

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 _____ in the State of _____

5. Covering Period 04 01 2008 through 06 30 2008

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 07 11 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		101533.73
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	52890.02									
(c) Total Receipts (from Line 19)	87190.24	112424.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	140080.26	213958.26								
7. Total Disbursements (from Line 31)	79004.05	152882.05								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	61076.21	61076.21								
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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	70061.26	84834.82
(i) Itemized (use Schedule A)	3918.11	7400.33
(ii) Unitemized	73979.37	92235.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	13000.00	18000.00
(c) Other Political Committees (such as PACs)	86979.37	110235.15
(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	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	210.87	689.38
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))	87190.24	112424.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	87190.24	112424.53

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.....	79000.00	151500.00
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.....	4.05	1382.05
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))..	79004.05	152882.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79004.05	152882.05

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)	86979.37	110235.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86979.37	110235.15
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 46
(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)
Ms. Mary Sammons

Mailing Address 1520 Waterford

City State Zip Code
Camp Hill PA 17011-9000

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

Name of Employer Occupation
Rite Aid Corporation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: 27581991

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Andrew Giancamilli

Mailing Address 19803 Parke Lane

City State Zip Code
Grosse Ile MI 48138-1027

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

Name of Employer Occupation
The Katz Group North America CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: 27582001

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Charles Butt

Mailing Address 335 King William

City State Zip Code
San Antonio TX 78204-1317

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

Name of Employer Occupation
H-E-B Foods/Drugs Inc. Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2008

Transaction ID: 27591270

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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 / 46
	<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) Mr. Robert D. Loeffler	Date of Receipt MM / DD / YYYY 04 / 02 / 2008
	Mailing Address 50 Arnold Palmer Drive	Transaction ID: 27591273
	City State Zip Code San Antonio TX 78257-1723	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation H-E-B Foods/Drugs Inc. Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Steven C. Anderson	Date of Receipt MM / DD / YYYY 04 / 02 / 2008
	Mailing Address P.O. Box 1417-049	Transaction ID: 27591274
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation National Association of Chain Drug Sto Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Anthony Civello	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 6337 Wakefalls Drive	Transaction ID: 27611196
	City State Zip Code Wake Forest NC 27587	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kerr Drug, Inc. Chairman, President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	12500.00
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 8 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Mr. Kevin Tripp</p> <p>Mailing Address 15100 N. 90th Street</p> <p>City State Zip Code Scottsdale AZ 85260</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Albertson's, Inc. Division President & Ex. Vice Presiden</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2008</p> <p>Transaction ID: 27611198</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Mark Griffin</p> <p>Mailing Address 2701 S. Minnesota Avenue Suite 1</p> <p>City State Zip Code Sioux Falls SD 57105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Lewis Drugs, Inc. President and CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 3000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2008</p> <p>Transaction ID: 27640816</p> <p>Amount of Each Receipt this Period 3000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Larry J. Merlo</p> <p>Mailing Address 3 Clauson Court</p> <p>City State Zip Code East Greenwich RI 02818-1235</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CVS Carmark Corporation Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2008</p> <p>Transaction ID: 27733952</p> <p>Amount of Each Receipt this Period 2500.00</p>
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SUBTOTAL of Receipts This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 9 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James Mastrian
Mailing Address 30 Hunter Lane
City State Zip Code
Camp Hill PA 17011-2400
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Rite Aid Corporation Advisor to the CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 04 / 16 / 2008
Transaction ID: 27734142
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Mr. George J. Riedl
Mailing Address 317 Forest Lane
City State Zip Code
Libertyville IL 60048-2117
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Walgreen Co. Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 04 / 18 / 2008
Transaction ID: 27748180
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. J.P. Borneman
Mailing Address 722 Harriton Rd.
City State Zip Code
Bryn Mawr PA 19010-1707
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Hyland's, Inc. Chairman & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 / 22 / 2008
Transaction ID: 27766001
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 6250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 46
(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"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial)
Jeffrey A. Rein

Mailing Address #1 Farrington Circle

City State Zip Code
Lincolnshire IL 60069

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

Name of Employer Walgreen Co. Occupation President & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: 27766008

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Robert Kwait

Mailing Address 28325 Belcourt Road

City State Zip Code
Pepperpike OH 44124

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

Name of Employer Robert J. Kwait & Associates Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: 27766009

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Warren F. Bryant

Mailing Address 3154 Blackhawk Meadow Dr.

