



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Chain Drug Stores, Inc. Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		140581.63
(b) Cash on Hand at Beginning of Reporting Period.....	86488.53	
(c) Total Receipts (from Line 19) .....	92148.91	110218.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	178637.44	250800.45
7. Total Disbursements (from Line 31).....	116063.37	188226.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	62574.07	62574.07
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, Inc. Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	72687.44	88661.64
(ii) Unitemized .....	1890.12	3589.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	74577.56	92250.89
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	14500.00	14500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	89077.56	106750.89
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).....	2061.45	2448.08
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	9.90	19.85
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	92148.91	110218.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	92148.91	110218.82

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1813.37	2476.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1813.37	2476.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	110500.00	179500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	3750.00	6250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	116063.37	188226.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	116063.37	188226.38

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	89077.56	106750.89
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	89077.56	106750.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1813.37	2476.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2061.45	2448.08
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-248.08	28.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 65
	<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, Inc. Political Action Committee**

**A. Dr. J.P. Borneman PhD**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 87

City Bryn Mawr	State PA	Zip Code 19010-0087
-------------------	-------------	------------------------

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

Name of Employer Hyland's, Inc.	Occupation Chairman and Chief Executive Officer
------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

**Transaction ID : 37028119**

Amount of Each Receipt this Period  
250.00

**B. Mr. Robert Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 Lavynndon Lane

City Mechanicsburg	State PA	Zip Code 17055-8022
-----------------------	-------------	------------------------

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

Name of Employer Rite Aid Corporation	Occupation Executive Vice President, Pharmacy
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04		03		2014

**Transaction ID : 37031566**

Amount of Each Receipt this Period  
2500.00

**C. Mr. Gregory D. Wasson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 Wilmot Rd

City Deerfield	State IL	Zip Code 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  

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

**Transaction ID : 37053845**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7750.00
<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 7 OF 65  
(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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Mr. Aaron Jennissen**

Mailing Address 1435 Sherman Lake Road

City State Zip Code  
 Lino Lakes MN 55038-4614

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

Name of Employer Occupation  
 Thrifty White Stores Vice President, Pharmacy Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 04 / 07 / 2014  
**Transaction ID : 37054070**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Richard A. Cognetti**

Mailing Address 29 E Main St

City State Zip Code  
 Gouverneur NY 13642-1401

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

Name of Employer Occupation  
 Kinney Drugs, Inc. Member, Board of Directors

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 04 / 15 / 2014  
**Transaction ID : 37078601**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Owen Halloran**

Mailing Address 32 Woods Drive

City State Zip Code  
 Canton NY 13617-1061

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

Name of Employer Occupation  
 Kinney Drugs, Inc. Vice President, Professional Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 04 / 22 / 2014  
**Transaction ID : 37092173**

Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5865.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Jim Spencer**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 E. Main Street

City State Zip Code  
Gouverneur NY 13642-1561

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

Name of Employer Occupation  
Kinney Drugs, Inc President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 22 / 2014  
**Transaction ID : 37092175**

Amount of Each Receipt this Period  
500.00

**B. Ms. Cheri Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 6333 State Route 298, Suite 305

City State Zip Code  
East Syracuse NY 13057-1575

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

Name of Employer Occupation  
Kinney Drugs, Inc Director of Merchandising

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
04 / 22 / 2014  
**Transaction ID : 37092678**

Amount of Each Receipt this Period  
365.00

**C. Mr. A.P. Skip Aldridge**  
Full Name (Last, First, Middle Initial)

Mailing Address 2295 South Ocean Blvd #223

City State Zip Code  
Palm Beach FL 33480-5380

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

Name of Employer Occupation  
Head of Sales Consulting President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
04 / 26 / 2014  
**Transaction ID : 37101791**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1230.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Peyton Howell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4724 Carmel Club Drive  
City Charlotte State NC Zip Code 28226-8016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AmerisourceBergen Corporation Occupation President and SVP, Global Security  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 26 / 2014  
**Transaction ID : 37101793**  
Amount of Each Receipt this Period 365.00

**B. Mr. David Neu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1300 Morris Drive  
City Chesterbrook State PA Zip Code 19087-5559  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AmerisourceBergen Corporation Occupation SVP & President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 26 / 2014  
**Transaction ID : 37101799**  
Amount of Each Receipt this Period 2500.00

