

# 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 2010 through 03 31 2010

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 13 2010

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									
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**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	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		29249.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	29249.22									
(c) Total Receipts (from Line 19) .....	67995.40	67995.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	97244.62	97244.62								
7. Total Disbursements (from Line 31) .....	41089.51	41089.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	56155.11	56155.11								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Association of Chain Drug Stores Political Action Committee

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	49783.07	49783.07
(ii) Unitemized .....	2827.37	2827.37
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	52610.44	52610.44
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	15000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	67610.44	67610.44
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) .....	382.19	382.19
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2.77	2.77
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)) .....	67995.40	67995.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	67995.40	67995.40

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	519.01	519.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	519.01	519.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	40000.00
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.....	570.50	570.50
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))..	41089.51	41089.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41089.51	41089.51

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	67610.44	67610.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	67610.44	67610.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	519.01	519.01
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	382.19	382.19
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	136.82	136.82

# 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 / 31
	<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) Mr. Terry D. Burnside	Date of Receipt MM / DD / YYYY 01 / 12 / 2010
	Mailing Address 1 Rider Trail Plaza Dr Ste 300	<b>Transaction ID:</b> 31113378
	City State Zip Code Earth City MO 63045-1313	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Medicine Shoppe International, Inc.	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. J.P. Borneman	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address PO Box 87	<b>Transaction ID:</b> 31226219
	City State Zip Code Bryn Mawr PA 19010-0087	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Hyland's, Inc.	Occupation Chairman and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Carol Kelly	Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address PO Box 1417-D49	<b>Transaction ID:</b> 31270590
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer National Association of Chain Drug Sto	Occupation Senior Vice President, Government Affa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2450.00
<b>TOTAL</b> 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: <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 type="checkbox"/> 17	PAGE 7 / 31
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NAME OF COMMITTEE (In Full)  
National Association of Chain Drug Stores Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. R. James Huber		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address PO Box 1417-D49		<b>Transaction ID:</b> 31388570		
	City Alexandria	State VA	Zip Code 22313-1480	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Association of Chain Drug Sto	Occupation Executive Vice President and Chief Fin	Aggregate Year-to-Date 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Mary Staples		Date of Receipt MM / DD / YYYY 03 / 05 / 2010		
	Mailing Address 1560 E Southlake Blvd Ste 230		<b>Transaction ID:</b> 31406660		
	City Southlake	State TX	Zip Code 76092-6456	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Association of Chain Drug Sto	Occupation Director, State Government Affairs	Aggregate Year-to-Date 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Sharon Sternheim		Date of Receipt MM / DD / YYYY 03 / 15 / 2010		
	Mailing Address 969 Madison Ave		<b>Transaction ID:</b> 31419389		
	City New York	State NY	Zip Code 10021-2763	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Thriftway/Zitomer Drug	Occupation President	Aggregate Year-to-Date 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5550.00
<b>TOTAL</b> 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 / 31  
(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. George D. Bartell

Mailing Address 4727 Denver Ave S

City State Zip Code  
Seattle WA 98134-2316

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

Name of Employer Bartell Drug Company, The      Occupation Chairman and Chief Executive Officer

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      600.00

Date of Receipt  

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

**Transaction ID:** 31419399

Amount of Each Receipt this Period  
600.00

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

Mailing Address 5965 Coopers Ave

City State Zip Code  
Mississauga ON L4Z 1-R9

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

Name of Employer Snyders Drug Stores, Inc.      Occupation Chief Executive Officer, North America

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      5000.00

Date of Receipt  

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

**Transaction ID:** 31441722

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry J. Merlo

Mailing Address 1 Cvs Dr

City State Zip Code  
Woonsocket RI 02895-6146

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

Name of Employer CVS Caremark Corporation      Occupation President, CVS/Pharmacy

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      5000.00

Date of Receipt  

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

**Transaction ID:** 31441728

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10600.00**

**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 / 31  
(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. Matthew Leonard

Mailing Address 1 Cvs Dr

City State Zip Code  
Woonsocket RI 02895-6146

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
CVS Caremark Corporation Senior Vice President, Pharmacy Merch

