

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C00022368 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer R. James Huber

Signature of Treasurer Electronically Filed by R. James Huber Date 10 12 2010

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

Office Use Only table with 7 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		29249.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	44140.25									
(c) Total Receipts (from Line 19) .....	4642.15	129805.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	48782.40	159054.54								
7. Total Disbursements (from Line 31) .....	32168.05	142440.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	16614.35	16614.35								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Association of Chain Drug Stores Political Action Committee

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3923.66	101221.70
(ii) Unitemized .....	531.28	5531.52
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4454.94	106753.22
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	22000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	4454.94	128753.22
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) .....	181.95	1030.99
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	5.26	21.11
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)) .....	4642.15	129805.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4642.15	129805.32

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	168.05	1369.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	168.05	1369.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	135500.00
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.....	1000.00	5570.50
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))..	32168.05	142440.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32168.05	142440.19

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	4454.94	128753.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4454.94	128753.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	168.05	1369.69
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	181.95	1030.99
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-13.90	338.70

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 6 / 25</span>
	(check only one)
<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) National Association of Chain Drug Stores		Date of Receipt
	Mailing Address 413 N. Lee Street		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Alexandria	VA	22313-1480
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID:</b> 32050171
Name of Employer		Occupation	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 ▼ <input type="text" value="919.00"/>	<input type="text" value="69.96"/>
			Jun10 Bank Fees Reimbursement

<b>B.</b>	Full Name (Last, First, Middle Initial) National Association of Chain Drug Stores		Date of Receipt
	Mailing Address 413 N. Lee Street		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Alexandria	VA	22313-1480
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID:</b> 32284092
Name of Employer		Occupation	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 ▼ <input type="text" value="1030.99"/>	<input type="text" value="111.99"/>
			Jul/Aug10 Bank Fees Reimbursement

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="181.95"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="181.95"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Keri Jones		Date of Receipt
	Mailing Address 1000 Nicollet Mall Target Plaza South		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Minneapolis	MN	55403-2542
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Target Corporation		Occupation Senior Vice President, Health and Beau	<b>Transaction ID:</b> 32071886
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Don L. Bell, II		Date of Receipt
	Mailing Address 413 N Lee St		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Alexandria	VA	22314-2301
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Chain Drug Sto		Occupation Senior Vice President, Legal Affairs a	<b>Transaction ID:</b> PR1054895624056
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="730.74"/>	Amount of Each Receipt this Period <input type="text" value="230.76"/>
			P/R Deduction (\$76.92 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. David M. Fitzsimmons		Date of Receipt
	Mailing Address PO Box 1417-D49		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Alexandria	VA	22313-1480
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Chain Drug Sto		Occupation Vice President, Finance and Accounting	<b>Transaction ID:</b> PR1054896224056
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="368.87"/>	Amount of Each Receipt this Period <input type="text" value="115.38"/>
			P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="846.14"/>
<b>TOTAL</b> 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 8 / 25  
(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 ▼ 927.86

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** PR1054896924056  
 Amount of Each Receipt this Period: 288.48  
 P/R Deduction (\$96.16 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 ▼ 733.95

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** PR1054897024056  
 Amount of Each Receipt this Period: 230.76  
 P/R Deduction (\$76.92 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 ▼ 1467.89

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** PR1054897924056  
 Amount of Each Receipt this Period: 461.52  
 P/R Deduction (\$153.84 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 980.76

**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 / 25  
(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. Terrence Arth

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, Meetings & Internation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.92

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** PR1055162924056  
 Amount of Each Receipt this Period: 66.00  
 P/R Deduction (\$22.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul T. 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: Vice President, Federal Legislative Af

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1103.64

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** PR1055164124056  
 Amount of Each Receipt this Period: 346.14  
 P/R Deduction (\$115.38 Bi-Weekly)

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

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: Director, Public Policy

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 735.76

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** PR1055165024056  
 Amount of Each Receipt this Period: 230.76  
 P/R Deduction (\$76.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 642.90

**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 / 25  
(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. Larry Lotridge

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, Conference Services

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 368.87

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** PR1055173624056  
 Amount of Each Receipt this Period: 115.38  
 P/R Deduction (\$38.46 Bi-Weekly)

**B.** 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 ▼ 733.95

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** PR1055174724056  
 Amount of Each Receipt this Period: 230.76  
 P/R Deduction (\$76.92 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dale Masten

Mailing Address 7577 Central Parke Blvd Ste 124

City State Zip Code  
Mason OH 45040-6834

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Director, State Government Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 386.25

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** PR1055176324056  
 Amount of Each Receipt this Period: 121.14  
 P/R Deduction (\$40.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **467.28**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 25  
(check only one)

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

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

**A.**

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

Mailing Address 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, Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 752.27