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

Date of Receipt 04 / 26 / 2014  
**Transaction ID : 37101801**  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3865.00  
**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 OF 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Scott Verner</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 26 / 2014 <b>Transaction ID : 37101803</b>
Mailing Address 8146 Emerald Ave		Amount of Each Receipt this Period 5000.00
City Parkland	State FL	Zip Code 33076-4429
FEC ID number of contributing federal political committee. C	Name of Employer Nipro Diagnostics	Occupation President & CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jeffrey Bennett</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 26 / 2014 <b>Transaction ID : 37101811</b>
Mailing Address 350 N Orleans St, 10th Floor		Amount of Each Receipt this Period 365.00
City Chicago	State IL	Zip Code 60654-1700
FEC ID number of contributing federal political committee. C	Name of Employer Higi	Occupation CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jose Barra</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 26 / 2014 <b>Transaction ID : 37101813</b>
Mailing Address 9688 Geisler Road		Amount of Each Receipt this Period 1000.00
City Eden Prairie	State MN	Zip Code 55347-3562
FEC ID number of contributing federal political committee. C	Name of Employer Target Corporation	Occupation Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6365.00
<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: (check only one)	PAGE 11 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Richard J. Swanson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1110 W Lake Cook Rd Ste 372

City	State	Zip Code
Buffalo Grove	IL	60089-1991

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

Name of Employer	Occupation
Swanson Group, The	Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2014

**Transaction ID : 37101815**

Amount of Each Receipt this Period  
365.00

**B. Mr. Ken Martindale**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 Hunter Ln

City	State	Zip Code
Camp Hill	PA	17011-2400

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

Name of Employer	Occupation
Rite Aid Corporation	President and COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2014

**Transaction ID : 37101817**

Amount of Each Receipt this Period  
5000.00

**C. Mr. Todd M. Kwait**  
Full Name (Last, First, Middle Initial)

Mailing Address 3008 Courtland Bld

City	State	Zip Code
Shaker Heights	OH	44122-2806

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

Name of Employer	Occupation
Product Quest Manufacturing, LLC	President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2014

**Transaction ID : 37101819**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6365.00
<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: (check only one)	PAGE 12 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Wayne Bennett**  
Full Name (Last, First, Middle Initial)

Mailing Address 425 Park Ave Fl 6TH

City New York State NY Zip Code 10022-3506

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

Name of Employer Drug Store News Occupation Associate Publisher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2014  
**Transaction ID : 37101821**

Amount of Each Receipt this Period  
 250.00

**B. Mr. Christopher Hall**  
Full Name (Last, First, Middle Initial)

Mailing Address 1914 Monterey Drive

City Mechanicsburg State PA Zip Code 17050-8512

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

Name of Employer Rite Aid Corporation Occupation Senior Vice President, Strategic Busin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2014  
**Transaction ID : 37101823**

Amount of Each Receipt this Period  
 1000.00

**C. Mr. Gregg Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 527 Chesterfield Lane

City Barrington State IL Zip Code 60010-6526

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

Name of Employer Nipro Diagnostics Occupation SVP Consumer Healthcare

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2014  
**Transaction ID : 37101825**

Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1615.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Kermit Crawford RPh</b>		Date of Receipt
Mailing Address 200 Wilmot Rd		M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2014
City	State	Zip Code
Deerfield	IL	60015-4620
FEC ID number of contributing federal political committee.		Transaction ID : <b>37101827</b>
C		Amount of Each Receipt this Period
		5000.00
Name of Employer	Occupation	
Walgreen Co.	Senior Vice President of Pharmacy	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	5000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Steven H. Collis</b>		Date of Receipt
Mailing Address 1300 Morris Drive		M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2014
City	State	Zip Code
Chesterbrook	PA	19087-5559
FEC ID number of contributing federal political committee.		Transaction ID : <b>37101830</b>
C		Amount of Each Receipt this Period
		2500.00
Name of Employer	Occupation	
AmerisourceBergen Corporation	Senior Vice President and President, A	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	2500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. John Standley</b>		Date of Receipt
Mailing Address 30 Hunter Ln		M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2014
City	State	Zip Code
Camp Hill	PA	17011-2400
FEC ID number of contributing federal political committee.		Transaction ID : <b>37101838</b>
C		Amount of Each Receipt this Period
		5000.00
Name of Employer	Occupation	
Rite Aid Corporation	Chairman and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<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: (check only one)	PAGE 14 OF 65
	<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, Inc. Political Action Committee**

**A. Mr. Robert Mauch**  
Full Name (Last, First, Middle Initial)

Mailing Address 3547 Sawmill Road

City State Zip Code  
Newtown Square PA 19073-1707

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

Name of Employer Occupation  
AmerisourceBergen Corporation SVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2014  
**Transaction ID : 37101841**

