

**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, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tuesday Group

Mailing Address P. O. BOX 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tuesday Group

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : 39060564

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John M. Shimkus

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : 39060565

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Blum For Congress

Mailing Address 2728 Asbury Road Suite 400

City Dubuque State IA Zip Code 52001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Rod Blum

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2016

Transaction ID : 39302607

Amount of Each Disbursement this Period

1000.00

Memo Item

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

8500.00

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