

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of _____

5. Covering Period 10 19 2006 through 11 27 2006

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 12 05 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		129941.90
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	89374.23									
(c) Total Receipts (from Line 19)	2265.03	118073.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	91639.26	248015.00								
7. Total Disbursements (from Line 31)	3250.00	159625.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	88389.26	88389.26								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	1825.06	87019.14
(i) Itemized (use Schedule A)	161.24	6441.81
(ii) Unitemized	1986.30	93460.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	22000.00
(c) Other Political Committees (such as PACs)	1986.30	115460.95
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	278.73	2612.15
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))	2265.03	118073.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2265.03	118073.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250.00	154750.00
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.....	3000.00	4875.74
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))..	3250.00	159625.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3250.00	159625.74

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1986.30	115460.95
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1986.30	115460.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 18
	(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 type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. NACDS PAC - Money Market		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 413 N. Lee St.		Transaction ID: 24966290
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 8.69	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 213.61	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NACDS PAC - Dreyfus Gov't Cash Mgmt.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 413 N. Lee St.		Transaction ID: 24966292
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 270.04	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2398.54	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	278.73
TOTAL This Period (last page this line number only) ▶	278.73

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 18
	<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. Don Bell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1054895615851	
Mailing Address 5800 Magnolia Lane		Amount of Each Receipt this Period 43.48	
City Falls Church	State VA	Zip Code 22041	P/R Deduction (\$21.74 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 413.06	
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Mr. David Fitzsimmons		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1054896215851	
Mailing Address 8315 Fitt Court		Amount of Each Receipt this Period 110.00	
City Lorton	State VA	Zip Code 22079	P/R Deduction (\$55.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1045.00	
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Mr. Todd Grover		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1054896415851	
Mailing Address 421 King Street, 3rd Floor		Amount of Each Receipt this Period 104.54	
City Alexandria	State VA	Zip Code 22314	P/R Deduction (\$52.27 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 940.86	
Name of Employer ChainDrugstore.net	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	258.02
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Rhoda Kelly		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7817 Meadowgate Drive		Transaction ID: PR1054897015851	
City State Zip Code Manassas VA 20112	Amount of Each Receipt this Period _____ 86.96		
FEC ID number of contributing federal political committee. C _____			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 826.12	P/R Deduction (\$43.48 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Mr. Steve Perowski		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2689 Hillsman Street		Transaction ID: PR1054897315851	
City State Zip Code Falls Church VA 22043	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 285.00	P/R Deduction (\$15.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Ms. Nancy Riegler		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1808 Fallbrook Lane		Transaction ID: PR1054897515851	
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period _____ 140.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer National Association of Chain Drug Sto	Occupation VP, HR & Administration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1330.00	P/R Deduction (\$70.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 256.96
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Mary Ann Wagner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1054897815851	
Mailing Address 1605 B Hunting Creek Drive		Amount of Each Receipt this Period 217.40	
City Alexandria	State VA	Zip Code 22314	P/R Deduction (\$108.70 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2065.30	

Full Name (Last, First, Middle Initial) B. Mr. Terrence Arth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055162915851	
Mailing Address 21141 Stonecrop Place		Amount of Each Receipt this Period 21.72	
City Ashburn	State VA	Zip Code 20147	P/R Deduction (\$10.86 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 206.34	

Full Name (Last, First, Middle Initial) C. Mr. Phillip Schneider		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055163615851	
Mailing Address 18 S. Manchester Street		Amount of Each Receipt this Period 90.00	
City Arlington	State VA	Zip Code 22204	P/R Deduction (\$45.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 855.00	

SUBTOTAL of Receipts This Page (optional) ▶	329.12
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Diane Darvey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055165015851	
Mailing Address 801 15th Street S, #202		Amount of Each Receipt this Period 46.00	
City Arlington	State VA	Zip Code 22202	P/R Deduction (\$23.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 414.00	
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Nora Stelter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055169215851	
Mailing Address 5706 Woodlawn Green Cir. Apt C		Amount of Each Receipt this Period 30.00	
City Alexandria	State VA	Zip Code 22309	P/R Deduction (\$15.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 285.00	
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Nicole Valentine		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055172615851	
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 22.00	
City Alexandria	State VA	Zip Code 22314	P/R Deduction (\$11.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 209.00	
Name of Employer	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	98.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Stuart Gordon		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1339 Blackwalnut Court		Transaction ID: PR1055173515851		
City State Zip Code Annapolis MD 21403	Amount of Each Receipt this Period _____ 26.00		P/R Deduction (\$13.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer National Association of Chain Drug Sto		
Occupation Manager		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ _____ 247.00				

Full Name (Last, First, Middle Initial) B. Larry Lotridge		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 413 N. Lee Street		Transaction ID: PR1055173615851		
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period _____ 46.00		P/R Deduction (\$23.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer National Association of Chain Drug Sto		
Occupation Executive		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ _____ 414.00				

Full Name (Last, First, Middle Initial) C. Kevin Nicholson		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 413 N. Lee Street		Transaction ID: PR1055174715851		
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period _____ 86.96		P/R Deduction (\$43.48 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer National Association of Chain Drug Sto		
Occupation Manager		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ _____ 826.12				

