

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
National Association of Chain Drug Stores Political Action Committee

ADDRESS (number and street) 413 N. Lee Street
 Check if different than previously reported. (ACC)
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00022368
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of _____

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer R. James Huber

Signature of Treasurer Electronically Filed by R. James Huber Date 12 01 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		29249.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	25184.43									
(c) Total Receipts (from Line 19)	4990.11	143445.41								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30174.54	172694.63								
7. Total Disbursements (from Line 31)	7366.61	149886.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22807.93	22807.93								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

National Association of Chain Drug Stores Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4678.94	114445.34
(ii) Unitemized	162.96	5799.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4841.90	120245.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	22000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4841.90	142245.10
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)	146.96	1177.95
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.25	22.36
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4990.11	143445.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4990.11	143445.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	366.61	1816.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	366.61	1816.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	142000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	500.00	6070.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7366.61	149886.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7366.61	149886.70

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 19

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)	4841.90	142245.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4841.90	142245.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	366.61	1816.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	146.96	1177.95
38. Net Operating Expenditures (subtract Line 37 from Line 36)	219.65	638.25

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 19
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Richard J. Hartig

Mailing Address 703 Main St

City State Zip Code
Dubuque IA 52001-6814

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

Name of Employer Occupation
Hartig Drug Company, Inc. Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: 32480307

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 3481 Fredericksburg Rd

City State Zip Code
San Antonio TX 78201-3848

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2010

Transaction ID: 32530496

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Mr. Ernest Skultety

Mailing Address 787 S Emerson Ave

City State Zip Code
Lindenwold NJ 08021-1734

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

Name of Employer Occupation
Ernco Inc./Hometown Pharm-
acies President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2010

Transaction ID: 32538009

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **980.00**

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 7 / 19
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Joe Courtright

Mailing Address 2100 Brookwood Dr

City State Zip Code
Little Rock AR 72202-1734

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

Name of Employer Occupation
USA Drug Chief Executive Officer and President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: 32589511

Amount of Each Receipt this Period
2500.00

B.

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

Mailing Address 413 N Lee St

City State Zip Code
Alexandria VA 22314-2301

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

Name of Employer Occupation
National Association of Chain Drug Sto Senior Vice President, Legal Affairs a

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
884.58

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR1054895624692

Amount of Each Receipt this Period
76.92

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

C.

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

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

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

Name of Employer Occupation
National Association of Chain Drug Sto Vice President, Finance and Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
445.79

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR1054896224692

Amount of Each Receipt this Period
38.46

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **2615.38**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Sandra Kay Guckian	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address PO Box 1417-D49	Transaction ID: PR1054896924692
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 96.16
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$48.08 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President & Deputy Director, Stat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.18	

B.	Full Name (Last, First, Middle Initial) Ms. Rhoda Kelly	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address PO Box 1417-D49	Transaction ID: PR1054897024692
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Membership Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 887.79	

C.	Full Name (Last, First, Middle Initial) Mr. James A. Whitman	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address PO Box 1417-D49	Transaction ID: PR1054897924692
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 153.84
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Senior Vice President, Member Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1775.57	

SUBTOTAL of Receipts This Page (optional)	326.92
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 19
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Mr. Terrence Arth</p> <p>Mailing Address PO Box 1417-D49</p> <p>City State Zip Code <u>Alexandria</u> VA 22313-1480</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer National Association of Chain Drug Sto</p> <p>Occupation Vice President, Meetings & Internation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 253.92</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: PR1055162924692</p> <p>Amount of Each Receipt this Period 22.00</p> <p>P/R Deduction (\$11.00 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) Mr. Paul T. Kelly</p> <p>Mailing Address PO Box 1417-D49</p> <p>City State Zip Code <u>Alexandria</u> VA 22313-1480</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer National Association of Chain Drug Sto</p> <p>Occupation Vice President, Federal Legislative Af</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1334.40</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: PR1055164124692</p> <p>Amount of Each Receipt this Period 115.38</p> <p>P/R Deduction (\$57.69 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) Ms. Diane Darvey</p> <p>Mailing Address PO Box 1417-D49</p> <p>City State Zip Code <u>Alexandria</u> VA 22313-1480</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer National Association of Chain Drug Sto</p> <p>Occupation Director, Public Policy</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 889.60</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: PR1055165024692</p> <p>Amount of Each Receipt this Period 76.92</p> <p>P/R Deduction (\$38.46 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												

SUBTOTAL of Receipts This Page (optional)	214.30
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 / 19

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Mr. Larry Lotridge

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

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

Name of Employer National Association of Chain Drug Sto Occupation Vice President, Conference Services

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 445.79

Date of Receipt

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

Transaction ID: PR1055173624692

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin N. Nicholson

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 887.79

Date of Receipt

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

Transaction ID: PR1055174724692

Amount of Each Receipt this Period

76.92

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

C.

Full Name (Last, First, Middle Initial)

Mr. Dale Masten

Mailing Address 7577 Central Parke Blvd Ste 124

City State Zip Code
Mason OH 45040-6834

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 467.01

Date of Receipt

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

Transaction ID: PR1055176324692

Amount of Each Receipt this Period

40.38

P/R Deduction (\$20.19 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

155.76

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 909.95

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR1055177424692
 Amount of Each Receipt this Period: 78.84
 P/R Deduction (\$39.42 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Yong Choe

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto
Occupation: Director, Federal Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.69

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR1597971924692
 Amount of Each Receipt this Period: 19.24
 P/R Deduction (\$9.62 Bi-W-ekly)

C. Full Name (Last, First, Middle Initial)
Ms. Laura Miller

Mailing Address 4855 Evergreen Lane N.

