

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2009 through 06 30 2009

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 07 20 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		50120.54
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	50120.54									
(c) Total Receipts (from Line 19)	111833.97	111833.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	161954.51	161954.51								
7. Total Disbursements (from Line 31)	110582.85	110582.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	51371.66	51371.66								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Association of Chain Drug Stores Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
0	3

Y	Y	Y	Y
2	0	0	9

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)	88722.41	88722.41
(ii) Unitemized	5390.15	5390.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)	94112.56	94112.56
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	16365.00	16365.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	110477.56	110477.56
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)	1295.12	1295.12
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	61.29	61.29
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))	111833.97	111833.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	111833.97	111833.97

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	108500.00	108500.00
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.....	2082.85	2082.85
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))..	110582.85	110582.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110582.85	110582.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	110477.56	110477.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	110477.56	110477.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	1295.12	1295.12
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-1295.12	-1295.12

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 61
(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)
Ms. Carol Kelly

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

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

Name of Employer
National Association of Chain Drug Sto

Occupation
Senior Vice President, Government Affa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 29278104

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Ronna Hauser

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, Pharmacy Advocacy and Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: 29330368

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. John H. Lynch, III

Mailing Address 13 Water St

City State Zip Code
Holliston MA 01746-2375

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

Name of Employer
Eaton Apothecary

Occupation
VP, Internal Controls & Operations Pol

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 29341778

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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 / 61
(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. David C. McClure

Mailing Address 520 E. Main Street

City State Zip Code
Gouverneur NY 13642-1561

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: 29368635

Amount of Each Receipt this Period
500.00

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

Mailing Address 1560 E Southlake Blvd Ste 230

City State Zip Code
Southlake TX 76092-6456

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: 29395645

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Steven C. Anderson

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 President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: 29402632

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **5750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 61
(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. David Cippel

Mailing Address 401 Ford St

City State Zip Code
Ford City PA 16226-1229

FEC ID number of contributing federal political committee. C

Name of Employer Klingensmith's Drug Stores Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 17 / 2009

Transaction ID: 29406556

Amount of Each Receipt this Period 250.00

B.

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

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 Vice President and Chief Fin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
02 / 24 / 2009

Transaction ID: 29433961

Amount of Each Receipt this Period 300.00

C.

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

Mailing Address 520 E. Main Street

City State Zip Code
Gouverneur NY 13642-1561

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 05 / 2009

Transaction ID: 29463916

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. George D. Bartell

Mailing Address 4727 Denver Ave S

City State Zip Code
Seattle WA 98134-2316

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

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

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

Date of Receipt

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

Transaction ID: 29495353

Amount of Each Receipt this Period
600.00

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

Mailing Address 100 E Washington St

City State Zip Code
Syracuse NY 13202-1612

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 29556226

Amount of Each Receipt this Period
1000.00

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

Mailing Address 646 S Main Ave

City State Zip Code
San Antonio TX 78204-1210

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

Name of Employer H-E-B Occupation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: 29572389

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **4100.00**

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 / 61
(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. Adam Raczkowski

Mailing Address 37 Timber Dr

City State Zip Code
East Longmeade MA 01028-3208

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

Name of Employer Occupation
W.F. Young, Incorporated Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 29572391

Amount of Each Receipt this Period
250.00

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

Mailing Address 646 S Main Ave

City State Zip Code
San Antonio TX 78204-1210

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: 29575793

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Dr. J.P. Borneman

Mailing Address PO Box 87

City State Zip Code
Bryn Mawr PA 19010-0087

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: 29579222

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 61
(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. Edith Rosato

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, Pharmacy Affairs & President, NAC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt: 03 / 27 / 2009
Transaction ID: 29583816
Amount of Each Receipt this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Mr. Frederick F. Grice, Jr.

Mailing Address 60 E 82nd St

City State Zip Code
Newaygo MI 49337-8005

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

Name of Employer: Hometown Pharmacy, Inc.
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: 29590746
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Craig C. Painter

Mailing Address 520 E Main St

City State Zip Code
Gouverneur NY 13642-1561

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: 29593808
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 61
(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. Andrew A. Giancamilli

Mailing Address 5965 Coopers Ave

City State Zip Code
Mississauga ON L4Z 1-R9

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: 29599086

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Mr. John C. Vayianos

Mailing Address 74 20th St

City State Zip Code
Brooklyn NY 11232-1101

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

Name of Employer Occupation
PROFOOT Inc. Vice President, Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: 29599087

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Thomas M. Ryan

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

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

Name of Employer Occupation
CVS Caremark Corporation Chairman of the Board, President and C

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 / 2009

Transaction ID: 29605771

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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 13 / 61

