

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

National Association of Chain Drug Stores Political Action Committee

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 Year-End 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 (12S)

Election on / / in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

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 R. James Huber [Electronically Filed] Date / /

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Chain Drug Stores Political Action Committee

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2012"/> | <input type="text" value="98616.75"/> | <input type="text" value="98616.75"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="68312.84"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="3529.28"/> | <input type="text" value="157510.07"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="71842.12"/> | <input type="text" value="256126.82"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="92.80"/> | <input type="text" value="184377.50"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="71749.32"/> | <input type="text" value="71749.32"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="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: / / 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)..... | 3291.88 | 127865.91 |
| (ii) Unitemized | 43.95 | 4126.32 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 3335.83 | 131992.23 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 23022.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 3335.83 | 155014.23 |
| 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)..... | 193.45 | 2438.05 |
| 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 | 57.79 |
| 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 Transfers (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))..... ▶ | 3529.28 | 157510.07 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 3529.28 | 157510.07 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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 | 92.80 | 2077.50 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 92.80 | 2077.50 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 175500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (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 | 6800.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated 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)) .. | 92.80 | 184377.50 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 92.80 | 184377.50 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 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) | 3335.83 | 155014.23 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 3335.83 | 155014.23 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 92.80 | 2077.50 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 193.45 | 2438.05 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | -100.65 | -360.55 |

**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 6 OF 15 |
| | <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 | <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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Dr. Frank Scorpiniti | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : 35399891 |
| Mailing Address 440 9th Ave Fl 9 | | Amount of Each Receipt this Period 2000.00 |
| City New York | State NY | Zip Code 10001-1640 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Rexall Pharma Plus | Occupation SVP, Pharmacy Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Don L. Bell II | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR1054895628607 |
| Mailing Address 413 N Lee St | | Amount of Each Receipt this Period 96.15 |
| City Alexandria | State VA | Zip Code 22314-2301 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer National Association of Chain Drug Sto | Occupation Senior Vice President, Legal Affairs a | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1923.00 | P/R Deduction (\$96.15 Bi-Weekly) |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. David M. Fitzsimmons | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR1054896228607 |
| Mailing Address PO Box 1417-D49 | | Amount of Each Receipt this Period 19.23 |
| 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, Finance and Accounting | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | P/R Deduction (\$19.23 Bi-Weekly) |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2115.38 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Mrs. Sandra Kay Guckian
 Full Name (Last, First, Middle Initial)
 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 ▼ 1923.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1054896928607
 Amount of Each Receipt this Period 96.15
 P/R Deduction (\$96.15 Bi-Weekly)

B. Ms. Rhoda Kelly
 Full Name (Last, First, Middle Initial)
 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 ▼ 769.20

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1054897028607
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

C. Mr. James A. Whitman
 Full Name (Last, First, Middle Initial)
 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 ▼ 1692.24

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1054897928607
 Amount of Each Receipt this Period 96.15
 P/R Deduction (\$96.15 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 230.76 |
| 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: (check only one) | PAGE 8 OF 15 |
| | <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 | <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. Mr. Terrence Arth | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 |
| Mailing Address PO Box 1417-D49 | | Transaction ID : PR1055162928607 |
| City Alexandria | State VA | Zip Code 22313-1480 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 14.04 |
| Name of Employer National Association of Chain Drug Sto | Occupation Vice President, Meetings & Internation | P/R Deduction (\$14.04 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.80 | |

| | | |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Ms. Diane Darvey | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 |
| Mailing Address PO Box 1417-D49 | | Transaction ID : PR1055165028607 |
| City Alexandria | State VA | Zip Code 22313-1480 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 38.46 |
| Name of Employer National Association of Chain Drug Sto | Occupation Director, Public Policy | 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 ▼ 769.20 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Larry Lotridge | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 |
| Mailing Address PO Box 1417-D49 | | Transaction ID : PR1055173628607 |
| City Alexandria | State VA | Zip Code 22313-1480 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 19.23 |
| Name of Employer National Association of Chain Drug Sto | Occupation Vice President, Conference Services | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 71.73 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 15 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mr. Kevin N. Nicholson
 Full Name (Last, First, Middle Initial)
 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, Government Affairs & P
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1055174728607
 Amount of Each Receipt this Period 19.23
 P/R Deduction (\$19.23 Bi-Weekly)

B. Ms. Julie Khani
 Full Name (Last, First, Middle Initial)
 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 ▼ 788.40

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1055177428607
 Amount of Each Receipt this Period 39.42
 P/R Deduction (\$39.42 Bi-Weekly)

