

# 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 01 01 2008 through 03 31 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 04 15 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

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 .....	101533.73									
(c) Total Receipts (from Line 19) .....	25234.29	25234.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	126768.02	126768.02								
7. Total Disbursements (from Line 31) .....	73878.00	73878.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	52890.02	52890.02								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

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	14773.56	14773.56
(i) Itemized (use Schedule A) .....	3482.22	3482.22
(ii) Unitemized .....	18255.78	18255.78
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	5000.00	5000.00
(c) Other Political Committees (such as PACs) .....	23255.78	23255.78
(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 .....	1500.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	478.51	478.51
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)) .....	25234.29	25234.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25234.29	25234.29

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	72500.00	72500.00
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.....	1378.00	1378.00
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))..	73878.00	73878.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73878.00	73878.00

**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) .....	23255.78	23255.78
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23255.78	23255.78
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: (check only one)	PAGE 6 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald J. Chomiuk		Date of Receipt
	Mailing Address 10708 Sagamore Ln.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Bentonville	AR	72712-8016
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27091482
Name of Employer Wal-mart Stores, Inc.		Occupation VP, Pharmacy Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Carol Anne Kelly		Date of Receipt
	Mailing Address 3901 Highwood Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 4 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20007-2132
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27153433
Name of Employer National Association of Chain Drug Sto		Occupation Senior Vice President, Government Affa	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Ronna B Hauser		Date of Receipt
	Mailing Address 77 Tarragon Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Edgewater	MD	21037-1110
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27274532
Name of Employer National Association of Chain Drug Sto		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 25  
(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)  
Ms. Elizabeth Nigro

Mailing Address 4100 Faith Court

City State Zip Code  
Alexandria VA 22311

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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2008

**Transaction ID:** 27274535

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Mary Staples

Mailing Address 1080 Harbor Haven

City State Zip Code  
Southlake TX 76092

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

Name of Employer  
National Association of Chain Drug Sto

Occupation  
Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2008

**Transaction ID:** 27348693

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 910 Danton Lane

City State Zip Code  
Alexandria VA 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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2008

**Transaction ID:** 27348696

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**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 / 25  
(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. Adam Raczkowski

Mailing Address 37 Timber Dr

City State Zip Code  
East Longmeade MA 01028-3208

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

Name of Employer Occupation  
W.F. Young Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2008

**Transaction ID:** 27406470

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David Bernauer

Mailing Address 200 Wilmot Road

City State Zip Code  
Deerfield IL 60015-4620

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

Name of Employer Occupation  
Walgreen Co. Chairman & CEO - Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2008

**Transaction ID:** 27429372

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Sharon Sternheim

Mailing Address 1020 Park Ave, Apt 17c

City State Zip Code  
New York NY 10028-0913

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

Name of Employer Occupation  
Thriftway/Zitomer Drug President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2008

**Transaction ID:** 27509790

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10250.00**

**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 / 25

(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. George Bartell, Jr.

Mailing Address 4727 Denver Avenue S

City State Zip Code  
Seattle WA 98134-2316

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

Name of Employer Occupation  
The Bartell Drug Company Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2008

Transaction ID: 27625116

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Fitzhugh Elder

Mailing Address 5274 Morning Mist Lane

City State Zip Code  
Alexandria VA 22312-3908

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

Name of Employer Occupation  
National Association of Chain Drug Sto Executive

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

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR1054896018508

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Steve Perowski

Mailing Address 2689 Hillsman Street

City State Zip Code  
Falls Church VA 22043

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

Name of Employer Occupation  
National Association of Chain Drug Sto Vice President, Industry Affairs

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 363.04

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR1054897318508

Amount of Each Receipt this Period

363.04

P/R Deduction (\$350.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1163.04

**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 / 25  
(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)  
Ms. Nancy Riegle

Mailing Address 1808 Fallbrook Lane

City State Zip Code  
Vienna VA 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 ▼  
254.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
Transaction ID: PR1054897518508

Amount of Each Receipt this Period  
254.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Katherine Fry

Mailing Address 13505 Rippling Brook Drive

City State Zip Code  
Silver Spring MD 20906

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

Name of Employer National Association of Chain Drug Sto  
Occupation Manager, Federal Legislative Affairs&P

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
256.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
Transaction ID: PR1597972218508

Amount of Each Receipt this Period  
256.52

P/R Deduction (\$250.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Anne Fellows

Mailing Address 328 Still River Road

City State Zip Code  
Still River MA 01467

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

Name of Employer National Association of Chain Drug Sto  
Occupation Regional Director, State Government Af

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
Transaction ID: PR2257462118508

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$0.00)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **760.52**

**TOTAL** This Period (last page this line number only) ..... ▶ **14773.56**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 25  
(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)  
Friends Of Mike Ferguson

Mailing Address C/O Ron Gravino P.O. Box 225

City State Zip Code  
Colonia NJ 07067

FEC ID number of contributing federal political committee. **C** C00366195

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 27091485

Amount of Each Receipt this Period  
1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 25

(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 checked="" type="checkbox"/> 16

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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)  
NACDS PAC - Dreyfus Gov't Cash Mgmt.  
Mailing Address 413 N. Lee St.