City State Zip Code
Danville CA 94506-5801

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

Name of Employer Longs Drug Stores Occupation Chairman, President, and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: 27766011

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 46
(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)
Gregory D Wasson

Mailing Address 1724 R.F.D.

City State Zip Code
Long Grove IL 60047-7306

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

Name of Employer Walgreen Co. Occupation President and Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: 27827981

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Edith Rosato

Mailing Address 9762 Viewcrest Drive

City State Zip Code
Fairfax Station VA 22039-2900

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: 27827982

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Alfred P. Aldridge, III

Mailing Address 25 Pembroke Lane

City State Zip Code
Laguna Niguel CA 92677-9331

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

Name of Employer Pharmavite Corporation Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: 27827983

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 46
(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) Todd M. Kwait		Date of Receipt MM / DD / YYYY 05 / 02 / 2008
Mailing Address 31000 S. Woodland		Transaction ID: 27828003
City Pepper Pike	State OH	Zip Code 44124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Robert J. Kwait & Associates	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Mr. William Earl Osborn		Date of Receipt MM / DD / YYYY 05 / 02 / 2008
Mailing Address P.O. Box 31		Transaction ID: 27828008
City Miami	State OK	Zip Code 74355-0031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Osborn Drugs, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Mr. Gerald Heller		Date of Receipt MM / DD / YYYY 05 / 08 / 2008
Mailing Address 1845 Forest Blvd		Transaction ID: 27879408
City Tulsa	State OK	Zip Code 74114-4203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer May's Drug Stores, Inc.	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
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 / 46

(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)
Mr. Scott Emerson

Mailing Address 407 East Lancaster AVE

City State Zip Code
Wayne PA 19087-4202

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

Name of Employer Occupation
Emerson Group, Inc. President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 8

Transaction ID: 27879409

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Deborah Faucette

Mailing Address 2001Hawaii Ave. NE

City State Zip Code
Saint Petersburg FL 33703

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

Name of Employer Occupation
LearnSomething, Inc. Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: 27879416

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Matthew J. Leonard

Mailing Address 119 Kettle Pond Drive

City State Zip Code
South Kingstown RI 02879-5418

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

Name of Employer Occupation
CVS Carmark Corporation Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: 27879423

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2750.00

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 14 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. John Vayianos
 Mailing Address 74 20th St.
 City State Zip Code
 Brooklyn NY 11232-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Profoot Care Vice President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 3 / 2 0 0 8
Transaction ID: 27879424
 Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Pete Columbia
 Mailing Address 5 High Ridge Park
 City State Zip Code
 Stamford CT 06905-1332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lornamead, Inc. VP Sales
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 3 / 2 0 0 8
Transaction ID: 27879449
 Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Peter Stratton
 Mailing Address 187 Danbury Road
 City State Zip Code
 Wilton CT 06897-4122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Beiersdorf, Inc., Futuro VP and Futuro Division Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 3 / 2 0 0 8
Transaction ID: 27879460
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
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 15 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Maurice Lucas

Mailing Address 47 Timber Ridge Drive

City State Zip Code
Oyster Bay NY 11771-4207

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

Name of Employer L&R Distributors, Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: 27879466

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Jeffery Gerchenson

Mailing Address 7711 Merrimac Avenue

City State Zip Code
Niles IL 60714-3423

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

Name of Employer ALVA-AMCO Pharmacal Cos., Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: 27879467

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Patrick O'leary

Mailing Address 4455 Genesee St.

City State Zip Code
Cheektowaga NY 14225-1928

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

Name of Employer Greenwood Group Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: 27879479

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 16 / 46
(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)
Timothy LaBeau

Mailing Address 800 Cottontail Ln.