(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 J. Merlo		Date of Receipt MM / DD / YYYY 04 / 09 / 2009		
	Mailing Address 1 Cvs Dr		Transaction ID: 29734094		
	City Woonsocket	State RI	Zip Code 02895-6146	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CVS Caremark Corporation	Occupation President, CVS/Pharmacy			
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. Matthew Leonard		Date of Receipt MM / DD / YYYY 04 / 09 / 2009		
	Mailing Address 1 Cvs Dr		Transaction ID: 29734216		
	City Woonsocket	State RI	Zip Code 02895-6146	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CVS Caremark Corporation	Occupation Senior Vice President, Pharmacy Mercha			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Mr. John A. Lederer		Date of Receipt MM / DD / YYYY 04 / 13 / 2009		
	Mailing Address 440 9th Ave Fl 9		Transaction ID: 29743738		
	City New York	State NY	Zip Code 10001-1640	Amount of Each Receipt this Period 3000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Duane Reade Inc.	Occupation Chairman of the Board and Chief Execut			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00			

SUBTOTAL of Receipts This Page (optional)	8500.00
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 14 / 61

(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)

Ms. Bridget-ann Hart

Mailing Address 520 E Main St

City State Zip Code
Gouverneur NY 13642-1561

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

Name of Employer Occupation
Kinney Drugs, Inc. President and Chief Operating Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: 29743749

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul E. Beahm

Mailing Address 702 SW 8th St

City State Zip Code
Bentonville AR 72716-6209

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 29777409

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sharon Sternheim

Mailing Address 969 Madison Ave

City State Zip Code
New York NY 10021-2763

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

Name of Employer Occupation
Thriftway/Zitomier Drug President

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: 29778618

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6365.00

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 15 / 61
	<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. Curt Behrens		Date of Receipt MM / DD / YYYY 04 / 17 / 2009	
	Mailing Address 50 N Ela St		Transaction ID: 29788232	
	City	State	Zip Code	Amount of Each Receipt this Period
	Barrington	IL	60010-3265	365.00
	FEC ID number of contributing federal political committee. C			
Name of Employer P2B, Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

B.	Full Name (Last, First, Middle Initial) Mr. Scott Verner		Date of Receipt MM / DD / YYYY 04 / 17 / 2009	
	Mailing Address 2400 NW 55th Ct		Transaction ID: 29789655	
	City	State	Zip Code	Amount of Each Receipt this Period
	Fort Lauderdale	FL	33309-2672	365.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Home Diagnostics, Inc.		Occupation Senior Vice President, Sales and Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

C.	Full Name (Last, First, Middle Initial) Ms. Debbie Dudeck		Date of Receipt MM / DD / YYYY 04 / 17 / 2009	
	Mailing Address 3780 Mansell Rd Ste T50		Transaction ID: 29791880	
	City	State	Zip Code	Amount of Each Receipt this Period
	Alpharetta	GA	30022-1112	400.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Can-Am Care, LLC, An Access Product Manufacturer		Occupation Director, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	▶	1130.00
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 16 / 61
(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. Richard J. Swanson

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
The Swanson Group Principal

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: 29791903

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Mr. Bob Richardson

Mailing Address 1221 Broadway Fl 13TH

City State Zip Code
Oakland CA 94612-1815

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

Name of Employer Occupation
The Clorox Company Director Sales, Customer Development

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 9

Transaction ID: 29792191

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Mr. Kevin H. Tripp

Mailing Address 15100 N 90th St

City State Zip Code
Scottsdale AZ 85260-2901

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

Name of Employer Occupation
SUPERVALU INC. Executive Vice President and President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 9

Transaction ID: 29792292

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1765.00

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 17 / 61
(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. Jerry Ray

Mailing Address 101 Jim Wright Fwy S Ste 200

City State Zip Code
Fort Worth TX 76108-2202

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

Name of Employer PDX-NHIN-Rx.com Occupation Vice President, Rx.com Strategic Plan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 9

Transaction ID: 29792304

Amount of Each Receipt this Period
365.00

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

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 Rite Aid Corporation Occupation Chairman and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: 29792314

Amount of Each Receipt this Period
5000.00

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

Mailing Address 23230 Chagrin Blvd Ste 340

City State Zip Code
Cleveland OH 44122-5431

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

Name of Employer Product Quest Manufacturing, LLC Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: 29792316

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **6365.00**

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 18 / 61
(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. William E Osborn

Mailing Address 11 W Central Ave

City State Zip Code
Miami OK 74354-6815

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

Name of Employer Occupation
Osborn Drugs, Inc. Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 20 / 2009
Transaction ID: 29792317
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 23230 Chagrin Blvd Ste 340

City State Zip Code
Cleveland OH 44122-5431

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: 04 / 20 / 2009
Transaction ID: 29792318
Amount of Each Receipt this Period: 1000.00