Amount of Each Receipt this Period  
2500.00

**B. Mr. Micah S. Gerchenson**  
Full Name (Last, First, Middle Initial)

Mailing Address 7711 N Merrimac Ave

City State Zip Code  
Niles IL 60714-3423

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2014  
**Transaction ID : 37112465**

Amount of Each Receipt this Period  
250.00

**C. Mr. Todd Watkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 9941 Cardinal Street NW

City State Zip Code  
Albuquerque NM 87114-3913

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

Name of Employer Occupation  
Scientific Technologies Corp. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2014  
**Transaction ID : 37112500**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<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: (check only one)	PAGE 15 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mr. Jack L. Holt</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2014 <b>Transaction ID : 37112507</b>
Mailing Address 406 McClaine Street		Amount of Each Receipt this Period 1000.00
City Silverton	State OR	Zip Code 97381-1921
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00
Name of Employer Hi-School Pharmacy Inc.	Occupation Co-Owner, COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Curt Maki</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2014 <b>Transaction ID : 37112509</b>
Mailing Address 150 Northwest Point Blvd		Amount of Each Receipt this Period 500.00
City Elk Grove Village	State IL	Zip Code 60077-2615
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
Name of Employer Topco Associates LLC	Occupation VP, Program Management, HBC, General M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael Kody</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2014 <b>Transaction ID : 37112511</b>
Mailing Address 1300 Morris Drive		Amount of Each Receipt this Period 250.00
City Chesterbrook	State PA	Zip Code 19087-5559
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00
Name of Employer AmerisourceBergen Corporation	Occupation SVP Finance and Strategy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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: (check only one)	PAGE 16 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Douglas M. Long**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Wayland Drive  
 City Verona State NJ Zip Code 07044-2330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IMS HEALTH Occupation Vice President, Industry Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2014  
**Transaction ID : 37112630**  
 Amount of Each Receipt this Period  
 365.00

**B. Mr. James J. Hunter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 406 Merlin Road  
 City Newtown Sq State PA Zip Code 19073-4429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IMS HEALTH Occupation VP Supplier Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2014  
**Transaction ID : 37112633**  
 Amount of Each Receipt this Period  
 365.00

**C. Mr. Coleman Jackson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3950 Georgetown Court NW  
 City Washington State DC Zip Code 20007-2127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emerson Group, The Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2014  
**Transaction ID : 37112649**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1030.00
<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: (check only one)	PAGE 17 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Thomas Schultz</b>		Date of Receipt
Mailing Address 31 E. High Street		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City State Zip Code East Hampton CT 06424-1021		<b>Transaction ID : 37112651</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Dickinson Brands Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Harvey Goodman</b>		Date of Receipt
Mailing Address 31 E. High Street		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City State Zip Code East Hampton CT 06424-1021		<b>Transaction ID : 37112653</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Dickinson Brands Inc.	Occupation Vice President, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. William Cross</b>		Date of Receipt
Mailing Address 4777 Lighthouse Village Circle		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City State Zip Code Liverpool NY 13088-4131		<b>Transaction ID : 37142787</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="365.00"/>
Name of Employer Kinney Drugs, Inc.	Occupation Regional Retail Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="865.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 18 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Association of Chain Drug Stores, Inc. Political Action Committee**

**A. Dr. Justin Heiser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7237 Everest Lane N.  
 City State Zip Code  
 Maple Grove MN 55311-4628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Thrifty White Stores Pharmacy Operations District Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : 37157080**  
 Amount of Each Receipt this Period  
 350.00

**B. Ms. Mary Ellen Kleiman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City State Zip Code  
 Arlington VA 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Association of Chain Drug Sto Vice President, Legal Affairs and Asso  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2014  
**Transaction ID : 37157081**  
 Amount of Each Receipt this Period  
 300.00

**C. Mr. Robert J. Kwait**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28325 Belcourt Road  
 City State Zip Code  
 Pepper Pike OH 44124-5621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bob Kwait Consulting Group/Kwait & Ass Chairman  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2014  
**Transaction ID : 37157083**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1650.00
<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 19 OF 65  
(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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Mr. Timothy Weippert**

Mailing Address 17737 73rd Ave. N

City State Zip Code  
 Maple Grove MN 55311-2757

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

Name of Employer Occupation  
 Thrifty White Stores Vice President of Pharmacy Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : 37157085**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert J. Narveson**

Mailing Address 20984 Fresno Street NW

City State Zip Code  
 Elk River MN 55330-8751

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

Name of Employer Occupation  
 Thrifty White Stores President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : 37157086**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Tim Erdle**

Mailing Address 16901 Northridge Ave. N

City State Zip Code  
 Marine On Saint Croix MN 55047-4402

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

Name of Employer Occupation  
 Thrifty White Stores Vice President, Operations and Marketi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : 37157087**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Stephen P. McCoy**