City Somerset State NJ Zip Code 08873-1227

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

Name of Employer Drug Fair Group, Inc. Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 13 / 2008
Transaction ID: 27879480
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Don Pullin

Mailing Address RR #1, Box 332

City Point Pleasant State WV Zip Code 25550

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

Name of Employer Fruth Pharmacy Occupation President and COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 23 / 2008
Transaction ID: 27946724
 Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. David Pinto

Mailing Address 220 5th Avenue

City New York State NY Zip Code 10001-7745

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

Name of Employer Chain Drug Review Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 23 / 2008
Transaction ID: 27946725
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 17 / 46
(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)
Mr. Don Bell

Mailing Address 5800 Magnolia Lane

City Falls Church State VA Zip Code 22041

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

Name of Employer National Association of Chain Drug Sto
Occupation Vice President, Legal Affairs & Genera

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 434.80

Date of Receipt 06 / 30 / 2008
Transaction ID: PR1054895618509

Amount of Each Receipt this Period 304.36

P/R Deduction (\$43.48 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. David Fitzsimmons

Mailing Address 8315 Fitt Court

City Lorton State VA Zip Code 22079

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 ▼ 500.00

Date of Receipt 06 / 30 / 2008
Transaction ID: PR1054896218509

Amount of Each Receipt this Period 350.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Sandra K Guckian

Mailing Address 8307 Lilac Lane

City Alexandria State VA Zip Code 22308

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 ▼ 396.00

Date of Receipt 06 / 30 / 2008
Transaction ID: PR1054896918509

Amount of Each Receipt this Period 308.00

P/R Deduction (\$44.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **962.36**

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 18 / 46
(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
							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. Rhoda Kelly

Mailing Address 7817 Meadowgate Drive

City Manassas State VA Zip Code 20112

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 ▼ 434.80

Date of Receipt 06 / 30 / 2008
Transaction ID: PR1054897018509

Amount of Each Receipt this Period 304.36

P/R Deduction (\$43.48 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Nancy Riegler

Mailing Address 1808 Fallbrook Lane

City Vienna State VA Zip Code 22182

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

Name of Employer National Association of Chain Drug Sto
Occupation VP, HR & Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 863.00

Date of Receipt 06 / 30 / 2008
Transaction ID: PR1054897518509

Amount of Each Receipt this Period 609.00

P/R Deduction (\$87.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. James Whitman

Mailing Address 7982 Foxmoor Drive

City Dunn Loring State VA Zip Code 22027

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 ▼ 783.00

Date of Receipt 06 / 30 / 2008
Transaction ID: PR1054897918509

Amount of Each Receipt this Period 609.00

P/R Deduction (\$87.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1522.36

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 19 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. 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: VP, External Relations/President Found

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
473.95

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1055163618509
 Amount of Each Receipt this Period: 334.81
 P/R Deduction (\$47.83 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Paul PKelly

Mailing Address 2049 Greenwich Street

City State Zip Code
Falls Church VA 22043-1612

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 ▼
469.53

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1055164118509
 Amount of Each Receipt this Period: 365.19
 P/R Deduction (\$52.17 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: Director, Pharmacy Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
338.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1055165018509
 Amount of Each Receipt this Period: 245.00
 P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **945.00**

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 20 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms. Nicole Valentine

Mailing Address 413 N. Lee Street

City State Zip Code
Alexandria VA 22314-2301

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1055172618509
 Amount of Each Receipt this Period: 255.00
 P/R Deduction (\$255.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Stuart Gordon

Mailing Address 1339 Blackwalnut Court

City State Zip Code
Annapolis MD 21403

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

Name of Employer: National Association of Chain Drug Sto
Occupation: Director, Policy & Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 521.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1055173518509
 Amount of Each Receipt this Period: 462.00
 P/R Deduction (\$418.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Larry Lotridge

Mailing Address 413 N. Lee Street

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: Vice President, Conference Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 217.40

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1055173618509
 Amount of Each Receipt this Period: 152.18
 P/R Deduction (\$21.74 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **869.18**

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 21 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Kevin Nicholson

Mailing Address 413 N. Lee Street

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: Vice President, Pharmacy Regulatory

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 434.80

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1055174718509
 Amount of Each Receipt this Period: 304.36
 P/R Deduction (\$43.48 Bi-Weekly)

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

Mailing Address 413 N Lee Street

City State Zip Code
Alexandria VA 22313

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1055176318509
 Amount of Each Receipt this Period: 175.00
 P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 413 N. Lee Street