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2010

**Transaction ID:** 31457164

Amount of Each Receipt this Period 500.00

**B.**

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

Mailing Address 646 S Main Ave

City State Zip Code  
San Antonio TX 78204-1210

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
H-E-B President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 15 / 2010

**Transaction ID:** 31457216

Amount of Each Receipt this Period 5000.00

**C.**

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

Mailing Address 646 S Main Ave

City State Zip Code  
San Antonio TX 78204-1210

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
H-E-B Chairman and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 15 / 2010

**Transaction ID:** 31457217

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 10500.00

**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 / 31  
(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. Craig Boyan

Mailing Address 646 S Main Ave

City San Antonio State TX Zip Code 78204-1210

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

Name of Employer H-E-B Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 03 / 15 / 2010  
Transaction ID: 31457218  
Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Craig Norman

Mailing Address 646 S Main Ave

City San Antonio State TX Zip Code 78204-1210

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

Name of Employer H-E-B Occupation Senior Vice President, Pharmacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 15 / 2010  
Transaction ID: 31457222  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dennis F. Wiesner

Mailing Address 3481 Fredericksburg Rd

City San Antonio State TX Zip Code 78201-3848

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

Name of Employer H-E-B Occupation Senior Director Privacy, Pharmacy and

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 15 / 2010  
Transaction ID: 31457223  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**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 / 31  
(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. Stephen E. Perowski

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Vice President, Member Relations & Ind

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt: 03 / 05 / 2010  
Transaction ID: 31464746  
Amount of Each Receipt this Period: 350.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gregory D. Wasson

Mailing Address 200 Wilmot Rd

City State Zip Code  
Deerfield IL 60015-4620

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

Name of Employer: Walgreen Co.  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt: 03 / 22 / 2010  
Transaction ID: 31489951  
Amount of Each Receipt this Period: 5000.00

**C.**

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

Mailing Address 520 E. Main Street

City State Zip Code  
Gouverneur NY 13642-1561

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

Name of Employer: Kinney Drugs, Inc.  
Occupation: Vice President, Retail Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt: 03 / 29 / 2010  
Transaction ID: 31509552  
Amount of Each Receipt this Period: 1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6600.00**

**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 / 31  
(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. Craig C. Painter

Mailing Address 520 E Main St

City State Zip Code  
Gouverneur NY 13642-1561

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

Name of Employer Kinney Drugs, Inc. Occupation Chief Executive Officer and Chairman of Board

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 3 / 2 4 / 2 0 1 0

**Transaction ID:** 31510781

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Warren D. Wolfson

Mailing Address 100 E Washington St

City State Zip Code  
Syracuse NY 13202-1612

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

Name of Employer Kinney Drugs, Inc. Occupation Attorney at Law, Secretary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

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

**Transaction ID:** 31518317

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Don L. Bell, II

Mailing Address 413 N Lee St

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 Stores Occupation Senior Vice President, Legal Affairs and Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

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

**Transaction ID:** PR1054895623057

Amount of Each Receipt this Period  
307.68

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6557.68**

**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 13 / 31
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Sandra Kay Guckian	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address PO Box 1417-D49	<b>Transaction ID:</b> PR1054896923057
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 398.98
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$48.08 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President & Deputy Director, Stat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 398.98	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Rhoda Kelly	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address PO Box 1417-D49	<b>Transaction ID:</b> PR1054897023057
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 310.89
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Membership Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.89	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Nancy S. Riegler	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address PO Box 1417-D49	<b>Transaction ID:</b> PR1054897523057
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 408.48
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$79.62 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Human Resources & Admi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.48	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1118.35</b>
<b>TOTAL</b> 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 / 31  
(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. James A. Whitman

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Senior Vice President, Member Programs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 621.77

Date of Receipt: 03 / 31 / 2010  
**Transaction ID:** PR1054897923057  
 Amount of Each Receipt this Period: 621.77  
 P/R Deduction (\$76.92 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul T. Kelly

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Vice President, Federal Legislative Af

