

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 11 02 2010 in the State of
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 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 10 18 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
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

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	16614.35									
(c) Total Receipts (from Line 19)	8649.98	138455.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25264.33	167704.52								
7. Total Disbursements (from Line 31)	79.90	142520.09								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25184.43	25184.43								
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

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
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

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)	8544.70	109766.40
(ii) Unitemized	105.28	5636.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8649.98	115403.20
(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)	8649.98	137403.20
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	1030.99
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	21.11
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))	8649.98	138455.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8649.98	138455.30

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.....	79.90	1449.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	79.90	1449.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	135500.00
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.....	0.00	5570.50
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))..	79.90	142520.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79.90	142520.09

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	8649.98	137403.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8649.98	137403.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	79.90	1449.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1030.99
38. Net Operating Expenditures (subtract Line 37 from Line 36)	79.90	418.60

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

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

FOR LINE NUMBER: PAGE 6 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Paul E. Beahm

Mailing Address 702 SW 8th St

City Bentonville State AR Zip Code 72716-6209

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

Name of Employer Wal-Mart Stores, Inc. Occupation Senior Vice President and General Merc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1365.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 32390165
 Amount of Each Receipt this Period 1000.00

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

Mailing Address 520 E Main St

City Gouverneur State NY Zip Code 13642-1561

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 08 / 2010
Transaction ID: 32420191
 Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Mr. Christopher T. Dimos, RPh

Mailing Address 1206 Maple Avenue

City Downers Grove State IL Zip Code 60515-4816

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

Name of Employer SUPERVALU INC. Occupation President, Pharmacy Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 08 / 2010
Transaction ID: 32420275
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2365.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 13
	<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. Richard A. Cognetti	Date of Receipt MM / DD / YYYY 10 / 12 / 2010
	Mailing Address 29 E Main St	Transaction ID: 32422926
	City State Zip Code Gouverneur NY 13642-1401	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Kinney Drugs, Inc.	Occupation Member, Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Don L. Bell, II	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 413 N Lee St	Transaction ID: PR1054895624615
	City State Zip Code Alexandria VA 22314-2301	Amount of Each Receipt this Period 76.92
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	P/R Deduction (\$76.92 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. David M. Fitzsimmons	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address PO Box 1417-D49	Transaction ID: PR1054896224615
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Finance and Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 407.33	P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	5115.38
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 / 13
	<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Mrs. Sandra Kay Guckian	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address PO Box 1417-D49	Transaction ID: PR1054896924615
	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 (\$96.16 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 ▼ 1024.02	

B.	Full Name (Last, First, Middle Initial) Ms. Rhoda Kelly	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address PO Box 1417-D49	Transaction ID: PR1054897024615
	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 (\$76.92 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 ▼ 810.87	

C.	Full Name (Last, First, Middle Initial) Mr. James A. Whitman	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address PO Box 1417-D49	Transaction ID: PR1054897924615
	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 (\$153.84 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 ▼ 1621.73	

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 / 13
(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 ▼ 231.92</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>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: PR1055162924615</p> <p>Amount of Each Receipt this Period 22.00</p> <p>P/R Deduction (\$22.00 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		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 ▼ 1219.02</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>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: PR1055164124615</p> <p>Amount of Each Receipt this Period 115.38</p> <p>P/R Deduction (\$115.38 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		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 ▼ 812.68</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>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: PR1055165024615</p> <p>Amount of Each Receipt this Period 76.92</p> <p>P/R Deduction (\$76.92 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		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: (check only one)	PAGE 10 / 13
	<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Mr. Larry Lotridge	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address PO Box 1417-D49	Transaction ID: PR1055173624615
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 38.46
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 407.33	P/R Deduction (\$38.46 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Kevin N. Nicholson	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address PO Box 1417-D49	Transaction ID: PR1055174724615
	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	
	Name of Employer: National Association of Chain Drug Sto Occupation: Vice President, Government Affairs & P Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 810.87	P/R Deduction (\$76.92 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Dale Masten	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 7577 Central Parke Blvd Ste 124	Transaction ID: PR1055176324615
	City State Zip Code Mason OH 45040-6834	Amount of Each Receipt this Period 40.38
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 426.63	P/R Deduction (\$40.38 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 / 13
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 831.11

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

Transaction ID: PR1055177424615

Amount of Each Receipt this Period 78.84

P/R Deduction (\$78.84 Bi-Weekly)

B.

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 ▼ 203.27

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

Transaction ID: PR2183668824615

Amount of Each Receipt this Period 19.24

P/R Deduction (\$19.24 Bi-Weekly)

C.

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

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1578.60

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

Transaction ID: PR2231851424615

Amount of Each Receipt this Period 153.86

P/R Deduction (\$153.86 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **251.94**

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 / 13
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.

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

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 605.85

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

Transaction ID: PR2257462224615

Amount of Each Receipt this Period
57.70

P/R Deduction (\$57.70 Bi-Weekly)

B.

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 ▼ 202.82

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

Transaction ID: PR2257462524615

Amount of Each Receipt this Period
19.24

P/R Deduction (\$19.24 Bi-Weekly)

C.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

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

Transaction ID: PR2390680724615

Amount of Each Receipt this Period
38.46

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

SUBTOTAL of Receipts This Page (optional)	115.40
TOTAL This Period (last page this line number only)	8544.70

**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 13 / 13

<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) NACDS PAC - Checking	Transaction ID: 32456262 Date of Disbursement
	Mailing Address 413 N. Lee St.	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement 10/12/10 Merchant Fee	<input type="text" value="79.90"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		10/12/10 Merchant Fee

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)