

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) X

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 (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 07 2006 in the State of

5. Covering Period 10 01 2006 through 10 18 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 10 24 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
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

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 .....	94381.08									
(c) Total Receipts (from Line 19) .....	6993.15	115808.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	101374.23	245749.97								
7. Total Disbursements (from Line 31) .....	12000.00	156375.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	89374.23	89374.23								
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

**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
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

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	890.67	85194.08
(i) Itemized (use Schedule A) .....	102.48	6280.57
(ii) Unitemized .....	993.15	91474.65
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	6000.00	22000.00
(c) Other Political Committees (such as PACs) .....	6993.15	113474.65
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....		
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.) .....	0.00	2333.42
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)) .....	6993.15	115808.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6993.15	115808.07

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	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.....	12000.00	154500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	1875.74
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))..	12000.00	156375.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	12000.00	156375.74

**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) .....	6993.15	113474.65
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6993.15	113474.65
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: <span style="float: right;">PAGE 6 / 17</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
CVS Corp. Federal PAC

Mailing Address One CVS Drive

City State Zip Code  
Woonsocket RI 02895

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** 24883616

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Hy-VEE, Inc. Employee's PAC

Mailing Address 5820 Westown Parkway

City State Zip Code  
West Des Moines IA 50266-8223

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** 24883617

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6000.00</b>

# 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 / 17
	<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"/>	<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. Don Bell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1054895615402
Mailing Address 5800 Magnolia Lane		Amount of Each Receipt this Period 21.74
City Falls Church State VA Zip Code 22041	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$21.74 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Aggregate Year-to-Date ▼ 369.58	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. David Fitzsimmons		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1054896215402
Mailing Address 8315 Fitt Court		Amount of Each Receipt this Period 55.00
City Lorton State VA Zip Code 22079	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$55.00 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Aggregate Year-to-Date ▼ 935.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Todd Grover		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1054896415402
Mailing Address 421 King Street, 3rd Floor		Amount of Each Receipt this Period 52.27
City Alexandria State VA Zip Code 22314	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$52.27 Bi-Weekly)
Name of Employer ChainDrugstore.net Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Aggregate Year-to-Date ▼ 836.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	129.01
<b>TOTAL</b> 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 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Rhoda Kelly</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7817 Meadowgate Drive		<b>Transaction ID: PR1054897015402</b>	
City State Zip Code Manassas VA 20112	Amount of Each Receipt this Period _____ 43.48		
FEC ID number of contributing federal political committee. <b>C</b> _____			
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 ▼ _____ 739.16	P/R Deduction (\$43.48 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Mr. Steve Perowski</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2689 Hillsman Street		<b>Transaction ID: PR1054897315402</b>	
City State Zip Code Falls Church VA 22043	Amount of Each Receipt this Period _____ 15.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
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 ▼ _____ 255.00	P/R Deduction (\$15.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Ms. Nancy Riegle</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1808 Fallbrook Lane		<b>Transaction ID: PR1054897515402</b>	
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period _____ 70.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
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 ▼ _____ 1190.00	P/R Deduction (\$70.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>128.48</b>
<b>TOTAL</b> 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 / 17
	<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)  
Ms. Mary Ann Wagner

Mailing Address 1605 B Hunting Creek Drive

City State Zip Code  
Alexandria VA 22314

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

Name of Employer National Association of Chain Drug Sto  
Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1847.90

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

**Transaction ID:** PR1054897815402

Amount of Each Receipt this Period  
108.70

P/R Deduction (\$108.70 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Phillip Schneider

Mailing Address 18 S. Manchester Street

City State Zip Code  
Arlington VA 22204

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

Name of Employer National Association of Chain Drug Sto  
Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

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

**Transaction ID:** PR1055163615402

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$45.00 Bi-Weekly)

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

Mailing Address 801 15th Street S, #202

City State Zip Code  
Arlington VA 22202

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

Name of Employer National Association of Chain Drug Sto  
Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
368.00

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

**Transaction ID:** PR1055165015402

Amount of Each Receipt this Period  
23.00

P/R Deduction (\$23.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>176.70</b>
<b>TOTAL</b> 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 / 17
	<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"/>	<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) Nora Stelter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055169215402
Mailing Address 5706 Woodlawn Green Cir. Apt C		Amount of Each Receipt this Period 15.00
City Alexandria State VA Zip Code 22309	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 255.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Stuart Gordon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055173515402
Mailing Address 1339 Blackwalnut Court		Amount of Each Receipt this Period 13.00
City Annapolis State MD Zip Code 21403	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$13.00 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 221.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Larry Lotridge		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055173615402
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 23.00
City Alexandria State VA Zip Code 22314	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$23.00 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Aggregate Year-to-Date ▼ 368.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	51.00
<b>TOTAL</b> 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 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Kevin Nicholson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055174715402	
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 43.48	
City Alexandria	State VA	Zip Code 22314	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 ▼ 739.16	