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 469.05

Date of Receipt: 03 / 31 / 2010  
**Transaction ID:** PR1055164123057  
 Amount of Each Receipt this Period: 469.05  
 P/R Deduction (\$57.69 Bi-Weekly)

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

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.70

Date of Receipt: 03 / 31 / 2010  
**Transaction ID:** PR1055165023057  
 Amount of Each Receipt this Period: 312.70  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1403.52**

**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 / 31  
(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)  
Mr. Kevin N. Nicholson

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Vice President, Government Affairs & P

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.89

Date of Receipt: 03 / 31 / 2010  
**Transaction ID:** PR1055174723057  
Amount of Each Receipt this Period: 310.89  
P/R Deduction (\$38.46 Bi-Weekly)

**B.**

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

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Vice President, Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
318.65

Date of Receipt: 03 / 31 / 2010  
**Transaction ID:** PR1055177423057  
Amount of Each Receipt this Period: 318.65  
P/R Deduction (\$39.42 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Christopher Krese

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: SVP, Marketing, Communications, & Medi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
578.51

Date of Receipt: 03 / 31 / 2010  
**Transaction ID:** PR2231851423057  
Amount of Each Receipt this Period: 578.51  
P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1208.05**

**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 / 31
	(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. Christine M. Kopple

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Vice President, Media Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.80

Date of Receipt: 03 / 31 / 2010  
Transaction ID: PR2257462223057  
Amount of Each Receipt this Period: 230.80  
P/R Deduction (\$28.85 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gary Wirth

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Vice President, State Government Affa

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
314.67

Date of Receipt: 03 / 31 / 2010  
Transaction ID: PR2257462623057  
Amount of Each Receipt this Period: 314.67  
P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>545.47</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>49783.07</b>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 31  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) National Association of Chain Drug Stores</p> <p>Mailing Address 413 N. Lee Street</p> <p>City State Zip Code Alexandria VA 22313-1480</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 214.28</p>	<p>Date of Receipt  <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>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p><b>Transaction ID:</b> 31216667</p> <p>Amount of Each Receipt this Period 214.28</p> <p>Dec09 Bank Fees Reimbursement from NACDS</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	1	0												

<p><b>B.</b> Full Name (Last, First, Middle Initial) National Association of Chain Drug Stores</p> <p>Mailing Address 413 N. Lee Street</p> <p>City State Zip Code Alexandria VA 22313-1480</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 314.24</p>	<p>Date of Receipt  <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>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p><b>Transaction ID:</b> 31402757</p> <p>Amount of Each Receipt this Period 99.96</p> <p>Jan10 Bank Fees Reimbursement from NACDS</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	1	0												

<p><b>C.</b> Full Name (Last, First, Middle Initial) National Association of Chain Drug Stores</p> <p>Mailing Address 413 N. Lee Street</p> <p>City State Zip Code Alexandria VA 22313-1480</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 382.19</p>	<p>Date of Receipt  <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>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p><b>Transaction ID:</b> 31467562</p> <p>Amount of Each Receipt this Period 67.95</p> <p>Feb10 Bank Fees Reimbursement</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	1	0												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>382.19</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>382.19</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 31  
(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)  
Rite Aid Corp. PAC

Mailing Address P.O. Box 3165

City State Zip Code  
Harrisburg PA 17105

FEC ID number of contributing federal political committee. **C** C00104083

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** 31405908

Amount of Each Receipt this Period  
5000.00

**B.**

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

Mailing Address One CVS Drive

City State Zip Code  
Woonsocket RI 02895

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 31509543

Amount of Each Receipt this Period  
5000.00

**C.**

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  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 31509554

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15000.00

# 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

A.	Full Name (Last, First, Middle Initial) Heller For Congress	Transaction ID: 31113101 Date of Disbursement 01 / 06 / 2010
	Mailing Address PO Box 750580	Amount of Each Disbursement this Period 500.00
	City Las Vegas State NV Zip Code 89136	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Dean Heller	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Martha Coakley For Senate Committee	Transaction ID: 31172970 Date of Disbursement 01 / 14 / 2010
	Mailing Address PO Box 220 State House Station	Amount of Each Disbursement this Period 1000.00
	City Boston State MA Zip Code 02133	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Martha Coakley	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2010