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: VP, Federal Health Care Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1055177418509
 Amount of Each Receipt this Period: 308.00
 P/R Deduction (\$44.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 787.36

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 22 / 46
(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)
Gary J Wirth

Mailing Address 10233 Glastonbury Road

City State Zip Code
Ellicott City MD 21042-5839

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

Name of Employer
National Association of Chain Drug Sto

Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR2257462618509

Amount of Each Receipt this Period
175.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	70061.26

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 46

(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)
Pharmavite PAC

Mailing Address 8510 Blaboa Boulevard

City Northridge State CA Zip Code 91325

FEC ID number of contributing federal political committee. **C** C00410654

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
 0 4 / 0 9 / 2 0 0 8

Transaction ID: 27652290

Amount of Each Receipt this Period
 1000.00

B.

Full Name (Last, First, Middle Initial)
Caremark Rx Inc. PAC

Mailing Address 2211 Sanders Road

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C** C00384818

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
 0 4 / 2 1 / 2 0 0 8

Transaction ID: 27753113

Amount of Each Receipt this Period
 5000.00

C.

Full Name (Last, First, Middle Initial)
Longs Drug Good Govt Council

Mailing Address P.O. Box 5222
141 N. Civic Drive

City Walnut Creek State CA Zip Code 94596

FEC ID number of contributing federal political committee. **C** C00106609

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
 0 4 / 2 2 / 2 0 0 8

Transaction ID: 27766012

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

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 24 / 46

(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)
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** C00243659

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
0	5	/	0	2	/	2	0	0	8

Transaction ID: 27828010

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dickstein Shapiro LLP PAC

Mailing Address 1825 Eye Street, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00110197

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
0	5	/	3	0	/	2	0	0	8

Transaction ID: 27977438

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

13000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 46
	(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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank		Date of Receipt
	Mailing Address 1445 New York Ave, NW		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Transaction ID: 28152015
		<input type="text" value="200.95"/>	Amount of Each Receipt this Period
			<input type="text" value="2.79"/>

B.	Full Name (Last, First, Middle Initial) SunTrust Bank		Date of Receipt
	Mailing Address 1445 New York Ave, NW		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Transaction ID: 28173984
		<input type="text" value="217.52"/>	Amount of Each Receipt this Period
			<input type="text" value="16.57"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="19.36"/>
TOTAL This Period (last page this line number only)	<input type="text" value="19.36"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown	Transaction ID: 27585776 Date of Disbursement 04 / 02 / 2008
	Mailing Address PO Box 76187 Suite 800	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Sherrod Brown	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota Inc	Transaction ID: 27585778 Date of Disbursement 04 / 02 / 2008
	Mailing Address 122 Maryland Ave. NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Tim Johnson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mchenry For Congress	Transaction ID: 27585779 Date of Disbursement 04 / 02 / 2008
	Mailing Address PO Box 1406	Amount of Each Disbursement this Period 1000.00
	City Hickory State NC Zip Code 28603	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Patrick T. McHenry	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Lindsey Graham For Senate

Transaction ID: 27640733

Date of Disbursement

Mailing Address PO Box 29576

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	8

City Washington State DC Zip Code 20017

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00

Candidate Name
Sen. Lindsey O. Graham

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: SC District:

B.

Full Name (Last, First, Middle Initial)
John McCain 2008

Transaction ID: 27640754

Date of Disbursement

Mailing Address P O Box 16118

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	8

City Arlington State VA Zip Code 22215

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00

Candidate Name
John McCain

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
John McCain 2008

Transaction ID: 27640760

Date of Disbursement

Mailing Address P O Box 16118

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	8

City Arlington State VA Zip Code 22215

Amount of Each Disbursement this Period

Purpose of Disbursement
Void - John McCain 2008

011
Category/ Type

-1000.00

Candidate Name
John McCain

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Void - John McCain 2008

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) John McCain 2008</p> <p>Mailing Address P O Box 16118</p> <p>City Arlington State VA Zip Code 22215</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name John McCain</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 27640761 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	8	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	0	8	/	2	0	0	8													
1000.00																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee</p> <p>Mailing Address P O Box 75214</p> <p>City Washington State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15</p>	<p>Transaction ID: 27640765 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	8	/	2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	0	8	/	2	0	0	8													
5000.00																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mike Honda For Congress</p> <p>Mailing Address 625 3rd St., NE, Suite #2</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Michael Honda</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 15</p>	<p>Transaction ID: 27640770 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	8	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	0	8	/	2	0	0	8													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 46