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

Mailing Address PO Box 9606

City State Zip Code
Mission Hills CA 91346-9606

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

Name of Employer Occupation
Pharmavite Executive Vice President and Chief Customer Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 20 / 2009
Transaction ID: 29792319
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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 19 / 61
(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. 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 ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: 29796981

Amount of Each Receipt this Period
3000.00

B. 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 ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: 29796985

Amount of Each Receipt this Period
365.00

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

Mailing Address 200 Wilmot Rd

City State Zip Code
Deerfield IL 60015-4620

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: 29796986

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **8365.00**

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 20 / 61
(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. Larry Greco

Mailing Address 140 Sandringham South

City State Zip Code
Moraga CA 94556-1931

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

Name of Employer Kinney Drugs, Inc. Occupation Director, Kinney Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: 29796993

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Anthony N. Civello

Mailing Address 3220 Spring Forest Rd

City State Zip Code
Raleigh NC 27616-2822

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

Name of Employer Kerr Drug, Inc. Occupation Chairman, President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: 29810685

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Mr. Eric Graf

Mailing Address 8614 Hartman Rd

City State Zip Code
Wadsworth OH 44281-9404

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

Name of Employer Ritzman Pharmacies, Inc. Occupation President & Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 29830652

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

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 21 / 61
(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. David Pinto

Mailing Address 220 5th Ave Fl 18

City State Zip Code
New York NY 10001-7708

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

Name of Employer Chain Drug Review Occupation Editor and President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2009

Transaction ID: 29861468

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jeffery H. Gerchenson

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 ALVA-AMCO Pharmaceutical Cos., Inc. Occupation Chairman, President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: 29868164

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 401 Ford St

City State Zip Code
Ford City PA 16226-1229

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

Name of Employer Klingensmith's Drug Stores Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2009

Transaction ID: 29930045

Amount of Each Receipt this Period
250.00

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: PAGE 22 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Craig Norman
Mailing Address 646 S Main Ave
City San Antonio State TX Zip Code 78204-1210
FEC ID number of contributing federal political committee. **C**
Name of Employer H-E-B Occupation Senior Vice President, Pharmacy
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 19 / 2009
Transaction ID: 29931322
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Stephen P. McCoy
Mailing Address 29 E Main St
City Gouverneur State NY Zip Code 13642-1401
FEC ID number of contributing federal political committee. **C**
Name of Employer Kinney Drugs, Inc. Occupation EVP and CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 05 / 28 / 2009
Transaction ID: 29953103
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Dennis F. Wiesner
Mailing Address 3481 Fredericksburg Rd
City San Antonio State TX Zip Code 78201-3848
FEC ID number of contributing federal political committee. **C**
Name of Employer H-E-B Occupation Senior Director Privacy, Pharmacy and
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 30 / 2009
Transaction ID: 30133143
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
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 23 / 61
(check only one)

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

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

A.

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

Mailing Address 413 N Lee St

City Alexandria State VA Zip Code 22314-2301

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 ▼ 499.98

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1054895621359
Amount of Each Receipt this Period: 499.98
P/R Deduction (\$38.46 Bi-Weekly)

B.

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

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: Vice President, Finance and Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.57

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1054896221359
Amount of Each Receipt this Period: 204.57
P/R Deduction (\$22.73 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mrs. Sandra Kay Guckian

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: Vice President & Deputy Director, Stat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 687.50

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1054896921359
Amount of Each Receipt this Period: 687.50
P/R Deduction (\$62.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1392.05**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 61
(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) Ms. Rhoda Kelly		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address PO Box 1417-D49		Transaction ID: PR1054897021359
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 458.37
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Membership Services	P/R Deduction (\$41.67 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	

B.

Full Name (Last, First, Middle Initial) Mr. Stephen E. Perowski		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address PO Box 1417-D49		Transaction ID: PR1054897321359
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Member Relations & Ind	P/R Deduction (\$300.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Ms. Nancy S. Riegler		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address PO Box 1417-D49		Transaction ID: PR1054897521359
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Human Resources & Admi	P/R Deduction (\$90.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	▶	1658.37
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 25 / 61
(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. James A. Whitman

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.63

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1054897921359
Amount of Each Receipt this Period: 916.63
P/R Deduction (\$83.33 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Phillip L. Schneider

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, External Relations and

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.81

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1055163621359
Amount of Each Receipt this Period: 320.81
P/R Deduction (\$45.83 Bi-Weekly)

C.