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
274.80

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2008

Transaction ID: 27330751

Amount of Each Receipt this Period  
274.80

**B.** Full Name (Last, First, Middle Initial)  
NACDS PAC - Dreyfus Gov't Cash Mgmt.  
Mailing Address 413 N. Lee St.

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
376.67

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2008

Transaction ID: 27396241

Amount of Each Receipt this Period  
101.87

**C.** Full Name (Last, First, Middle Initial)  
NACDS PAC - Dreyfus Gov't Cash Mgmt.  
Mailing Address 413 N. Lee St.

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
471.86

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2008

Transaction ID: 27659463

Amount of Each Receipt this Period  
95.19

**SUBTOTAL** of Receipts This Page (optional) .....

471.86

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

471.86

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 25  
(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)  
Walgreen Co. PAC

Mailing Address 104 Wilmot Road, M.S.  
#1447

City State Zip Code  
Deerfield IL 60015-6200

FEC ID number of contributing federal political committee. **C** C00160770

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  
03 / 03 / 2008

Transaction ID: 27375114

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5000.00

**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 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008</p> <p>Mailing Address 5915 Eastman Ave. Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. David Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 27221605</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">31</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1500.00</span></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Blue Dog PAC</p> <p>Mailing Address 236 Massachusetts Ave, NE, Suite 5</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Coalition PAC Candidate Name</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><b>Transaction ID:</b> 27221611</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">31</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2500.00</span></p> <p>Coalition PAC</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 2nd St., NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Campaign Committee Candidate Name</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><b>Transaction ID:</b> 27221556</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">31</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">10000.00</span></p> <p>Campaign Committee</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

14000.00

**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 15 / 25

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee Mailing Address 120 Maryland Ave, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Campaign Committee Candidate Name 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: 27221529 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 15000.00 Campaign Committee

<b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee Mailing Address 430 South Capitol St, SE 2nd Floor City Washington State DC Zip Code 20003 Purpose of Disbursement Campaign Committee Candidate Name 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: 27221545 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 15000.00 Campaign Committee

<b>C.</b> Full Name (Last, First, Middle Initial) Wicker For Senate Mailing Address 104 Hume Ave City Alexandria State VA Zip Code 22301 Purpose of Disbursement Candidate Name Roger Wicker Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Special Electio	Transaction ID: 27221560 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	31000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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><b>A.</b> Full Name (Last, First, Middle Initial) Moran For Kansas</p> <p>Mailing Address P.O. Box 1151</p> <p>City Hays State KS Zip Code 67601</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Jerry Moran</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: KS District: 01</p>	<p><b>Transaction ID:</b> 27298403 <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Gordon Smith</p> <p>Mailing Address 228 S Washington Ste 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Sen. Gordon H. Smith</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: OR District:</p>	<p><b>Transaction ID:</b> 27298402 <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee To Elect Mchugh</p> <p>Mailing Address 228 S. Washington St. Ste. 115 Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. John M. McHugh</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: NY District: 23</p>	<p><b>Transaction ID:</b> 27298401 <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">1000.00</span></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)

PAGE 17 / 25

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Schakowsky For Congress <hr/> Mailing Address P.O. Box 5130 <hr/> City Evanston State IL Zip Code 60204 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Janice D. Schakowsky <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27298400 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Becerra For Congress <hr/> Mailing Address P.O. Box 261060 <hr/> City Los Angeles State CA Zip Code 90026 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Xavier Becerra <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27298398 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Stabenow For Us Senate <hr/> Mailing Address PO Box 4945 <hr/> City East Lansing State MI Zip Code 48826 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Debbie Stabenow <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27298399 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input 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)