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

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

A.	Full Name (Last, First, Middle Initial) Nathan Deal For Congress	Transaction ID: 27640775 Date of Disbursement
	Mailing Address PO Box 368	<input type="text" value="04"/> <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Falls Church State VA Zip Code 22040	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Rep. Nathan Deal	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pat Roberts For Senate	Transaction ID: 27640776 Date of Disbursement
	Mailing Address 1111 19th St., NW, Suite 1150	<input type="text" value="04"/> <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Sen. Pat Roberts	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The National Republican Congressional Committee	Transaction ID: 27640778 Date of Disbursement
	Mailing Address 320 First Street	<input type="text" value="04"/> <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Committee	<input type="text" value="10000.00"/>
	Candidate Name The National Republican Congressional Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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

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

A.	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc Mailing Address 128 North Columbus St. City Alexandria State VA Zip Code 22314 Purpose of Disbursement 011 Candidate Name Elizabeth Dole Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: 27769480 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee Mailing Address P.O. Box A City Harrisonville State MO Zip Code 64701 Purpose of Disbursement 011 Candidate Name Rep. Ike Skelton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 04	Transaction ID: 27769531 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Courtney For Congress Mailing Address 501 Capitol Ct., NE, Suite 100 City Washington State DC Zip Code 20002 Purpose of Disbursement 011 Candidate Name Rep. Joseph Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 02	Transaction ID: 27769532 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8 Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 27769536 Date of Disbursement
	Mailing Address P. O. Box 21027	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Eric I. Cantor	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	Transaction ID: 27769538 Date of Disbursement
	Mailing Address 38 Ivy St., SE	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Allyson Schwartz	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Reed Committee	Transaction ID: 27769652 Date of Disbursement
	Mailing Address 303 Massachusetts Ave., NE	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Sen. Jack Reed	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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

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

A.	Full Name (Last, First, Middle Initial) Marion Berry For Congress	Transaction ID: 27769658 Date of Disbursement
	Mailing Address 236 Massachusetts Ave., NE, #508	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Rep. Marion Berry	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hall For Congress Committee (Ralph Hall - Rockwall)	Transaction ID: 27769805 Date of Disbursement
	Mailing Address 310 E. Capitol St., NE, Ste.A	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Ralph Hall	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rely on Your Beliefs (ROYB) Fund	Transaction ID: 27769817 Date of Disbursement
	Mailing Address 209 Pennsylvania Ave, SE	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Leadership PAC	<input type="text" value="2000.00"/>
	Candidate Name Rely on Your Beliefs (ROYB) Fund	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee</p> <p>Mailing Address P.O. Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27831863</p> <p>Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) OrrinPAC</p> <p>Mailing Address 101 Constitution Ave, NW, Suite 80</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name OrrinPAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27831898</p> <p>Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Leadership PAC</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Michael A. Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27831931</p> <p>Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of John Boehner	Transaction ID: 27831940 Date of Disbursement 05 / 07 / 2008
	Mailing Address 7908-I2 Cincinnati Dayton Road	Amount of Each Disbursement this Period 1000.00
	City West Chester State OH Zip Code 45069	
	Purpose of Disbursement Candidate Name Rep. John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: 27831959 Date of Disbursement 05 / 07 / 2008
	Mailing Address 425 2nd St., NE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Campaign Committee Candidate Name National Republican Senatorial Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Committee

C.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: 27935598 Date of Disbursement 05 / 21 / 2008
	Mailing Address 501 Capitol Court NE #100	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Candidate Name Sen. Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 46