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

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
652.20

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1055164121359
Amount of Each Receipt this Period: 652.20
P/R Deduction (\$65.22 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1889.64**

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 26 / 61
(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. Diane Darvey

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 Director, Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 434.80

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1055165021359

Amount of Each Receipt this Period 434.80

P/R Deduction (\$43.48 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Larry Lotridge

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 Vice President, Conference Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.57

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1055173621359

Amount of Each Receipt this Period 204.57

P/R Deduction (\$22.73 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Kevin N. Nicholson

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 Vice President, Government Affairs & P

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.37

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1055174721359

Amount of Each Receipt this Period 458.37

P/R Deduction (\$41.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1097.74

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 27 / 61
(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. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: PR1055176321359

Amount of Each Receipt this Period
228.30

P/R Deduction (\$22.83 Bi-Weekly)

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

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 469.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: PR1055177421359

Amount of Each Receipt this Period
469.81

P/R Deduction (\$42.71 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 ▼ 480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: PR2231851421359

Amount of Each Receipt this Period
480.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1178.11**

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 28 / 61
(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 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 Vice President, Media Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.05

Date of Receipt 06 / 30 / 2009
Transaction ID: PR2257462221359
Amount of Each Receipt this Period 375.05
P/R Deduction (\$28.85 Bi-Weekly)

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

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 Vice President, State Government Affa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 409.05

Date of Receipt 06 / 30 / 2009
Transaction ID: PR2257462621359
Amount of Each Receipt this Period 409.05
P/R Deduction (\$45.45 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Heidi Ecker

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 Director, Government Affairs & Grassro

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 217.40

Date of Receipt 06 / 30 / 2009
Transaction ID: PR2374721921359
Amount of Each Receipt this Period 217.40
P/R Deduction (\$21.74 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1001.50

TOTAL This Period (last page this line number only) ► 88722.41

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 61
(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)
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 ▼
366.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	0	9

Transaction ID: 29448278

Amount of Each Receipt this Period
366.00

Bank fees reimbursement

B. 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 ▼
447.35

Date of Receipt

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

Transaction ID: 29643529

Amount of Each Receipt this Period
81.35

Feb Bank fees reimbursement

C. 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 ▼
505.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	9

Transaction ID: 29791981

Amount of Each Receipt this Period
58.59

NACDS Reimbursement to PAC for March 2009 Bank Fees

SUBTOTAL of Receipts This Page (optional) ► **505.94**

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 30 / 61

(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 ▼ 1104.80

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: 29932015

Amount of Each Receipt this Period
598.86

NACDS Reimb To PAC for Apr Bank Fees

B.

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 ▼ 1295.12

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: 30121649

Amount of Each Receipt this Period
190.32

May Bank Fee Reimbursement

SUBTOTAL of Receipts This Page (optional)

789.18

TOTAL This Period (last page this line number only)

1295.12

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

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

FOR LINE NUMBER: PAGE 31 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Walgreen Co. PAC

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

City State Zip Code
Deerfield IL 60015-6200

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: 29539376

Amount of Each Receipt this Period
5000.00

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

Mailing Address One CVS Drive

City State Zip Code
Woonsocket RI 02895

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: 29567332

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Pharmavite PAC

Mailing Address 8510 Blaboa Boulevard

City State Zip Code
Northridge CA 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
0	4	/	1	5	/	2	0	0	9

Transaction ID: 29749590

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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 32 / 61

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Brookshire Brothers, P.A.C

Mailing Address P.O. Box 1688

City State Zip Code
Lufkin TX 75901

FEC ID number of contributing federal political committee. **C** C00457093

Name of Employer Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: 29797004

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Rite Aid Corp. PAC

Mailing Address P.O. Box 3165

City State Zip Code
Harrisburg PA 17105

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

Name of Employer Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: 29810673

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5365.00

TOTAL This Period (last page this line number only)

16365.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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) ERIC PAC Mailing Address 209 Pennsylvania Ave. S.E. City Washington State DC Zip Code 20003 Purpose of Disbursement Leadership PAC Candidate Name ERIC PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 29174868 Date of Disbursement 01 / 08 / 2009	Amount of Each Disbursement this Period 1000.00 Leadership PAC
B.	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress Mailing Address P O Box 636 City Annandale State VA Zip Code 22003 Purpose of Disbursement Candidate Name Rep. Anna G. Eshoo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 14	Transaction ID: 29340299 Date of Disbursement 02 / 09 / 2009	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee Mailing Address PO Box 360 City Prescott State AR Zip Code 71857 Purpose of Disbursement Candidate Name Rep. Michael A. Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 04	Transaction ID: 29420631 Date of Disbursement 02 / 23 / 2009	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)

PAGE 34 / 61

<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

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

<p>A. Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ND District: 01</p>	<p>Transaction ID: 29420637 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	3	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	3	/	2	0	0	9													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Friends Of Max Baucus</p> <p>Mailing Address P O Box 586</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Max Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MT District:</p>	<p>Transaction ID: 29420640 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	3	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	3	/	2	0	0	9													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Richard Burr Committee, The</p> <p>Mailing Address Post Office Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Richard Burr Committee, The</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 05</p>	<p>Transaction ID: 29420643 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	3	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	3	/	2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