City State Zip Code
Plymouth MN 55442-2275

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

Name of Employer: National Association of Chain Drug Sto
Occupation: Senior Economist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.51

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR2183668824692
 Amount of Each Receipt this Period: 19.24
 P/R Deduction (\$9.62 Bi-W-ekly)

SUBTOTAL of Receipts This Page (optional) ► **117.32**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 19
(check only one)

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

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

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

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1732.46

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR2231851424692
Amount of Each Receipt this Period: 153.86
P/R Deduction (\$76.93 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Christine M. Kopple

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 663.55

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR2257462224692
Amount of Each Receipt this Period: 57.70
P/R Deduction (\$28.85 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Nora Reich

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto
Occupation: Executive Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.06

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR2257462524692
Amount of Each Receipt this Period: 19.24
P/R Deduction (\$9.62 Bi-W-ekly)

SUBTOTAL of Receipts This Page (optional) ▶ 230.80

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 19

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Marc Schloss

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
National Association of Chain Drug Sto Director, Federal Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
442.29

Date of Receipt

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

Transaction ID: PR2390680724692

Amount of Each Receipt this Period
38.46

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	38.46
TOTAL This Period (last page this line number only)	▶	4678.94

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 19	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 413 N. Lee Street

City	State	Zip Code
Alexandria	VA	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 ▼
1177.95

Date of Receipt

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

Transaction ID: 32555071

Amount of Each Receipt this Period
146.96

Sep/Oct.10 Bank Fees Reimbursement

SUBTOTAL of Receipts This Page (optional)	▶	146.96
TOTAL This Period (last page this line number only)	▶	146.96

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Bass Victory Committee <hr/> Mailing Address PO Box 3451 <hr/> City Concord State NH Zip Code 03302 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Charles Bass <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32476033 Date of Disbursement 10 / 15 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Charlie Dent For Congress <hr/> Mailing Address PO Box 442 <hr/> City Allentown State PA Zip Code 18105 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Charles W. Dent <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32476035 Date of Disbursement 10 / 15 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota <hr/> Mailing Address PO Box 2009 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Stephanie Herseth Sandlin <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32476037 Date of Disbursement 10 / 15 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Issa For Congress	Transaction ID: 32476040 Date of Disbursement
	Mailing Address P O Box 760	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Vista State CA Zip Code 92085	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Darrell E. Issa	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Yoder For Congress	Transaction ID: 32476041 Date of Disbursement
	Mailing Address PO Box 26742	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Overland Park State KS Zip Code 66225	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name Mr. Kevin Yoder	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) People For Patty Murray	Transaction ID: 32476043 Date of Disbursement
	Mailing Address PO Box 3662	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Seattle State WA Zip Code 98124	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Sen. Patty Murray	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 19

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

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

A.

Full Name (Last, First, Middle Initial)
Friends Of Dave Reichert

Transaction ID: 32476046
Date of Disbursement

Mailing Address P. O. Box 53322

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

City Bellevue State WA Zip Code 98015

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00

Candidate Name
Rep. David George Reichert

Office Sought: House
 Senate
 President
State: WA District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Nathan Deal for Governor	Transaction ID: 32476042 Date of Disbursement 10 / 15 / 2010
	Mailing Address PO BOX 2495	Amount of Each Disbursement this Period 500.00
	City Gainesvill State GA Zip Code 30503	
	Purpose of Disbursement Nathan Deal, GOVERNOR GA	011 Category/ Type
	Candidate Name Nathan Deal	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Nathan Deal, GOVERNOR GA

B.	Full Name (Last, First, Middle Initial) The Friends of Scott Walker	Transaction ID: 32492935 Date of Disbursement 10 / 20 / 2010
	Mailing Address P.O. Box 100828	Amount of Each Disbursement this Period -500.00
	City Wauwatosa State WI Zip Code 53210	
	Purpose of Disbursement Void - The Friends of Scott Walker	011 Category/ Type
	Candidate Name Scott Walker	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: 2010 Gubernatorial R	Void - The Friends of Scott Walker

C.	Full Name (Last, First, Middle Initial) Move Maine Ahead PAC	Transaction ID: 32578914 Date of Disbursement 11 / 18 / 2010
	Mailing Address PO Box 5060	Amount of Each Disbursement this Period 500.00
	City Augusta State ME Zip Code 04332-5060	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

**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)

PAGE 19 / 19

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

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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1445 New York Ave, NW City Washington State DC Zip Code 20005 Purpose of Disbursement 10/31/10 Acct. Analysis Fee & Check Image Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32538702 Date of Disbursement 10 / 31 / 2010 Amount of Each Disbursement this Period 11.00 10/31/10 Acct. Analysis Fee & Check Image Fee	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) NACDS PAC - Checking Mailing Address 413 N. Lee St. City Alexandria State VA Zip Code 22314 Purpose of Disbursement 11/10/10 Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32687493 Date of Disbursement 11 / 10 / 2010 Amount of Each Disbursement this Period 345.61 11/10/10 Merchant Fee	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1445 New York Ave, NW City Washington State DC Zip Code 20005 Purpose of Disbursement 11/19/10 Acct. Analysis Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32687494 Date of Disbursement 11 / 19 / 2010 Amount of Each Disbursement this Period 10.00 11/19/10 Acct. Analysis Fee	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	366.61
TOTAL This Period (last page this line number only) ▶	366.61