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

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

A.	Full Name (Last, First, Middle Initial) Boozman For Congress	Transaction ID: 27935606 Date of Disbursement 05 / 21 / 2008
	Mailing Address P O Box 29576	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20017	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John N. Boozman	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller	Transaction ID: 27935620 Date of Disbursement 05 / 21 / 2008
	Mailing Address 110-B East Broad St.	Amount of Each Disbursement this Period 1000.00
	City Falls Church State VA Zip Code 22046	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. John D. Rockefeller, IV	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee	Transaction ID: 27935622 Date of Disbursement 05 / 21 / 2008
	Mailing Address 200 East Jefferson St.	Amount of Each Disbursement this Period 1000.00
	City Falls Church State VA Zip Code 22046	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Richard J. Durbin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Price For Congress Committee	Transaction ID: 27935628 Date of Disbursement 05 / 21 / 2008
	Mailing Address P. O. Box 1986	Amount of Each Disbursement this Period 1000.00
	City Raleigh State NC Zip Code 27602	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. David Price	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Truth Accountability and Courage PAC (TAC PAC)	Transaction ID: 27935639 Date of Disbursement 05 / 21 / 2008
	Mailing Address 228 S. Washington St., Ste. 115	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Leadership PAC	011 Category/ Type
	Candidate Name Truth Accountability and Courage PAC (TAC PAC)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Craig Burrige Election Committee	Transaction ID: 27935650 Date of Disbursement 05 / 21 / 2008
	Mailing Address 11 Suncrest Drive	Amount of Each Disbursement this Period 500.00
	City Waterford State NY Zip Code 12188	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Craig Burrige	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Max Baucus	Transaction ID: 27935757 Date of Disbursement 05 / 21 / 2008
	Mailing Address 236 Massachusetts Ave, NE, Ste. 60	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Max Baucus	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Max Baucus	Transaction ID: 27935760 Date of Disbursement 05 / 21 / 2008
	Mailing Address 236 Massachusetts Ave, NE, Ste. 60	Amount of Each Disbursement this Period 4000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Max Baucus	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Coleman For Senate '08	Transaction ID: 27964279 Date of Disbursement 05 / 29 / 2008
	Mailing Address 680 Transfer Rd Suite A	Amount of Each Disbursement this Period 1000.00
	City St. Paul State MN Zip Code 55114	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Norm Coleman	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) John Kerry For Senate</p> <p>Mailing Address 10 G Street Ne Suite 710</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. John F. Kerry</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District:</p>	<p>Transaction ID: 27964283 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	9	/	2	0	0	8	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	2	9	/	2	0	0	8													
1500.00																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign</p> <p>Mailing Address PO Box 16128</p> <p>City Houston State TX Zip Code 77222</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Gene Green</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 29</p>	<p>Transaction ID: 27964284 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	9	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	2	9	/	2	0	0	8													
1000.00																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee, The</p> <p>Mailing Address P.O. Box 1444</p> <p>City Ennis State TX Zip Code 75120</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Joe L. Barton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 06</p>	<p>Transaction ID: 27964285 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	9	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	2	9	/	2	0	0	8													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign	Transaction ID: 28018967 Date of Disbursement 06 / 11 / 2008
	Mailing Address PO Box 16128	Amount of Each Disbursement this Period -1000.00
	City Houston State TX Zip Code 77222	
	Purpose of Disbursement Void - Gene Green Congressional Campaign	011 Category/ Type
	Candidate Name Rep. Gene Green	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Gene Green Congressional Campaign

B.	Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign	Transaction ID: 28018973 Date of Disbursement 06 / 11 / 2008
	Mailing Address PO Box 16128	Amount of Each Disbursement this Period 2500.00
	City Houston State TX Zip Code 77222	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Gene Green	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Solis For Congress	Transaction ID: 28018985 Date of Disbursement 06 / 11 / 2008
	Mailing Address 6380 Wilshire Blvd. #1612	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90048	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Hilda L. Solis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson</p> <p>Mailing Address 50 W. Broad St., Ste. 2020</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Charles Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28019007 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	8	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	8													
500.00																						
<p>B. Full Name (Last, First, Middle Initial) Mike Rogers For Congress</p> <p>Mailing Address P. O. Box 1113</p> <p>City Anniston State AL Zip Code 36201</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Michael D. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28019009 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	8	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	8													
500.00																						
<p>C. Full Name (Last, First, Middle Initial) Collins For Senator</p> <p>Mailing Address 201 Massachusetts Ave., NE, Suite</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Susan M. Collins</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28019011 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	8													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">2000.00</td></tr></table>	2000.00
2000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Team Emerson For Jo Ann Emerson

Mailing Address P.O. Box 822

City State Zip Code
Cape Girardeau MO 63702

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Jo Ann Emerson

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: MO District: 08

Transaction ID: 28019012
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Tom Allen For Senate

Mailing Address 200 E. Jefferson St.