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 35 / 61

<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) Bennett Election Committee Inc <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Robert F. Bennett <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29420645 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy <hr/> Mailing Address P.O. Box 127 <hr/> City Cheshire State CT Zip Code 06410 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Christopher Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29457593 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Becerra For Congress <hr/> Mailing Address P.O. Box 116 <hr/> City Hyattsville State MD Zip Code 20781 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Xavier Becerra <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29457594 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: (check only one)

<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) Congressional Black Caucus - PAC	Transaction ID: 29463984 Date of Disbursement																			
	Mailing Address 227 Massachusetts Ave., NE, Suite	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	9												
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Leadership PAC	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Congressional Black Caucus - PAC	011 Category/Type																			
	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) ▼	Leadership PAC																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown	Transaction ID: 29463988 Date of Disbursement																			
	Mailing Address 426 C Street. NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	9												
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Sen. Sherrod Brown	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: OH District: 02																				

C.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: 29463989 Date of Disbursement																			
	Mailing Address 303 Massachusetts Ave., NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	9												
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name Sen. Blanche Lambert Lincoln	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: AR District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>5500.00</td></tr></table>	5500.00
5500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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) Harvest PAC	Transaction ID: 29491603 Date of Disbursement MM / DD / YYYY 03 / 06 / 2009
	Mailing Address 236 Massachusetts Ave, NE Ste.603	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Leadership PAC Candidate Name Harvest PAC	011 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) ▼
		Leadership PAC

B.	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress	Transaction ID: 29498110 Date of Disbursement MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 430 S. Capitol Street, SE 1st Floop	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Nancy Pelosi	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Evan Bayh Committee	Transaction ID: 29542393 Date of Disbursement MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 1070 Thomas Jefferson St., NW Ste.	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Evan Bayh	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 38 / 61

<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) Bright For Congress.Com	Transaction ID: 29565599 Date of Disbursement 03 / 19 / 2009
	Mailing Address 209 Pennsylvania Avenue SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Bobby Bright, Sr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: 29565600 Date of Disbursement 03 / 19 / 2009
	Mailing Address 303 Massachusetts Ave., NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Blanche Lambert Lincoln	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Moran For Kansas	Transaction ID: 29565601 Date of Disbursement 03 / 19 / 2009
	Mailing Address 228 S. Washington St., Suite B-20	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Jerry Moran	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Roy Blunt	Transaction ID: 29565602 Date of Disbursement 03 / 19 / 2009
	Mailing Address Attn: Keri Ann Hayes 209 Pennsylvania Ave. SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Roy Blunt	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan	Transaction ID: 29580044 Date of Disbursement 03 / 24 / 2009
	Mailing Address 426 C Street, NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Byron L. Dorgan	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bennet for Colorado	Transaction ID: 29581183 Date of Disbursement 03 / 25 / 2009
	Mailing Address 426 C Street NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Michael Bennet	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)					PAGE 40 / 61
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <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 Roy Blunt

Mailing Address Attn: Keri Ann Hayes
209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement 011
Category/Type

Candidate Name
Rep. Roy Blunt

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MO District: 07

Transaction ID: 29589659
Date of Disbursement: MM/DD/YYYY: 03/27/2009

Amount of Each Disbursement this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Bobby Scott For Congress

Mailing Address P.O. Box 251

City Newport News State VA Zip Code 23607

Purpose of Disbursement 011
Category/Type

Candidate Name
Rep. Robert Scott

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 03

Transaction ID: 29589663
Date of Disbursement: MM/DD/YYYY: 03/27/2009

Amount of Each Disbursement this Period
0.00

C.

