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Thomas R. Carper	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

A.	Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson	Transaction ID: 33205851 Date of Disbursement																			
	Mailing Address P.O. Box 822 400 Broadway, Suite 501	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	1	1												
	City Cape Girardeau State MO Zip Code 63702	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Jo Ann Emerson	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Hagan For Us Senate Inc	Transaction ID: 33205853 Date of Disbursement																			
	Mailing Address PO Box 29103	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	1	1												
	City Greensboro State NC Zip Code 27429	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Ms. Kay Hagan	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee	Transaction ID: 33205855 Date of Disbursement																			
	Mailing Address PO Box 1007	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	1	1												
	City Willows State CA Zip Code 95988	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Rep. Wally Herger	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4500.00</td></tr></table>	4500.00
4500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

<p>A. Full Name (Last, First, Middle Initial) Loeb sack For Congress</p> <p>Mailing Address PO Box 2720</p> <p>City Cedar Rapids State IA Zip Code 52406</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. David Wayne Loeb sack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 02</p>	<p>Transaction ID: 33205856 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	0		2	0	1	1													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress</p> <p>Mailing Address PO Box 12667</p> <p>City Bakersfield State CA Zip Code 93389</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Kevin McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 22</p>	<p>Transaction ID: 33205858 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	0		2	0	1	1													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Michael Avery Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 04</p>	<p>Transaction ID: 33205859 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	1	1	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	0		2	0	1	1													
2500.00																						

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

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 South Capitol St, SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Democratic Congressional Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 33252742 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Klobuchar For Minnesota 2012</p> <p>Mailing Address PO Box 4146</p> <p>City St Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Amy Klobuchar</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MN District:</p>	<p>Transaction ID: 33373215 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate</p> <p>Mailing Address 972 W Whitmire Drive</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Bill Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District:</p>	<p>Transaction ID: 33373340 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	7500.00
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)

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<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) Blue Dog PAC Mailing Address 236 Massachusetts Ave, NE, Suite 5 City Washington State DC Zip Code 20002 Purpose of Disbursement Candidate Name Blue Dog PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33373341 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1	Amount of Each Disbursement this Period 4000.00
B.	Full Name (Last, First, Middle Initial) Bob Corker For Senate 2012 Mailing Address PO Box 848 City Chattanooga State TN Zip Code 37401 Purpose of Disbursement Candidate Name Sen. Robert Corker Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33373344 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress Mailing Address Box 137 City Spokane State WA Zip Code 99210 Purpose of Disbursement Candidate Name Rep. Cathy McMorris Rodgers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33373345 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

Use separate schedule(s)
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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)
Diane Black For Congress

Mailing Address PO Box 1437

City State Zip Code
Gallatin TN 37066

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Diane Black

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TN District: 06

Transaction ID: 33373346
Date of Disbursement

05 / 26 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave, NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement

011
Category/
Type

Candidate Name
Democratic Senatorial Campaign Committee

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

Transaction ID: 33373348
Date of Disbursement

05 / 26 / 2011

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
Upton For All Of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Frederick Stephen Upton

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MI District: 06

Transaction ID: 33373349
Date of Disbursement

05 / 26 / 2011

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)
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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) John Kerry For Senate	Transaction ID: 33373350 Date of Disbursement 05 / 26 / 2011
	Mailing Address PO Box 78116	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. John F. Kerry	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kristi For Congress	Transaction ID: 33373351 Date of Disbursement 05 / 26 / 2011
	Mailing Address PO Box 852	Amount of Each Disbursement this Period 1000.00
	City Sioux Falls State SD Zip Code 57101	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Kristi Lynn Noem	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Morgan Griffith For Congress	Transaction ID: 33373352 Date of Disbursement 05 / 26 / 2011
	Mailing Address PO Box 361	Amount of Each Disbursement this Period 1000.00
	City Christiansburg State VA Zip Code 24068	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Morgan H. Griffith	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

A.	Full Name (Last, First, Middle Initial) The National Republican Congressional Committee	Transaction ID: 33373353 Date of Disbursement 05 / 26 / 2011
	Mailing Address 320 First Street	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/Type
	Candidate Name The National Republican Congressional Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc	Transaction ID: 33373354 Date of Disbursement 05 / 26 / 2011
	Mailing Address 175 South West Temple Suite 650	Amount of Each Disbursement this Period 2500.00
	City Salt Lake City State UT Zip Code 84101	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Orrin G. Hatch	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: UT District:	

C.	Full Name (Last, First, Middle Initial) Wicker For Senate	Transaction ID: 33373355 Date of Disbursement 05 / 26 / 2011
	Mailing Address PO Box 64	Amount of Each Disbursement this Period 2500.00
	City Jackson State MS Zip Code 39205	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Roger Wicker	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MS District: 02	