C.	Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee	Transaction ID: 31173018 Date of Disbursement 01 / 14 / 2010
	Mailing Address P.O. Box A	Amount of Each Disbursement this Period 1000.00
	City Harrisonville State MO Zip Code 64701	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Ike Skelton	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<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) Boozman For Congress  Mailing Address PO Box 671  City Rogers State AR Zip Code 72757  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. John N. Boozman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 03	<b>Transaction ID:</b> 31271631 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 2 / 0 3 / 2 0 1 0                 </div> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends Of Ginny Brown-Waite  Mailing Address PO Box 865  City Brooksville State FL Zip Code 34605  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Virginia Brown-Waite Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 05	<b>Transaction ID:</b> 31271632 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 2 / 0 3 / 2 0 1 0                 </div> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">500.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Blue Dog PAC  Mailing Address 236 Massachusetts Ave, NE, Suite 5  City Washington State DC Zip Code 20002  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Blue Dog PAC 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:	<b>Transaction ID:</b> 31271634 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 2 / 0 3 / 2 0 1 0                 </div> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2500.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 2px;">4000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

**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) Democratic Congressional Campaign Committee	Transaction ID: 31271659 Date of Disbursement MM / DD / YYYY 02 / 03 / 2010
	Mailing Address 430 South Capitol St, SE 2nd Floor	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Democratic Congressional Campaign Committee	
	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:	

B.	Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign	Transaction ID: 31271661 Date of Disbursement MM / DD / YYYY 02 / 03 / 2010
	Mailing Address PO Box 16128	Amount of Each Disbursement this Period 1000.00
	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 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: TX District: 29	

C.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: 31271662 Date of Disbursement MM / DD / YYYY 02 / 03 / 2010
	Mailing Address 425 2nd St., NE	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name National Republican Senatorial Committee	
	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:	

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

6500.00

**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><b>A.</b> Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address P.O. Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:</p>	<p><b>Transaction ID:</b> 31271663 <b>Date of Disbursement</b> 02 / 03 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Roskam For Congress Committee</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Peter Roskam</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 06</p>	<p><b>Transaction ID:</b> 31271664 <b>Date of Disbursement</b> 02 / 03 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Becerra For Congress</p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 31</p>	<p><b>Transaction ID:</b> 31409721 <b>Date of Disbursement</b> 03 / 03 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

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

5000.00

**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><b>A.</b> Full Name (Last, First, Middle Initial) Pallone For Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31409737</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2010</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><b>B.</b> 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 <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Michael Avery 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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31409738</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2010</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><b>C.</b> Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson</p> <p>Mailing Address P.O. Box 822 400 Broadway, Suite 501</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Jo Ann Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31409740</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>

**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)

PAGE 24 / 31

<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) Congressman Joe Barton Committee, The	Transaction ID: 31506698 Date of Disbursement 03 / 19 / 2010
	Mailing Address P.O. Box 1444	Amount of Each Disbursement this Period 1000.00
	City Ennis State TX Zip Code 75120	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Joe L. Barton	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Loeb sack For Congress	Transaction ID: 31506703 Date of Disbursement 03 / 19 / 2010
	Mailing Address PO Box 1457	Amount of Each Disbursement this Period 1000.00
	City Iowa City State IA Zip Code 52244	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. David Wayne Loeb sack	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate	Transaction ID: 31506726 Date of Disbursement 03 / 19 / 2010
	Mailing Address PO Box 100847	Amount of Each Disbursement this Period 1000.00
	City Anchorage State AK Zip Code 99510	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Lisa Murkowski	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District:	Disbursement For: 2010 <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