Mailing Address 29 E Main St

City State Zip Code  
Gouverneur NY 13642-1401

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

Name of Employer Occupation  
Kinney Drugs, Inc. EVP and CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
05 / 02 / 2014  
**Transaction ID : 37157088**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Mark E. Griffin**

Mailing Address 2701 S Minnesota Ave Ste 1

City State Zip Code  
Sioux Falls SD 57105-4746

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

Name of Employer Occupation  
Lewis Drugs, Inc. President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
05 / 02 / 2014  
**Transaction ID : 37157089**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Dave A. Rueter**

Mailing Address 6901 E Fish Lake Rd Ste 118

City State Zip Code  
Maple Grove MN 55369-5454

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

Name of Employer Occupation  
Thrifty White Stores VP of Personnel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
05 / 06 / 2014  
**Transaction ID : 37157117**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Don L. Bell II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto  
 Occupation Senior Vice President, Legal Affairs a  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR1054895633106**  
 Amount of Each Receipt this Period  
 576.90  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. Mr. David M. Fitzsimmons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto  
 Occupation Senior Vice President, Finance and Adm  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR1054896233106**  
 Amount of Each Receipt this Period  
 245.82  
 P/R Deduction (\$40.97 Bi-Weekly)

**C. Mrs. Sandra Kay Guckian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto  
 Occupation Vice President & Deputy Director, Stat  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR1054896933106**  
 Amount of Each Receipt this Period  
 576.90  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1399.62
<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: (check only one)	PAGE 22 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. James A. Whitman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 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 ▼ 1249.95

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1054897933106**  
 Amount of Each Receipt this Period 576.90  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. Ms. Diane Darvey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 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 ▼ 325.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1055165033106**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Mr. Kevin N. Nicholson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 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 ▼ 249.99

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1055174733106**  
 Amount of Each Receipt this Period 115.38  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	842.28
<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: (check only one)	PAGE 23 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Steve C. Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1417-D49  
 City Alexandria State VA Zip Code 22313-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2202229333106**  
 Amount of Each Receipt this Period 1153.80  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. Mr. Christopher Krese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 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 ▼ 1000.09

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2231851433106**  
 Amount of Each Receipt this Period 461.58  
 P/R Deduction (\$76.93 Bi-Weekly)

**c. Ms. Carol Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto Occupation Senior Vice President, Government Affa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1805.44

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2247598133106**  
 Amount of Each Receipt this Period 833.28  
 P/R Deduction (\$138.88 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2448.66
<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: (check only one)	PAGE 24 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Christine M. Kopple</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1776 Wilson Blvd Suite 200		<b>Transaction ID : PR2257462233106</b>
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 276.92	
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Media Relations	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.14	

Full Name (Last, First, Middle Initial) <b>B. Mr. Marc Schloss</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1776 Wilson Blvd Suite 200		<b>Transaction ID : PR2390680733106</b>
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 115.38	
Name of Employer National Association of Chain Drug Sto	Occupation Director, Federal Government Affairs	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) <b>C. Ms. Jennifer Anne Foley</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1323 West Virginia Ave NE		<b>Transaction ID : PR2489082333106</b>
City Washington	State DC	Zip Code 20002-3829
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 230.76	
Name of Employer National Association of Chain Drug Sto	Occupation Director, Political Affairs	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	623.06
<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: (check only one)	PAGE 25 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Julie A. Philp</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1701 16th St., NW #342		<b>Transaction ID : PR2543319133106</b>
City Washington	State DC	Zip Code 20009-3132
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer National Association of Chain Drug Sto	Occupation Director, Gov't Affairs	P/R Deduction (\$250.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Leigh Knotts</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1776 Wilson Blvd Suite 200		<b>Transaction ID : PR2576388133106</b>
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer National Association of Chain Drug Sto	Occupation Director, State Government Affairs	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Thomas O'Donnell</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1776 Wilson Blvd Suite 200		<b>Transaction ID : PR2595770233106</b>
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 653.82
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Federal Gov't Affairs	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1326.87	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1023.82
<b>TOTAL</b> This Period (last page this line number only).....▶	72687.44

**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 26 OF 65
<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, Inc. Political Action Committee**

**A. Walgreen Co. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Wilmot Road, M.S. #1447  
 City Deerfield State IL Zip Code 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 Y  
 04 / 02 / 2014  
**Transaction ID : 37028269**  
 Amount of Each Receipt this Period  
 5000.00