Full Name (Last, First, Middle Initial) <b>B.</b> Julie Khani		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055177415402	
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 26.00	
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 ▼ 442.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Catherine Polley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1155613415402	
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 86.96	
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 ▼ 1478.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	156.44
<b>TOTAL</b> 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 / 17
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> John Coster		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159939415402
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 50.00
City Alexandria	State VA	P/R Deduction (\$50.00 Bi-Weekly)
Zip Code 22314	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 ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Daniel Faoro		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1597972115402
Mailing Address 4228 35th Street South		Amount of Each Receipt this Period 13.04
City Arlington	State VA	P/R Deduction (\$13.04 Bi-Weekly)
Zip Code 22206	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 ▼ 221.68	

Full Name (Last, First, Middle Initial) <b>C.</b> Paul Powell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1752564515402
Mailing Address 2215 Lakeshire Drive		Amount of Each Receipt this Period 46.00
City Alexandria	State VA	P/R Deduction (\$46.00 Bi-Weekly)
Zip Code 22308	FEC ID number of contributing federal political committee. C	
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 ▼ 782.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	109.04
<b>TOTAL</b> 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:	PAGE 13 / 17
	(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

Full Name (Last, First, Middle Initial) A. William P. Murchison		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 3705 8th Street, South		Transaction ID: PR1900997615402
City Arlington	State VA	Zip Code 22204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer National Association of Chain Drug Sto	Occupation Manager	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Edith Rosato		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9762 Viewcrest Drive		Transaction ID: PR1900997715402
City Fairfax Station	State VA	Zip Code 22039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer National Association of Chain Drug Sto	Occupation SVP, Strategic Alliances & Development	P/R Deduction (\$125.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2125.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	890.67

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dave Camp For Congress 2006</b>		<b>Transaction ID: 24721489</b> Date of Disbursement 10 / 06 / 2006
Mailing Address 5915 Eastman Ave. Suite 100		Amount of Each Disbursement this Period 1000.00
City Midland State MI Zip Code 48640	011 Category/Type	
Purpose of Disbursement		
Candidate Name Rep. David Lee Camp		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. People With Hart Inc</b>		<b>Transaction ID: 24721106</b> Date of Disbursement 10 / 06 / 2006
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00
City Wexford State PA Zip Code 15090	011 Category/Type	
Purpose of Disbursement		
Candidate Name Rep. Melissa A. Hart		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pryce For Congress</b>		<b>Transaction ID: 24801245</b> Date of Disbursement 10 / 12 / 2006
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	011 Category/Type	
Purpose of Disbursement		
Candidate Name Rep. Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<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)

<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) <b>A. Jd Hayworth For Congress</b>		Transaction ID: 24801271 Date of Disbursement 10 / 12 / 2006
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 1000.00
City Scottsdale State AZ Zip Code 85260	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. J.D. Hayworth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kennedy For Senate 2006</b>		Transaction ID: 24801855 Date of Disbursement 10 / 12 / 2006
Mailing Address 301 4th St Ne Suite 202		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Edward M. Kennedy		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Reynolds For Congress</b>		Transaction ID: 24801852 Date of Disbursement 10 / 12 / 2006
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 1500.00
City Rochester State NY Zip Code 14615	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Thomas M. Reynolds		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<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

Full Name (Last, First, Middle Initial) <b>A. Weldon Victory Committee</b>		Transaction ID: 24801861 Date of Disbursement 10 / 12 / 2006
Mailing Address P. O. Box 1992		Amount of Each Disbursement this Period 1000.00
City Media State PA Zip Code 19063	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Curt Weldon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chet Edwards For Congress</b>		Transaction ID: 24801621 Date of Disbursement 10 / 12 / 2006
Mailing Address PO Box 23273		Amount of Each Disbursement this Period 1000.00
City Waco State TX Zip Code 76702	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Chet Edwards		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Simmons For Congress</b>		Transaction ID: 24801857 Date of Disbursement 10 / 12 / 2006
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 1000.00
City Stonington State CT Zip Code 06378	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Robert R. Simmons		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)

PAGE 17 / 17

<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) <b>A. Mario Diaz-Balart For Congress</b>		<b>Transaction ID: 24804732</b> Date of Disbursement 10 / 13 / 2006
Mailing Address 2801 Ponce De Leon Blvd. Ste1000		Amount of Each Disbursement this Period 500.00
City Coral Gables      State FL      Zip Code 33134		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Mario Diaz-Balart		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL      District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lincoln Diaz-Balart For Congress Committee</b>		<b>Transaction ID: 24804425</b> Date of Disbursement 10 / 13 / 2006
Mailing Address 2801 Ponce De Leon Blvd. Ste 1000		Amount of Each Disbursement this Period 500.00
City Coral Gables      State FL      Zip Code 33134		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Lincoln G. Diaz-Balart		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL      District: 21	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ros-Lehtinen For Congress</b>		<b>Transaction ID: 24804741</b> Date of Disbursement 10 / 13 / 2006
Mailing Address P O Box 52-2784		Amount of Each Disbursement this Period 500.00
City Miami      State FL      Zip Code 33152		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Ileana Ros-Lehtinen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL      District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	12000.00