PAGE 18 / 25

<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) Doggett For Us Congress	Transaction ID: 27298404 Date of Disbursement 02 / 15 / 2008
	Mailing Address 1157 San Bernard	Amount of Each Disbursement this Period 1000.00
	City Austin State TX Zip Code 78702	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Lloyd Doggett	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	Transaction ID: 27362090 Date of Disbursement 02 / 28 / 2008
	Mailing Address P.O. Box 8331	Amount of Each Disbursement this Period 1000.00
	City Fremont State CA Zip Code 94537	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Fortney Peter Stark	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA 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) Volunteers For Shimkus	Transaction ID: 27362083 Date of Disbursement 02 / 28 / 2008
	Mailing Address PO Box 5458	Amount of Each Disbursement this Period 1250.00
	City Springfield State IL Zip Code 62705	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John M. Shimkus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 25

<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) Cannon For Congress	Transaction ID: 27362099 Date of Disbursement 02 / 28 / 2008
	Mailing Address 190 West 800 North Suite 100	Amount of Each Disbursement this Period 1000.00
	City Provo State UT Zip Code 84601	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Christopher B. Cannon	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT 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 Lois Capps	Transaction ID: 27375075 Date of Disbursement 03 / 06 / 2008
	Mailing Address 38 Ivy St., SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Lois Capps	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	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: 27375073 Date of Disbursement 03 / 06 / 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<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) Pallone For Congress	Transaction ID: 27375085 Date of Disbursement 03 / 06 / 2008
	Mailing Address PO Box 3176	Amount of Each Disbursement this Period 1000.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Frank Pallone, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ 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) Matheson For Congress	Transaction ID: 27375072 Date of Disbursement 03 / 06 / 2008
	Mailing Address PO Box 521048 Suite A	Amount of Each Disbursement this Period 1000.00
	City Salt Lake City State UT Zip Code 84152	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. James D. Matheson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.	Transaction ID: 27375074 Date of Disbursement 03 / 06 / 2008
	Mailing Address 38 Ivy St., SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Diana DeGette	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	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)  
Committee To Re-Elect Nydia M. Velazquez To Congre

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. Nydia M. Velazquez

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

State: NY District: 12

Transaction ID: 27375078

Date of Disbursement

/

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Charlie Melancon Campaign Committee Inc

Mailing Address 499 S. Capitol St., SW, Suite 412

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. Charles Melancon

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

State: LA District: 03

Transaction ID: 27375065

Date of Disbursement

/

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Jim Clyburn

Mailing Address 499 S. Capitol St. SW, Suite 412

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. James E. Clyburn

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

State: SC District: 06

Transaction ID: 27406255

Date of Disbursement

/

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Wicker For Senate	Transaction ID: 27406261 Date of Disbursement 03 / 12 / 2008
	Mailing Address 104 Hume Ave	Amount of Each Disbursement this Period 500.00
	City Alexandria State VA Zip Code 22301	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Roger Wicker	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Special Electio

B.	Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress	Transaction ID: 27406258 Date of Disbursement 03 / 12 / 2008
	Mailing Address P.O. Box 75214	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Earl Pomeroy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Walberg For Congress	Transaction ID: 27406262 Date of Disbursement 03 / 12 / 2008
	Mailing Address P. O. Box 368	Amount of Each Disbursement this Period 500.00
	City Falls Church State VA Zip Code 22040	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Tim Walberg	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) McConnell Senate Committee '08 Mailing Address 400 N. Capitol St., NW Suite 585 City Washington State DC Zip Code 20001 Purpose of Disbursement Candidate Name Sen. Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27509420 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Team Sununu Mailing Address 900 19th St., NW, 8th Floor City Washington State DC Zip Code 20006 Purpose of Disbursement Candidate Name Congressma John E. Sununu Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27509594 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Lee Terry For Congress Mailing Address P.O. Box 540098 City Omaha State NE Zip Code 68154 Purpose of Disbursement Candidate Name Rep. Lee Terry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27509215 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	72500.00

**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	Transaction ID: 27199350 Date of Disbursement 01 / 28 / 2008
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 1134.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Pymt of 1120-POL Tax - Federal Portion	001 Category/ Type
	Candidate Name	
	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) ▼
		Pymt of 1120-POL Tax - Federal Portion

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 27330749 Date of Disbursement 01 / 31 / 2008
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 1.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	001 Category/ Type
	Candidate Name	
	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) SunTrust Bank	Transaction ID: 27396244 Date of Disbursement 02 / 29 / 2008
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 1.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	001 Category/ Type
	Candidate Name	
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1136.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 25

<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

Transaction ID: 27659355

Date of Disbursement

Mailing Address 1445 New York Ave, NW

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

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

48.00
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Purpose of Disbursement

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

48.00
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TOTAL This Period (last page this line number only) ..... ►

1184.00
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