**B. Hy-VEE, Inc. Employee's PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5820 Westown Parkway  
 City West Des Moines State IA Zip Code 50266-8223  
 FEC ID number of contributing federal political committee. **C** C00243659  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 09 / 2014  
**Transaction ID : 37066458**  
 Amount of Each Receipt this Period  
 5000.00

**C. Pharmavite PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8510 Blalboa Boulevard  
 City Northridge State CA Zip Code 91325  
 FEC ID number of contributing federal political committee. **C** C00410654  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 09 / 2014  
**Transaction ID : 37066459**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<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: (check only one)	PAGE 27 OF 65
<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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Safeway Inc. PAC</b>		Date of Receipt
Mailing Address 5918 Stoneridge Mall Rd		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Pleasanton	State CA	Zip Code 94588-3229
FEC ID number of contributing federal political committee. <b>C</b> C00194084		<b>Transaction ID : 37146816</b>
Name of Employer	Occupation	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" value="1000.00"/>
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. Cardinal Health Inc. PAC</b>		Date of Receipt
Mailing Address 7000 CARDINAL PLACE		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. <b>C</b> C00332833		<b>Transaction ID : 37335238</b>
Name of Employer	Occupation	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" value="2500.00"/>
		<input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="14500.00"/>

**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 28 OF 65
<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, Inc. Political Action Committee**

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

Mailing Address 413 N. Lee Street

City Alexandria State VA Zip Code 22313-1480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.53

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 10 / 2014  
**Transaction ID : 37076364**

Amount of Each Receipt this Period  
173.90

Feb/Mar 14 - Bank Fees Reimb.

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

Mailing Address 413 N. Lee Street

City Alexandria State VA Zip Code 22313-1480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
837.03

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 08 / 2014  
**Transaction ID : 37131495**

Amount of Each Receipt this Period  
276.50

Apr.14 - Bank Fees Reimb.

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

Mailing Address 413 N. Lee Street

City Alexandria State VA Zip Code 22313-1480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1752.91

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 27 / 2014  
**Transaction ID : 37195428**

Amount of Each Receipt this Period  
915.88

Previously missed bank fees reimb.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1366.28
<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 29 OF 65  
(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, Inc. Political Action Committee**

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

Mailing Address 413 N. Lee Street

City Alexandria State VA Zip Code 22313-1480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2448.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : 37209378**

Amount of Each Receipt this Period  
695.17

May 14 Bank Fees Reimb.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	695.17
<b>TOTAL</b> This Period (last page this line number only).....▶	2061.45

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

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

FOR LINE NUMBER: PAGE 30 OF 65  
(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, Inc. Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Lee Terry For Congress**

Mailing Address PO Box 540098

City State Zip Code  
 Omaha NE 68154

FEC ID number of contributing federal political committee. **C** C00330811

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014

**Transaction ID : 37078797**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

**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 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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Apr.14 - Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : 37119778**

Amount of Each Disbursement this Period

193.11

Apr.14 - Merchant Fees

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Apr.14 - Analysis/Imaging Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : 37119781**

Amount of Each Disbursement this Period

31.00

Apr.14 - Analysis/Imaging Fees

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Apr.14 - Analysis Fees Chking

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : 37119785**

Amount of Each Disbursement this Period

52.39

Apr.14 - Analysis Fees Chking

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

276.50

**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 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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Apr 14 Amex Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 37179439**

Amount of Each Disbursement this Period

Apr 14 Amex Fees

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
May 14 - AMEX Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 37200869**

Amount of Each Disbursement this Period

May 14 - AMEX Fees

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
May 14 - Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 37200870**

Amount of Each Disbursement this Period

May 14 - Merchant Fees

**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 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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
May 14 - Analysis Fees Chking

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 37200905**

Amount of Each Disbursement this Period

May 14 - Analysis Fees Chking

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
May 14 - Analysis/Imaging Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 37201282**

Amount of Each Disbursement this Period

May 14 - Analysis/Imaging Fees

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Jun 14 - Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 37308000**

Amount of Each Disbursement this Period

Jun 14 - Merchant Fees

**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 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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Jun 14 - Analysis/Imaging Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 37308002**

Amount of Each Disbursement this Period

Jun 14 - Analysis/Imaging Fees

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Jun 14 - Analysis Fees Chking

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 37308026**

Amount of Each Disbursement this Period

Jun 14 - Analysis Fees Chking

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. AMERIPAC**

Mailing Address 499 South Capitol Street SW, Suite

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name  
**AMERIPAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157179**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Bennet For Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement

011

Candidate Name  
**Michael Bennet**

Office Sought:  House  Senate  President  
State: CO District:

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157180**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Buddy Carter For Congress**