C. Mr. Steve C. Anderson
 Full Name (Last, First, Middle Initial)
 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 President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3333.24

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2202229328607
 Amount of Each Receipt this Period 277.77
 P/R Deduction (\$277.77 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 336.42
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 15 |
| | <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. Mr. Christopher Krese | | | Date of Receipt 10 / 17 / 2012 Transaction ID : PR2231851428607 |
| Mailing Address PO Box 1417-D49 | | | Amount of Each Receipt this Period 76.93 |
| City Alexandria | State VA | Zip Code 22313-1480 | P/R Deduction (\$76.93 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer National Association of Chain Drug Sto | Occupation SVP, Marketing, Communications, & Medi | Aggregate Year-to-Date 1538.60 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Ms. Christine M. Kopple | | | Date of Receipt 10 / 17 / 2012 Transaction ID : PR2257462228607 |
| Mailing Address PO Box 1417-D49 | | | Amount of Each Receipt this Period 38.46 |
| City Alexandria | State VA | Zip Code 22313-1480 | P/R Deduction (\$38.46 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer National Association of Chain Drug Sto | Occupation Vice President, Media Relations | Aggregate Year-to-Date 769.20 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mr. Marc Schloss | | | Date of Receipt 10 / 17 / 2012 Transaction ID : PR2390680728607 |
| Mailing Address PO Box 1417-D49 | | | Amount of Each Receipt this Period 19.23 |
| City Alexandria | State VA | Zip Code 22313-1480 | P/R Deduction (\$19.23 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer National Association of Chain Drug Sto | Occupation Director, Federal Government Affairs | Aggregate Year-to-Date 384.60 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 134.62 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 11 OF 15 |
| <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. Dr. Alex Adams
Full Name (Last, First, Middle Initial)
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 Director, Pharmacy Programs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.80 | |

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2391841928607

Amount of Each Receipt this Period
14.04

P/R Deduction (\$14.04 Bi-Weekly)

B. Ms. Dawn F. Worthington
Full Name (Last, First, Middle Initial)
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 VP, Human Resources | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.80 | |

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2444803128607

Amount of Each Receipt this Period
14.04

P/R Deduction (\$14.04 Bi-Weekly)

C. Jennifer Anne Foley
Full Name (Last, First, Middle Initial)
Mailing Address 218 7th Street NE
Apt B

| | | |
|---|---|------------------------|
| City Washington | State DC | Zip Code 20002-6075 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer National Association of Chain Drug Sto | Occupation Director, Political Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 769.20 | |

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2489082328607

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Bi-Weekly)

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 66.54 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 15 |
| | <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. Kathleen Jaeger | | Date of Receipt 10 / 17 / 2012 Transaction ID : PR2568914428607 |
| Mailing Address PO Box 1417-D49 | | Amount of Each Receipt this Period 217.39 |
| City Alexandria | State VA | Zip Code 22313-1480 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$217.39 Bi-Weekly) |
| Name of Employer National Association of Chain Drug Sto | Occupation Sr. VP Pharm. Care & Patient Advocacy | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3695.63 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Eric Juhl | | Date of Receipt 10 / 17 / 2012 Transaction ID : PR2576388028607 |
| Mailing Address PO Box 1417-D49 | | Amount of Each Receipt this Period 14.04 |
| City Alexandria | State VA | Zip Code 22313-1480 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$14.04 Bi-Weekly) |
| Name of Employer National Association of Chain Drug Sto | Occupation Director, Federal Public Policy | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.80 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Leigh Knotts | | Date of Receipt 10 / 17 / 2012 Transaction ID : PR2576388128607 |
| Mailing Address PO Box 1417-D49 | | Amount of Each Receipt this Period 20.00 |
| City Alexandria | State VA | Zip Code 22313-1480 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer National Association of Chain Drug Sto | Occupation Director, State Government Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 251.43 |
| 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 13 OF 15
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Thomas O'Donnell

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, Federal Gov't Affairs**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR2595770228607

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 85.00 |
| TOTAL This Period (last page this line number only).....▶ | 3291.88 |

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

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

FOR LINE NUMBER: PAGE 14 OF 15
(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

Full Name (Last, First, Middle Initial)
A. National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City Alexandria State VA Zip Code 22313-1480

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2438.05

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2012

Transaction ID : 35367570

Amount of Each Receipt this Period
 193.45

Sep.12 Bank Fees Reimb.

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 193.45 |
| TOTAL This Period (last page this line number only).....▶ | 193.45 |

**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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
10/10/12 Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 35431678

Amount of Each Disbursement this Period

10/10/12 Merchant Fee

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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