SUBTOTAL of Disbursements This Page (optional)	7500.00
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

A.	Full Name (Last, First, Middle Initial) Kind For Congress Committee	Transaction ID: 33373356 Date of Disbursement
	Mailing Address 205 5th Avenue South	<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City La Crosse State WI Zip Code 54601	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Ron Kind	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Womack For Congress Committee	Transaction ID: 33373357 Date of Disbursement
	Mailing Address PO Box 508	<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Rogers State AR Zip Code 72757	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Steve Womack	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Price For Congress	Transaction ID: 33373358 Date of Disbursement
	Mailing Address P.O. Box 425	<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Thomas Edmunds Price, M.D.	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

<p>A. Full Name (Last, First, Middle Initial) Bass Victory Committee</p> <p>Mailing Address P.O. Box 3451</p> <p>City Concord State NH Zip Code 03302</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Charles Bass</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33485078</p> <p>Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress, Inc.</p> <p>Mailing Address PO Box 3750</p> <p>City Brentwood State TN Zip Code 37024</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33485079</p> <p>Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33485085</p> <p>Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) Vern Buchanan For Congress	Transaction ID: 33485087 Date of Disbursement
	Mailing Address P. O. Box 48928	<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City Sarasota State FL Zip Code 34230	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Vern Buchanan	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress	Transaction ID: 33485088 Date of Disbursement
	Mailing Address PO Box 2334	<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Michael C. Burgess, M.D.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 33485089 Date of Disbursement
	Mailing Address P.O. Box 17813	<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Eric I. Cantor	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn</p> <p>Mailing Address PO Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: SC District: 06</p>	<p>Transaction ID: 33485091 Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Crowley For Congress</p> <p>Mailing Address 84-56 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 07</p>	<p>Transaction ID: 33485094 Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Courtney For Congress</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Joseph D. Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District: 02</p>	<p>Transaction ID: 33485096 Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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<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) Friends Of Rosa Delauro	Transaction ID: 33485097 Date of Disbursement 06 / 27 / 2011
	Mailing Address 12 Trumbull Street	Amount of Each Disbursement this Period 1000.00
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Rosa L. DeLauro	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gillibrand For Senate	Transaction ID: 33485098 Date of Disbursement 06 / 27 / 2011
	Mailing Address 236 Massachusetts Ave Suite 110	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Kirsten E. Gillibrand	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Loeb sack For Congress	Transaction ID: 33485100 Date of Disbursement 06 / 27 / 2011
	Mailing Address PO Box 2720	Amount of Each Disbursement this Period 2500.00
	City Cedar Rapids State IA Zip Code 52406	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. David Wayne Loeb sack	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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<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) Matheson For Congress	Transaction ID: 33485101 Date of Disbursement 06 / 27 / 2011
	Mailing Address P.O. Box 521048	Amount of Each Disbursement this Period 1000.00
	City Salt Lake City State UT Zip Code 84152	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. James D. Matheson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate	Transaction ID: 33485102 Date of Disbursement 06 / 27 / 2011
	Mailing Address 972 W Whitmire Drive	Amount of Each Disbursement this Period 1000.00
	City Melbourne State FL Zip Code 32935	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Bill Nelson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pat Roberts For U S Senate Inc	Transaction ID: 33485103 Date of Disbursement 06 / 27 / 2011
	Mailing Address PO Box 433	Amount of Each Disbursement this Period 1500.00
	City Great Bend State KS Zip Code 67530	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Pat Roberts	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) Texans For Lamar Smith Mailing Address PO Box 6155 City San Antonio State TX Zip Code 78209 Purpose of Disbursement Candidate Name Rep. Lamar S. Smith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485104 Date of Disbursement 06 / 27 / 2011 Amount of Each Disbursement this Period 2000.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Ryan For Congress Mailing Address P. O. Box 1919 City Janesville State WI Zip Code 53547 Purpose of Disbursement Candidate Name Rep. Paul D. Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485105 Date of Disbursement 06 / 27 / 2011 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) John Sullivan For Congress, Inc Mailing Address Post Office Box 470840 City Tulsa State OK Zip Code 74147 Purpose of Disbursement Candidate Name Rep. John Sullivan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485106 Date of Disbursement 06 / 27 / 2011 Amount of Each Disbursement this Period 1000.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)

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<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) Tiberi For Congress	Transaction ID: 33485107 Date of Disbursement
	Mailing Address 2931 E Dublin Granville Road Suite 190	<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City Columbus State OH Zip Code 43231	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Patrick J. Tiberi	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TFP-FOJB COMMITTEE	Transaction ID: 33485108 Date of Disbursement
	Mailing Address 631-B PENNSYLVANIA AVENUE SE	<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="90500.00"/>