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement

011

Candidate Name  
**Earl Carter**

Office Sought:  House  Senate  President  
State: GA District: 01

Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157181**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Cathy McMorris Rodgers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157182**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Collins For Congress**

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Doug Collins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 09

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157183**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Diana DeGette For Congress**

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Diana DeGette**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157184**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Raul Ruiz For Congress**

Mailing Address PO Box 3433

City State Zip Code  
Palm Desert CA 92261

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Raul Ruiz MD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157185**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Dan Maffei**

Mailing Address PO Box 230

City State Zip Code  
Syracuse NY 13201

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Daniel B. Maffei**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157186**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Friends Of Lois Capps**

Mailing Address P.O. Box 23940

City State Zip Code  
Santa Barbara CA 93121

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Lois Capps**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157187**

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Mark Warner**

Mailing Address 2034 Eisenhower Avenue, Suite 222

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mark Robert Warner**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157188**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Rosa DeLauro**

Mailing Address 129 Church St, Ste 818

City New Haven State CT Zip Code 06510

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Rosa L. DeLauro**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: CT District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157189**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Guthrie For Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. S. Brett Guthrie**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157190**

Amount of Each Disbursement this Period

1500.00

**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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joe Kennedy For Congress**

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Joseph Kennedy III**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MA District: 04

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157198**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Lynn Jenkins For Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Lynn Jenkins**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157199**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Patrick Murphy For Congress**

Mailing Address P.O. Box 868

City Levittown State PA Zip Code 19058

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Patrick J. Murphy**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: PA District: 08

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157210**

Amount of Each Disbursement this Period

2000.00

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

4000.00

**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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim Bishop For Congress**

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Tim Bishop**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157214**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Tom Reed For Congress**

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Tom Reed**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157215**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Udall For Us All**

Mailing Address PO Box 25766

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Tom Stewart Udall**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : 37157218**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Volunteers For Shimkus**

Mailing Address PO Box 661

City State Zip Code  
Collinsville IL 62234

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. John M. Shimkus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

**Transaction ID : 37157219**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Alaskans For Begich 2014**

Mailing Address 1231 W Northern Lts #605

City State Zip Code  
Anchorage AK 99503

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mark P. Begich**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

**Transaction ID : 37161335**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Alaskans For Begich 2014**

Mailing Address 1231 W Northern Lts #605

City State Zip Code  
Anchorage AK 99503

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mark P. Begich**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

**Transaction ID : 37161337**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

3	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Udall For Colorado**

Mailing Address PO Box 40158

City State Zip Code  
Denver CO 80204

Purpose of Disbursement

011

Candidate Name

**Sen. Mark Emery Udall**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

**Transaction ID : 37161338**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Udall For Colorado**

Mailing Address PO Box 40158

City State Zip Code  
Denver CO 80204

Purpose of Disbursement

011

Candidate Name

**Sen. Mark Emery Udall**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

**Transaction ID : 37161339**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Pat Roberts For Us Senate Inc**

Mailing Address PO Box 433

City State Zip Code  
Great Bend KS 67530

Purpose of Disbursement

011

Candidate Name

**Sen. Pat Roberts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

**Transaction ID : 37161342**

Amount of Each Disbursement this Period

4000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00
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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)

<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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pat Roberts For Us Senate Inc**

Mailing Address PO Box 433

City State Zip Code  
Great Bend KS 67530

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Pat Roberts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2014

**Transaction ID : 37161343**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. Patrick Murphy For Congress**

Mailing Address P.O. Box 868

City State Zip Code  
Levittown PA 19058

Purpose of Disbursement  
Void - Patrick Murphy For Congress

011

Category/  
Type

Candidate Name

**Rep. Patrick J. Murphy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : 37195422**

Amount of Each Disbursement this Period

-2000.00

Void - Patrick Murphy For Congress

Full Name (Last, First, Middle Initial)

**C. Friends Of Patrick Murphy**

Mailing Address 4521 Pga Blvd. #412

City State Zip Code  
Palm Beach Gardens FL 33418

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Patrick Murphy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : 37195423**

Amount of Each Disbursement this Period

2000.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Anna G. Eshoo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209191**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Beatty For Congress**

Mailing Address PO Box 172

City Columbus State OH Zip Code 43216

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Joyce Beatty**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209194**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ben Sasse For Us Senate Inc**

Mailing Address 105 East 6th Street

City Fremont State NE Zip Code 68025

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Benjamin Sasse**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209195**

Amount of Each Disbursement this Period

2500.00

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

4500.00

**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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bilirakis For Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Gus M. Bilirakis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209205**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. Boehner for Speaker**

Mailing Address 320 FIRST ST., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209206**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Brady For Congress**