Date of Receipt 09 / 30 / 2010  
**Transaction ID:** PR1055177424056

Amount of Each Receipt this Period 236.52

P/R Deduction (\$78.84 Bi-Weekly)

**B.**

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

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 SVP, Marketing, Communications, & Medi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1424.74

Date of Receipt 09 / 30 / 2010  
**Transaction ID:** PR2231851424056

Amount of Each Receipt this Period 461.58

P/R Deduction (\$153.86 Bi-Weekly)

**C.**

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

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, Media Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 548.15

Date of Receipt 09 / 30 / 2010  
**Transaction ID:** PR2257462224056

Amount of Each Receipt this Period 173.10

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **871.20**

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Marc Schloss		Date of Receipt		
	Mailing Address PO Box 1417-D49		M M / D D / Y Y Y Y 09 / 30 / 2010		
	City Alexandria	State VA	Zip Code 22313-1480	<b>Transaction ID:</b> PR2390680724056	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 115.38		
	Name of Employer National Association of Chain Drug Sto	Occupation Director, Federal Government Affairs		P/R Deduction (\$38.46 Bi-Weekly)	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	115.38
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3923.66

# 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) Boucher For Congress Committee  Mailing Address P.O. Box 2000  City Abingdon State VA Zip Code 24212  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Rick Boucher Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 09	Transaction ID: 32039330 Date of Disbursement 07 / 16 / 2010  Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown  Mailing Address PO Box 76187 Suite 800  City Washington State DC Zip Code 20013  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Sen. Sherrod Brown Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 02	Transaction ID: 32039332 Date of Disbursement 07 / 16 / 2010  Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Crowley For Congress  Mailing Address 84-56 Grand Avenue  City Elmhurst State NY Zip Code 11373  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 07	Transaction ID: 32039335 Date of Disbursement 07 / 16 / 2010  Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<span style="border: 1px solid black; padding: 5px;">3000.00</span>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<span style="border: 1px solid black; padding: 5px;"> </span>

# 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><b>A.</b> Full Name (Last, First, Middle Initial) Matsui For Congress</p> <p>Mailing Address PO Box 1738</p> <p>City Sacramento State CA Zip Code 95812</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Doris Matsui</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32039340 <b>Date of Disbursement</b> 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress</p> <p>Mailing Address Box 137</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Cathy McMorris Rodgers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32039343 <b>Date of Disbursement</b> 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Senate Majority Fund</p> <p>Mailing Address 507 Capitol Court, NE, #100</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement In Honor of Sen Jon Kyl (R-AZ) <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Senate Majority Fund</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><b>Transaction ID:</b> 32039357 <b>Date of Disbursement</b> 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p> <p>In Honor of Sen Jon Kyl (R-AZ)</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

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) Rush Holt For Congress	Transaction ID: 32059984 Date of Disbursement
	Mailing Address PO Box 782	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Pennington State NJ Zip Code 08534	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name Rep. Rush D. Holt	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Loeb sack For Congress	Transaction ID: 32059985 Date of Disbursement
	Mailing Address PO Box 2720	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Cedar Rapids State IA Zip Code 52406	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name Rep. David Wayne Loeb sack	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mike R Fund	Transaction ID: 32060011 Date of Disbursement
	Mailing Address P O Box 2485	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Springfield State VA Zip Code 22152	Amount of Each Disbursement this Period
	Purpose of Disbursement Leadership PAC	<input type="text" value="2500.00"/>
	Candidate Name Mike R Fund	<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: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3500.00"/>
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Bobby Scott For Congress	Transaction ID: 32060020 Date of Disbursement 07 / 21 / 2010
	Mailing Address P.O. Box 251	Amount of Each Disbursement this Period 1000.00
	City Newport News State VA Zip Code 23607	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Robert C. Scott	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: 32156737 Date of Disbursement 08 / 16 / 2010
	Mailing Address PO Box 3197	Amount of Each Disbursement this Period 1500.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Blanche Lambert Lincoln	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Moran For Kansas	Transaction ID: 32178564 Date of Disbursement 08 / 19 / 2010
	Mailing Address PO Box 1151	Amount of Each Disbursement this Period 1000.00
	City Hays State KS Zip Code 67601	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep Jerry Moran	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Roy Blunt</p> <p>Mailing Address P.O. Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Roy Blunt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 07</p>	<p><b>Transaction ID:</b> 32316406 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <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>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	3		2	0	1	0													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Congress, Inc.</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07</p>	<p><b>Transaction ID:</b> 32316410 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <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>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	3		2	0	1	0													
1000.00																						
<p><b>C.</b> 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 <span style="float: right; border: 1px solid black; padding: 2px;">011</span> 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 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 01</p>	<p><b>Transaction ID:</b> 32316412 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <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>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	3		2	0	1	0													
1000.00																						