Full Name (Last, First, Middle Initial)
Bobby Scott For Congress

Mailing Address P.O. Box 251

City Newport News State VA Zip Code 23607

Purpose of Disbursement 011
Category/Type

Void - Bobby Scott For Congress
Candidate Name
Rep. Robert Scott

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 03

Transaction ID: 29589691
Date of Disbursement: MM/DD/YYYY: 03/27/2009

Amount of Each Disbursement this Period
0.00

Void - Bobby Scott For Congress

SUBTOTAL of Disbursements This Page (optional)	2500.00
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) Bobby Scott For Congress	Transaction ID: 29589692 Date of Disbursement 03 / 27 / 2009
	Mailing Address P.O. Box 251	Amount of Each Disbursement this Period 2500.00
	City Newport News State VA Zip Code 23607	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Robert Scott	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mike Honda For Congress	Transaction ID: 29600532 Date of Disbursement 03 / 31 / 2009
	Mailing Address 625 3rd St., NE, Suite #2	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael Honda	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bobby Scott For Congress	Transaction ID: 29783452 Date of Disbursement 04 / 16 / 2009
	Mailing Address P.O. Box 251	Amount of Each Disbursement this Period -2500.00
	City Newport News State VA Zip Code 23607	
	Purpose of Disbursement Void - Bobby Scott For Congress	011 Category/ Type
	Candidate Name Rep. Robert Scott	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1000.00
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) Bobby Scott For Congress	Transaction ID: 29783453 Date of Disbursement 04 / 16 / 2009
	Mailing Address P.O. Box 251	Amount of Each Disbursement this Period 2000.00
	City Newport News State VA Zip Code 23607	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Robert Scott	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 29795722 Date of Disbursement 04 / 21 / 2009
	Mailing Address 120 Maryland Ave, NE	Amount of Each Disbursement this Period 10000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Party Committee	011 Category/Type
	Candidate Name Democratic Senatorial Campaign Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wyden For Senate	Transaction ID: 29795723 Date of Disbursement 04 / 21 / 2009
	Mailing Address 232 Ne 9th Avenue	Amount of Each Disbursement this Period 1000.00
	City Portland State OR Zip Code 97232	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Ron Wyden	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	13000.00
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) Blue Dog PAC	Transaction ID: 29795724 Date of Disbursement 04 / 21 / 2009
	Mailing Address 236 Massachusetts Ave, NE, Suite 5	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Leadership PAC Candidate Name Blue Dog PAC Category/Type 011	
	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:	Leadership PAC

B.	Full Name (Last, First, Middle Initial) Friends For Harry Reid	Transaction ID: 29795726 Date of Disbursement 04 / 21 / 2009
	Mailing Address 426 C Street, NE Rear Building	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Candidate Name Sen. Harry Reid Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	

C.	Full Name (Last, First, Middle Initial) Pallone For Congress	Transaction ID: 29795728 Date of Disbursement 04 / 21 / 2009
	Mailing Address PO Box 3176	Amount of Each Disbursement this Period 2500.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement Candidate Name Rep. Frank Pallone, Jr. Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 06	

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 Political Action Committee

A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee <hr/> Mailing Address 430 South Capitol St, SE 2nd Floor <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Party Committee Candidate Name Democratic Congressional Campaign Committee <hr/> 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:	Transaction ID: 29795729 Date of Disbursement 04 / 21 / 2009
	Amount of Each Disbursement this Period 10000.00 <hr/> Party Committee

B. Full Name (Last, First, Middle Initial) Yarmuth For Congress <hr/> Mailing Address 1819 Brownsboro Road Suite 100 <hr/> City Louisville State KY Zip Code 40202 <hr/> Purpose of Disbursement Candidate Name Rep. John Yarmuth <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 03	Transaction ID: 29795730 Date of Disbursement 04 / 21 / 2009
	Amount of Each Disbursement this Period 1000.00

C. Full Name (Last, First, Middle Initial) Tiberi For Congress <hr/> Mailing Address 217 Third St. SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Candidate Name Rep. Patrick J. Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 12	Transaction ID: 29816364 Date of Disbursement 04 / 28 / 2009
	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	13000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Mike Thompson For Congress</p> <p>Mailing Address 236 Massachusetts Ave., NE Suite 6</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Michael Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 01</p>	<p>Transaction ID: 29816366 Date of Disbursement 04 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Andrews For Congress Committee</p> <p>Mailing Address 215 Fourth Avenue Suite 200</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Robert Andrews</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 01</p>	<p>Transaction ID: 29830466 Date of Disbursement 04 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address 426 C Street, NE Rear Building</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Void - Friends For Harry Reid Category/Type</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:</p>	<p>Transaction ID: 29830591 Date of Disbursement 04 / 29 / 2009</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>Void - Friends For Harry Reid</p>

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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) Friends For Harry Reid	Transaction ID: 29830592 Date of Disbursement 04 / 29 / 2009
	Mailing Address 426 C Street, NE Rear Building	Amount of Each Disbursement this Period 3500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Harry Reid	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends For Harry Reid	Transaction ID: 29830593 Date of Disbursement 04 / 29 / 2009
	Mailing Address 426 C Street, NE Rear Building	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Harry Reid	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mike Thompson For Congress	Transaction ID: 29859815 Date of Disbursement 05 / 06 / 2009
	Mailing Address 236 Massachusetts Ave., NE Suite 6	Amount of Each Disbursement this Period -2000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Void - Mike Thompson For Congress	011 Category/Type
	Candidate Name Rep. Michael Thompson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Tim Murphy For Congress <hr/> Mailing Address 700 12th St. NW, Ste.700 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Tim F. Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 18	Transaction ID: 29859816 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1500.00</div>
B.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln <hr/> Mailing Address 303 Massachusetts Ave., NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Blanche Lambert Lincoln <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	Transaction ID: 29859818 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Mike Thompson For Congress <hr/> Mailing Address 236 Massachusetts Ave., NE Suite 6 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Michael Thompson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 01	Transaction ID: 29859819 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">5000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress</p> <p>Mailing Address Box 137</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Cathy McMorris Rodgers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29883476</p> <p>Date of Disbursement 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kendrick Meek For Florida</p> <p>Mailing Address 499 S. Capitol Street, SW, Suite 4</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Kendrick Meek</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29883540</p> <p>Date of Disbursement 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 2nd St., NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Campaign Committee 011 Category/Type</p> <p>Candidate Name National Republican Senatorial Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29883601</p> <p>Date of Disbursement 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Campaign Committee</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Cantor For Congress