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Kevin Patrick Brady**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209207**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5	0	0	0	.	0	0
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1	5	0	0	.	0	0
---	---	---	---	---	---	---

**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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Braley For Iowa**

Mailing Address PO Box 856

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Candidate Name

**Bruce Braley**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209208**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Butterfield For Congress**

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement

011

Candidate Name

**Rep. George K. Butterfield**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209209**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Cory Booker For Senate**

Mailing Address PO Box 32237

City Newark State NJ Zip Code 07102

Purpose of Disbursement

011

Candidate Name

**Sen. Cory A. Booker**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209211**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	5	0	0	.	0	0
---	---	---	---	---	---	---

**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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Rouzer For Congress**

Mailing Address PO Box 2267

City Smithfield State NC Zip Code 27577

Purpose of Disbursement

011

Candidate Name

**David Rouzer**

Category/Type

Office Sought:  House  Senate  President  
State: NC District: 07

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209212**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Candidate Name

**Devin Nunes**

Category/Type

Office Sought:  House  Senate  President  
State: CA District: 21

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209213**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Doggett For Us Congress**

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement

011

Candidate Name

**Rep. Lloyd Doggett**

Category/Type

Office Sought:  House  Senate  President  
State: TX District: 35

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209214**

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Duffy For Congress**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement

011

Candidate Name

**Rep. Sean P. Duffy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209261**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Florida Democratic Party**

Mailing Address 214 SOUTH BRONOUGH STREET

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209275**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Friends Of Dick Durbin**

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement

011

Candidate Name

**Sen. Richard J. Durbin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209287**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

# 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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Shaheen For Senate

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement

011

Candidate Name

**Jeanne Shaheen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : 37209289

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

011

Candidate Name

**Rep. Joe R. Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : 37209290

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### C. GOP GENERATION Y FUND

Mailing Address PO BOX 9055

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011

Candidate Name

**GOP GENERATION Y FUND**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : 37209292

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Graves For Congress**

Mailing Address 2345 Grand, Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Samuel B. Graves Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209293**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Joe Wilson For Congress Committee**

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Joe Wilson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209294**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Johnson For Congress**

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Bill Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209295**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Keep Nick Rahall In Congress Committee**

Mailing Address P O Box 64

City Beckley State WV Zip Code 25801

Purpose of Disbursement

011

Candidate Name

**Rep. Nick Joe Rahall II**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: WV District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209296**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kinzinger For Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350

Purpose of Disbursement

011

Candidate Name

**Rep. Adam Kinzinger**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: IL District: 16

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209297**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kristi For Congress**

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Candidate Name

**Rep. Kristi Lynn Noem**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: SD District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209298**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kyrsten Sinema For Congress**

Mailing Address PO Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement

011

Candidate Name

**Rep. Kyrsten Sinema**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2014

**Transaction ID : 37209299**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Latta For Congress**

Mailing Address PO Box 106

City State Zip Code  
Bowling Green OH 43402

Purpose of Disbursement

011

Candidate Name

**Rep. Bob Latta**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2014

**Transaction ID : 37209300**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Lou Barletta For Congress**

Mailing Address P.O. Box 128

City State Zip Code  
Hazleton PA 18201

Purpose of Disbursement

011

Candidate Name

**Rep. Lou Barletta**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2014

**Transaction ID : 37209301**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00
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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 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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marcia Fudge For Congress**

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Marcia L. Fudge**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209302**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Marco Rubio For Us Senate**

Mailing Address PO Box 140420

City Miami State FL Zip Code 33114

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Marco Rubio**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209303**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Marino For Congress**

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Tom Marino**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209304**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

4	5	0	0	0	0	0	0	0	0
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4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Markey Committee; The**

Mailing Address PO Box 526

City Medford State MA Zip Code 02155

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Edward Markey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209305**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn For Congress, Inc.**

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209306**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Martin Heinrich For Senate**

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Martin T. Heinrich**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209307**

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nick Casey For Congress**

Mailing Address PO Box 1311

City Charleston State WV Zip Code 25325

Purpose of Disbursement

011

Candidate Name

**George Casey Jr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209308**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Pascrell For Congress**

Mailing Address P.O. Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement

011

Candidate Name

**Rep. William J. Pascrell Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209309**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Quigley For Congress**

Mailing Address PO Box 13040

City Chicago State IL Zip Code 60613

Purpose of Disbursement

011

Candidate Name

**Rep. Michael Quigley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209311**

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Renee Ellmers For Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Candidate Name

**Rep. Renee Ellmers RN**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209314**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011

Candidate Name

**Steve Stivers**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209316**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Texans For Senator John Cornyn Inc**