**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

<p><b>A.</b> 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 <span style="float: right; border: 1px solid black; padding: 2px;">011</span> 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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 06</p>	<p><b>Transaction ID:</b> 32316414 <b>Date of Disbursement</b> 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John D. Dingell For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15</p>	<p><b>Transaction ID:</b> 32316416 <b>Date of Disbursement</b> 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Charles A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 20</p>	<p><b>Transaction ID:</b> 32316418 <b>Date of Disbursement</b> 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;">4500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;"> </span>

**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 19 / 25

<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) Grassley Committee Inc	Transaction ID: 32316429 Date of Disbursement 09 / 23 / 2010
	Mailing Address PO Box 1000	Amount of Each Disbursement this Period 1000.00
	City Des Moines State IA Zip Code 50304	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Charles E. Grassley	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hoyer For Congress	Transaction ID: 32316431 Date of Disbursement 09 / 23 / 2010
	Mailing Address 607 14th Street, Nw Suite 800	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Steny H. Hoyer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kind For Congress Committee	Transaction ID: 32316433 Date of Disbursement 09 / 23 / 2010
	Mailing Address 205 5th Avenue South Suite 428	Amount of Each Disbursement this Period 1000.00
	City La Crosse State WI Zip Code 54601	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Ron Kind	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)  
Ryan For Congress

Transaction ID: 32316439  
Date of Disbursement

Mailing Address P. O. Box 1919

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

City State Zip Code  
Janesville WI 53547

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
-----

Category/  
Type

Candidate Name  
Rep. Paul D. Ryan

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
Schakowsky For Congress

Transaction ID: 32316441  
Date of Disbursement

Mailing Address P.O. Box 5130

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

City State Zip Code  
Evanston IL 60204

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
-----

Category/  
Type

Candidate Name  
Rep. Janice D. Schakowsky

Office Sought:  House  Senate  President  
State: IL District: 09

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
Heath Shuler For Congress

Transaction ID: 32316443  
Date of Disbursement

Mailing Address PO Box 8446

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

City State Zip Code  
Asheville NC 28814

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
-----

Category/  
Type

Candidate Name  
Rep. Heath Shuler

Office Sought:  House  Senate  President  
State: NC District: 11

Disbursement For: 2010  
 Primary  General  
 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)

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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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Texans For Lamar Smith</p> <p>Mailing Address PO Box 6155</p> <p>City San Antonio State TX Zip Code 78209</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Lamar S. Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32316452 <b>Date of Disbursement</b> 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lee Terry For Congress</p> <p>Mailing Address PO Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Lee Terry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32316456 <b>Date of Disbursement</b> 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32316457 <b>Date of Disbursement</b> 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;">3000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;"> </span>

**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)

Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City State Zip Code  
Portland OR 97232

Purpose of Disbursement

Candidate Name  
Sen. Ron Wyden

Office Sought:  House  
 Senate  
 President

State: OR District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32316458

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

3100.00

**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)

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<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: 32156735 Date of Disbursement 07 / 31 / 2010
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 11.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 07/31/10 Bank Fees Candidate Name	001 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) ▼ 07/31/10 Bank Fees

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 32156736 Date of Disbursement 07 / 31 / 2010
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 45.04
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 07/31/10 Merchant CC Fees & Misc. Fees Candidate Name	001 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) ▼ 07/31/10 Merchant CC Fees & Misc. Fees

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 32243399 Date of Disbursement 08 / 31 / 2010
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 11.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 08/31/10 Bank Fees Candidate Name	001 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) ▼ 08/31/10 Bank Fees

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

67.04

**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: 32243400 Date of Disbursement 08 / 31 / 2010
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 44.95
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 08/31/10 Merchant CC Fees Candidate Name	001 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) ▼
		08/31/10 Merchant CC Fees

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 32376955 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 11.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 09/30/10 Acct. Analysis Fee & Check Image Fee Candidate Name	001 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) ▼
		09/30/10 Acct. Analysis Fee & Check Image Fee

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 32376964 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 45.06
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 09/30/10 Merchant CC Fees Candidate Name	001 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) ▼
		09/30/10 Merchant CC Fees

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>101.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>168.05</b>



**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 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 checked="" 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 Friends of Scott Walker

Mailing Address P.O. Box 100828

City State Zip Code  
Wauwatosa WI 53210

Purpose of Disbursement  
Scott Walker, GOVERNOR WI

Candidate Name  
Scott Walker

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

2010 Gubernatorial R

Transaction ID: 32178566

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

500.00

Scott Walker, GOVERNOR  
WI

**B.**

Full Name (Last, First, Middle Initial)

Republican Party of Wisconsin - Federal Account

Mailing Address 148 E. Johnson Street

City State Zip Code  
Madison WI 53703

Purpose of Disbursement  
Campaign Committees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 32316434

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

500.00

Campaign Committees

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

1000.00

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

1000.00