City State Zip Code
Falls Church VA 22046

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Thomas H. Allen

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: ME District: 01

Transaction ID: 28019013
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Sue Myrick For Congress

Mailing Address 2501 Wisconsin Ave., #304

City State Zip Code
Washington DC 20007

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Sue Wilkins Myrick

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: NC District: 09

Transaction ID: 28019383
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Pat Roberts For Senate	Transaction ID: 28019384 Date of Disbursement 06 / 11 / 2008
	Mailing Address 1111 19th St., NW, Suite 1150	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Candidate Name Sen. Pat Roberts 011 Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District:	

B.	Full Name (Last, First, Middle Initial) Enzi For Us Senate	Transaction ID: 28019430 Date of Disbursement 06 / 11 / 2008
	Mailing Address 1735 Sheridan Ave. #233 P. O. Box 2775	Amount of Each Disbursement this Period 1000.00
	City Cody State WY Zip Code 82414	
	Purpose of Disbursement Candidate Name Sen. Michael B. Enzi 011 Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District:	

C.	Full Name (Last, First, Middle Initial) Levin For Congress	Transaction ID: 28019464 Date of Disbursement 06 / 11 / 2008
	Mailing Address P. O. Box 37	Amount of Each Disbursement this Period 1000.00
	City Roseville State MI Zip Code 48066	
	Purpose of Disbursement Candidate Name Rep. Sander M. Levin 011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 12	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign</p> <p>Mailing Address 236 Massachusetts Ave., NE, #508</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Charles A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 20</p>	<p>Transaction ID: 28019493 Date of Disbursement 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kerr Drug Inc.- PAC</p> <p>Mailing Address 3220 Spring Forest Rd.</p> <p>City Raleigh State NC Zip Code 27616-2822</p> <p>Purpose of Disbursement PAC to PAC Contribution 011 Category/Type</p> <p>Candidate Name Kerr Drug Inc.- PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 28019499 Date of Disbursement 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>PAC to PAC Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Michael Burgess For Congress</p> <p>Mailing Address 217 Third St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Michael C. Burgess, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 26</p>	<p>Transaction ID: 28106530 Date of Disbursement 06 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Upton For All Of Us	Transaction ID: 28106559 Date of Disbursement 06 / 25 / 2008
	Mailing Address 104 Hume Ave.	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22301	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Fred Upton	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of John Barrow	Transaction ID: 28106561 Date of Disbursement 06 / 25 / 2008
	Mailing Address PO Box 8166	Amount of Each Disbursement this Period 1000.00
	City Savannah State GA Zip Code 31412	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John Barrow	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tinsley For Congress	Transaction ID: 28118199 Date of Disbursement 06 / 26 / 2008
	Mailing Address 27004 Sudderth Dr, Unit C	Amount of Each Disbursement this Period 1000.00
	City Ruidoso State NM Zip Code 88345	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Edward Tinsley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hoosiers For Hill	Transaction ID: 28118228 Date of Disbursement 06 / 26 / 2008
	Mailing Address PO Box 1071	Amount of Each Disbursement this Period 1000.00
	City Seymour State IN Zip Code 47274	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Baron Hill	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Coleman For Senate '08	Transaction ID: 28118247 Date of Disbursement 06 / 26 / 2008
	Mailing Address 680 Transfer Rd Suite A	Amount of Each Disbursement this Period 500.00
	City St. Paul State MN Zip Code 55114	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Norm Coleman	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

79000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) SunTrust Bank <hr/> Mailing Address 1445 New York Ave, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27876901 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1.35
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SunTrust Bank <hr/> Mailing Address 1445 New York Ave, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28000990 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1.70
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SunTrust Bank <hr/> Mailing Address 1445 New York Ave, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28152021 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1.00
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="4.05"/>
TOTAL This Period (last page this line number only) ▶	<input type="text" value="4.05"/>