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement

011

Candidate Name

**John Cornyn**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: TX District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209317**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Austin Scott For Congress Inc**

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Austin Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : 37272808**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Canary Fund**

Mailing Address 600 PENNSYLVANIA AVE SE SUITE 210

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Canary Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : 37272809**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Coffman For Congress**

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Mike Coffman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : 37272810**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

**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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Collins For Senator**

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Susan M. Collins**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : 37272811**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Courtney For Congress**

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Joseph D. Courtney**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: CT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : 37272816**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Friends Of Cheri Bustos**

Mailing Address P.O. Box 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Cheri Bustos**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : 37272819**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kirkpatrick For Arizona**

Mailing Address PO Box 12011

City State Zip Code  
Casa Grande AZ 85130

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ann Kirkpatrick**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : 37272827**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Reed Committee**

Mailing Address PO Box 8628

City State Zip Code  
Cranston RI 02920

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Jack Francis Reed**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: RI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : 37272828**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Reed Committee**

Mailing Address PO Box 8628

City State Zip Code  
Cranston RI 02920

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Jack Francis Reed**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: RI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : 37272829**

Amount of Each Disbursement this Period

2500.00
---------

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

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

6000.00
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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 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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Pat J. Tiberi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : 37272830**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Valadao For Congress**

Mailing Address 504 Van Ness

City Fresno State CA Zip Code 93721

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. David G. Valadao**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : 37272832**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Walden For Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Greg P. Walden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : 37272833**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. The Congressman Joe Barton Committee**

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement  
Funds Reported On <July 15 Quarterly Report (Q3)>

011

Category/  
Type

Candidate Name

**Rep. Joe L. Barton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	4

**Transaction ID : 37335272**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**[MEMO ITEM]**

Funds Reported On <July 15 Quarterly Report (Q3)>

Full Name (Last, First, Middle Initial)

**B. The Congressman Joe Barton Committee**

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement  
Re-designated funds for trans. dated 2/28/2014

011

Category/  
Type

Candidate Name

**Rep. Joe L. Barton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	4

**Transaction ID : 37335273**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**[MEMO ITEM]**

Re-designated funds for trans. dated 2/28/2014

Full Name (Last, First, Middle Initial)

**C. Brady For Congress**

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement  
Funds Reported On July 15 Quarterly Report (Q3)

011

Category/  
Type

Candidate Name

**Rep. Kevin Patrick Brady**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37335275**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**[MEMO ITEM]**

Funds Reported On July 15 Quarterly Report (Q3)

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

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

0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brady For Congress**

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement  
Re-designated funds for trans. dated 6/6/2014

Candidate Name  
**Rep. Kevin Patrick Brady**

Office Sought:  House  Senate  President  
State: TX District: 08  
Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

**Transaction ID : 37335276**

Amount of Each Disbursement this Period

1000.00
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**[MEMO ITEM]**

Re-designated funds for trans. dated 6/6/2014

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

0.00
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110500.00
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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 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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Lynn Wachtmann**

Mailing Address 550 Euclid Ave

City Napoleon State OH Zip Code 43545

Purpose of Disbursement  
Lynn Wachtmann, STATE HOUSE 75th OH

011

Candidate Name

**OH Rep. Lynn Wachtmann**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209210**

Amount of Each Disbursement this Period

250.00

Lynn Wachtmann, STATE HOUSE 75th OH

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DOMINIC PILEGGI**

Mailing Address 323 WEST FRONT STREET

City Media State PA Zip Code 19063

Purpose of Disbursement  
Dominic Pileggi, STATE SENATE 9th PA

011

Candidate Name

**PA Sen. Dominic Pileggi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209288**

Amount of Each Disbursement this Period

1000.00

Dominic Pileggi, STATE SENATE 9th PA

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Scarnati**

Mailing Address PO Box 33

City Youngsville State PA Zip Code 16371

Purpose of Disbursement  
Joseph Scarnati, STATE SENATE 25th PA

011

Candidate Name

**Senator Joseph Scarnati III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 37209291**

Amount of Each Disbursement this Period

1500.00

Joseph Scarnati, STATE SENATE 25th PA

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

2750.00

**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 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, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. People to Elect Matt Baker**

Mailing Address 60 AMERICAN ST

City Wellsboro State PA Zip Code 16901

Purpose of Disbursement  
Matthew Baker, STATE HOUSE 68th PA

Candidate Name

**Representa Matthew Baker**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 06 / 2014

**Transaction ID : 37209310**

Amount of Each Disbursement this Period

1000.00

Matthew Baker, STATE HOUSE 68th PA

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

3750.00