Mailing Address P. O. Box 21027

City Washington State DC Zip Code 20009

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Eric I. Cantor

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: VA District: 07

Transaction ID: 29883645
Date of Disbursement

05 / 12 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Georgians For Isakson

Mailing Address 6000 Lake Forest Drive #102

City Atlanta State GA Zip Code 30328

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Johnny Isakson

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

Transaction ID: 29883691
Date of Disbursement

05 / 12 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
Zack Space For Congress Committee

Mailing Address P O Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Zachary Space

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: OH District: 18

Transaction ID: 29883719
Date of Disbursement

05 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Gillibrand For Senate	Transaction ID: 29906397 Date of Disbursement 05 / 14 / 2009
	Mailing Address c/o Jennifer Frost 3422 Porter Street, NW	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20016	
	Purpose of Disbursement Candidate Name Rep. Kirsten Gillibrand Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:	

B.	Full Name (Last, First, Middle Initial) Friends Of John Thune	Transaction ID: 29940381 Date of Disbursement 05 / 21 / 2009
	Mailing Address 200 North Phillips Avenue Ste L101	Amount of Each Disbursement this Period 1500.00
	City Sioux Falls State SD Zip Code 57104	
	Purpose of Disbursement Candidate Name Sen. John Thune Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District:	

C.	Full Name (Last, First, Middle Initial) BRIDGE PAC	Transaction ID: 29940384 Date of Disbursement 05 / 21 / 2009
	Mailing Address 499 South Capitol St., SW, Suite 4	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Leadership PAC Candidate Name BRIDGE PAC Category/Type 011	
	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:	Leadership PAC

SUBTOTAL of Disbursements This Page (optional)	7500.00
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) Ike Skelton For Congress Committee	Transaction ID: 29940386 Date of Disbursement 05 / 21 / 2009
	Mailing Address P.O. Box A	Amount of Each Disbursement this Period 1000.00
	City Harrisonville State MO Zip Code 64701	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Ike Skelton	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Montanans For Tester	Transaction ID: 29940387 Date of Disbursement 05 / 21 / 2009
	Mailing Address 1719 New Jersey Ave, NW	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Jon Tester	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Lois Capps	Transaction ID: 29940388 Date of Disbursement 05 / 21 / 2009
	Mailing Address 38 Ivy St., SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Lois Capps	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) ROSKAM PAC		Transaction ID: 29988679 Date of Disbursement																					
Mailing Address 1006 Pendleton Street		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	1		2	0	0	9														
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">1000.00</td></tr></table>	1000.00																			
1000.00																							
Purpose of Disbursement Leadership PAC		011 Category/ Type																					
Candidate Name ROSKAM PAC	Leadership PAC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

B.

Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress		Transaction ID: 29990988 Date of Disbursement																					
Mailing Address P.O. Box 75214		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	1		2	0	0	9														
City Washington	State DC	Zip Code 20013	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">500.00</td></tr></table>	500.00																			
500.00																							
Purpose of Disbursement		011 Category/ Type																					
Candidate Name Rep. Earl Pomeroy																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: ND District: 01																							

C.

Full Name (Last, First, Middle Initial) Lisa Murkowski for U.S. Senate		Transaction ID: 30028708 Date of Disbursement																					
Mailing Address 900 19th Street, NW, 8th Floor		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	4		2	0	0	9														
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">1000.00</td></tr></table>	1000.00																			
1000.00																							
Purpose of Disbursement		011 Category/ Type																					
Candidate Name Sen. Lisa Murkowski																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: AK District:																							

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td colspan="10">2500.00</td></tr></table>	2500.00									
2500.00											
TOTAL This Period (last page this line number only)	<table border="1"><tr><td colspan="10"></td></tr></table>										