SUBTOTAL of Receipts This Page (optional) ▶	_____ 158.96
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Julie Khani		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055177415851	
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 52.00	
City Alexandria	State VA	Zip Code 22314	P/R Deduction (\$26.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 494.00	

Full Name (Last, First, Middle Initial) B. Catherine Polley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1155613415851	
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 173.92	
City Alexandria	State VA	Zip Code 22314	P/R Deduction (\$86.96 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1652.24	

Full Name (Last, First, Middle Initial) C. John Coster		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159939415851	
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 100.00	
City Alexandria	State VA	Zip Code 22314	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00	

SUBTOTAL of Receipts This Page (optional) ▶	325.92
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 18
	<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) Daniel Faoro		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1597972115851
Mailing Address 4228 35th Street South		Amount of Each Receipt this Period 26.08
City Arlington	State VA	Zip Code 22206
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.04 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.76	

B. Full Name (Last, First, Middle Initial) Paul Powell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1752564515851
Mailing Address 2215 Lakeshire Drive		Amount of Each Receipt this Period 92.00
City Alexandria	State VA	Zip Code 22308
FEC ID number of contributing federal political committee. C		P/R Deduction (\$46.00 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation VP, Federal Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 874.00	

C. Full Name (Last, First, Middle Initial) Will P. Murchison		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1900997615851
Mailing Address 3705 8th Street, South		Amount of Each Receipt this Period 30.00
City Arlington	State VA	Zip Code 22204
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional) ▶	148.08
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 18	
	(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)
Edith Rosato

Mailing Address 9762 Viewcrest Drive

City State Zip Code
Fairfax Station VA 22039

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

Name of Employer National Association of Chain Drug Sto
Occupation SVP, Strategic Alliances & Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2375.00

Date of Receipt
M M / D D / Y Y Y Y

Transaction ID: PR1900997715851

Amount of Each Receipt this Period
250.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	1825.06

**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 15 / 18

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

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores Political Action Committee

Full Name (Last, First, Middle Initial)

A. Adrian Smith For Congress

Mailing Address 3321 Avenue I
Suite 6

City State Zip Code
Scottsbluff NE 69361

Purpose of Disbursement

010
 011
Category/
Type

Candidate Name
Adrian Smith

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NE District: 3

Transaction ID: 24952467

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

PAGE 16 / 18

<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

Full Name (Last, First, Middle Initial) A. Bruce Caswell for State Representative		Transaction ID: 24871466 Date of Disbursement 10 / 19 / 2006
Mailing Address 8940 E. Bacon Road		Amount of Each Disbursement this Period 250.00
City Hillsdale State MI Zip Code 49242	Purpose of Disbursement Bruce Caswell, STATE HOUSE 58th MI Candidate Name MI Rep. Bruce Caswell Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 58		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Tony Stamas For State Senate		Transaction ID: 24871419 Date of Disbursement 10 / 19 / 2006
Mailing Address 5915 Eastman Ave Suite 100		Amount of Each Disbursement this Period 249.00
City Midland State MI Zip Code 48640	Purpose of Disbursement Tony Stamas, STATE SENATE MI Candidate Name MI Sen. Tony Stamas Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 36		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Truitt for District 98		Transaction ID: 24883372 Date of Disbursement 10 / 23 / 2006
Mailing Address P.O. Box 886		Amount of Each Disbursement this Period 500.00
City Keller State TX Zip Code 76244	Purpose of Disbursement Vicki Truitt, STATE HOUSE 98th TX Candidate Name Representative Vicki Truitt Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 98		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	999.00
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 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

Full Name (Last, First, Middle Initial) A. Senator Van de Putte Campaign		Transaction ID: 24883367 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 700 N. St. Mary's Suite 1725-A		Amount of Each Disbursement this Period 500.00
City San Antonio State TX Zip Code 78205	Leticia Van de Putte, STATE SENATE TX	
Purpose of Disbursement Leticia Van de Putte, STATE SENATE TX Candidate Name Senator Leticia Van de Putte Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 26		
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Chuck Hopson Campaign		Transaction ID: 24883370 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 506 E. Commerce		Amount of Each Disbursement this Period 500.00
City Jacksonville State TX Zip Code 75766	Chuck Hopson, STATE HOUSE 11st TX	
Purpose of Disbursement Chuck Hopson, STATE HOUSE 11st TX Candidate Name Representative Chuck Hopson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 11		
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Friends of Senator Jane Nelson		Transaction ID: 24883375 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 608		Amount of Each Disbursement this Period 500.00
City Grapevine State TX Zip Code 76051	Jane Nelson, STATE SENATE TX	
Purpose of Disbursement Jane Nelson, STATE SENATE TX Candidate Name Senator Jane Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 12		
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

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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

Full Name (Last, First, Middle Initial) A. Leo Berman Campaign		Transaction ID: 24883374 Date of Disbursement 10 / 23 / 2006	
Mailing Address 2109 Dover Lane		Amount of Each Disbursement this Period 500.00	
City Tyler	State TX	Zip Code 75703	Leo Berman, STATE HOUSE 06th TX
Purpose of Disbursement Leo Berman, STATE HOUSE 06th TX		011 Category/ Type	
Candidate Name Representative Leo Berman			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 6		

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

2999.00