<b>A.</b> Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress <hr/> Mailing Address P.O. Box 2232 <hr/> City Jenkintown State PA Zip Code 19046 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Allyson Y. Schwartz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31506729 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Zack Space For Congress Committee <hr/> Mailing Address 726 Sixteenth Street Ne <hr/> City Massillon State OH Zip Code 44646 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Zachary T. Space <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31506733 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2010
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens For Arlen Specter <hr/> Mailing Address 236 Massachusetts Avenue Ne <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Arlen Specter <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31506742 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.	Transaction ID: 31506780 Date of Disbursement 03 / 19 / 2010
	Mailing Address PO Box 682185	Amount of Each Disbursement this Period 1000.00
	City Franklin State TN Zip Code 37068	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Marsha Blackburn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kline For Congress	Transaction ID: 31506809 Date of Disbursement 03 / 19 / 2010
	Mailing Address 101 W Burnsville Pkwy Suite 104 Suite 104	Amount of Each Disbursement this Period 500.00
	City Burnsville State MN Zip Code 55337	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. John Kline	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: 31506811 Date of Disbursement 03 / 19 / 2010
	Mailing Address 425 2nd St., NE	Amount of Each Disbursement this Period 4500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/Type
	Candidate Name National Republican Senatorial Committee	
	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) .....	6000.00
<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)  
Welch For Congress

Transaction ID: 31506833  
Date of Disbursement

Mailing Address PO Box 1682

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	0

City Burlington State VT Zip Code 05402

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name  
Rep. Peter Welch

Office Sought:  House  Senate  President  
State: VT District: 01  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
Wally Herger For Congress Committee

Transaction ID: 31528317  
Date of Disbursement

Mailing Address PO Box 1500

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

City Chico State CA Zip Code 95927

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name  
Rep. Wally Herger

Office Sought:  House  Senate  President  
State: CA District: 02  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
Larson For Congress

Transaction ID: 31528326  
Date of Disbursement

Mailing Address 29 Ruff Circle

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

City Glastonbury State CT Zip Code 06033

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name  
Rep. John B. Larson

Office Sought:  House  Senate  President  
State: CT District: 01  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

3000.00
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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)

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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)  
Adrian Smith For Congress

Transaction ID: 31529074

Date of Disbursement

Mailing Address 3321 Avenue I  
Suite 6

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

City State Zip Code  
Scottsbluff NE 69361

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement

011
Category/ Type

Candidate Name  
Adrian Smith

Office Sought:  House  
 Senate  
 President  
State: NE District: 03

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

500.00
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TOTAL This Period (last page this line number only) .....

4000.00
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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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 31439323 Date of Disbursement MM / DD / YYYY 02 / 26 / 2010
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 44.95
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Feb10 CC Merchant Fees	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) ▼
		Feb10 CC Merchant Fees

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 31567495 Date of Disbursement MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 11.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 03/31/10 Acct. Analysis Fee & Check Image Fee	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) ▼
		03/31/10 Acct. Analysis Fee & Check Image Fee

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 31567496 Date of Disbursement MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 60.10
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 01/31/10 Merchant CC Fees & Misc. Fees	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) ▼
		01/31/10 Merchant CC Fees & Misc. Fees

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	116.05
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank			Transaction ID: 31574604 Date of Disbursement																					
	Mailing Address 1445 New York Ave, NW			<table border="1"> <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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y																
0	3		3	1		2	0	1	0																
	City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period																					
	Purpose of Disbursement 3/31/10 Credit Card Fees			<table border="1"> <tr> <td colspan="6">280.00</td> </tr> </table>			280.00																		
280.00																									
	Candidate Name			<table border="1"> <tr> <td>001</td> </tr> </table>			001																		
001																									
	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) ▼		3/31/10 Credit Card Fees																					
	State:	District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>280.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>396.05</b>

**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 31 / 31

<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)

Citizens to Elect John Patrick Carney

Mailing Address 357 E. Torrence Rd.

City State Zip Code  
Columbus OH 43214

Purpose of Disbursement  
John Carney, STATE HOUSE 22nd OH

Candidate Name  
OH Rep. John Carney

Office Sought:  House  
 Senate  
 President

State: OH District: 22

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 31528259

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

500.00

John Carney, STATE HOUSE  
22nd OH

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00