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) McMahon For Congress</p> <p>Mailing Address 236 Massachusetts Ave., NE Suite 6</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Michael McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 13</p>	<p>Transaction ID: 30028709 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">M M</td> <td style="width: 25%;">D D</td> <td style="width: 25%;">Y Y</td> <td style="width: 25%;">Y Y</td> </tr> <tr> <td>0 6</td> <td>0 4</td> <td>2 0</td> <td>0 9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M M	D D	Y Y	Y Y	0 6	0 4	2 0	0 9	1000.00
M M	D D	Y Y	Y Y							
0 6	0 4	2 0	0 9							
1000.00										
<p>B. Full Name (Last, First, Middle Initial) Mikulski For Senate Committee</p> <p>Mailing Address 10 G Street, NE, Suite 470</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Barbara Mikulski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:</p>	<p>Transaction ID: 30028710 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">M M</td> <td style="width: 25%;">D D</td> <td style="width: 25%;">Y Y</td> <td style="width: 25%;">Y Y</td> </tr> <tr> <td>0 6</td> <td>0 4</td> <td>2 0</td> <td>0 9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M M	D D	Y Y	Y Y	0 6	0 4	2 0	0 9	1000.00
M M	D D	Y Y	Y Y							
0 6	0 4	2 0	0 9							
1000.00										
<p>C. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address 38 Ivy St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Allyson Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 13</p>	<p>Transaction ID: 30028716 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">M M</td> <td style="width: 25%;">D D</td> <td style="width: 25%;">Y Y</td> <td style="width: 25%;">Y Y</td> </tr> <tr> <td>0 6</td> <td>0 4</td> <td>2 0</td> <td>0 9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M M	D D	Y Y	Y Y	0 6	0 4	2 0	0 9	1000.00
M M	D D	Y Y	Y Y							
0 6	0 4	2 0	0 9							
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 Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Mike R Fund</p> <p>Mailing Address P O Box 2485</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name Mike R Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30028717 Date of Disbursement 06 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Leadership PAC</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sen. Charles Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30071349 Date of Disbursement 06 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address PO Box 5458</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30071352 Date of Disbursement 06 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Boucher For Congress Committee Mailing Address PO Box 2000 City Abingdon State VA Zip Code 24212 Purpose of Disbursement 011 Candidate Name Rep. Rick Boucher Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 09	Transaction ID: 30071354 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 9 </div> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Grassley Committee Inc Mailing Address PO Box 1000 City Des Moines State IA Zip Code 50304 Purpose of Disbursement 011 Candidate Name Sen. Charles E. Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: 30071355 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 9 </div> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Betty Sutton For Congress Mailing Address 1700 W. Market St. #155 City Akron State OH Zip Code 44313 Purpose of Disbursement 011 Candidate Name Rep. Betty Sutton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 13	Transaction ID: 30125898 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9 </div> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 2px;">3000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Richard Burr Committee; The

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Richard Burr

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

Transaction ID: 30132513
Date of Disbursement

06 / 26 / 2009

Amount of Each Disbursement this Period

500.00

B.

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

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Bruce Braley

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

Transaction ID: 30132895
Date of Disbursement

06 / 29 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

108500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1445 New York Ave, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Payment of 1120-POL Tax - Federal Portion 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: 29191271 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9	Amount of Each Disbursement this Period 289.00 Payment of 1120-POL Tax - Federal Portion
B.	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 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: 29309758 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 9	Amount of Each Disbursement this Period 1.00
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 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: 29309760 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 9	Amount of Each Disbursement this Period 400.00

SUBTOTAL of Disbursements This Page (optional) ▶	690.00
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 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 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: 29465511 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 46.35
B.	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 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: 29465512 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 35.00
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 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: 29645653 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9	Amount of Each Disbursement this Period 58.59

SUBTOTAL of Disbursements This Page (optional) ▶	139.94
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)

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<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

<p>A. Full Name (Last, First, Middle Initial) Windows Catering Company</p> <p>Mailing Address 5724 General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement In-Kind contribution, Catering for Rep.Bobby Scott (D-VA) reception</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29734782</p> <p>Date of Disbursement MM / DD / YYYY 04 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 367.50</p> <p>In-Kind contribution, Cat- ering for Rep.Bobby Scott (D-VA) reception</p>
<p>B. Full Name (Last, First, Middle Initial) SunTrust Bank</p> <p>Mailing Address 1445 New York Ave, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29840519</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 584.36</p>
<p>C. Full Name (Last, First, Middle Initial) SunTrust Bank</p> <p>Mailing Address 1445 New York Ave, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29840524</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 14.50</p>

SUBTOTAL of Disbursements This Page (optional) ▶

966.36

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 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 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: 30029146 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 9	Amount of Each Disbursement this Period 179.32
B.	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 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: 30029147 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 9	Amount of Each Disbursement this Period 11.00
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 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: 30199957 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 11.00

SUBTOTAL of Disbursements This Page (optional)	201.32
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 61

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

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

A.

Full Name (Last, First, Middle Initial)
SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 30199958
Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

35.23

SUBTOTAL of Disbursements This Page (optional)

35.23

TOTAL This Period (last page this line number only)

2032.85