

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 11 04 2008 in the State of _____

5. Covering Period 10 16 2008 through 11 24 2008

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

Signature of Treasurer Electronically Filed by R. James Huber Date 12 02 2008

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 **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		101533.73
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	45090.33									
(c) Total Receipts (from Line 19)	8034.36	143226.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	53124.69	244759.74								
7. Total Disbursements (from Line 31)	5532.75	197167.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47591.94	47591.94								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	4649.01	105615.35
(i) Itemized (use Schedule A)	861.71	9715.44
(ii) Unitemized	5510.72	115330.79
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	2500.00	25500.00
(c) Other Political Committees (such as PACs)	8010.72	140830.79
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	23.64	895.22
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))	8034.36	143226.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8034.36	143226.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	4500.00	192250.00
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.....	1032.75	4917.80
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))..	5532.75	197167.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5532.75	197167.80

DETAILED SUMMARY PAGE
of Disbursements

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)	8010.72	140830.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8010.72	140830.79
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)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

Mailing Address 3481 Fredericksburg Rd Ste 2

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 Sr Dir Privacy, Rx & GA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2008

Transaction ID: 28787581

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Bridget-ann Hart

Mailing Address 520 E Main St

City Gouverneur State NY Zip Code 13642-1561

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

Name of Employer Kinney Drugs, Inc. Occupation Pres & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2008

Transaction ID: 28823834

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 191 Peabody Rd.

City Gouverneur State NY Zip Code 13642-3114

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

Name of Employer Kinney Drugs, Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2008

Transaction ID: 28849992

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Stephen P. McCoy		Date of Receipt
	Mailing Address 29 E Main St		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Gouverneur	NY	13642-1401
	FEC ID number of contributing federal political committee. C		Transaction ID: 28870745
Name of Employer Kinney Drugs, Inc.		Occupation VP, Finance & CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) Mr. Mark Brackett, RPh		Date of Receipt
	Mailing Address 730 State Highway 310		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Canton	NY	13617-4335
	FEC ID number of contributing federal political committee. C		Transaction ID: 28911557
Name of Employer Kinney Drugs, Inc.		Occupation Vice President, Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Mr. Don Bell		Date of Receipt
	Mailing Address 5800 Magnolia Lane		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Falls Church	VA	22041-1661
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1054895618512
Name of Employer National Association of Chain Drug Sto		Occupation Vice President, Legal Affairs & Genera	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="130.44"/>
		<input type="text" value="913.08"/>	P/R Deduction (\$43.48 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1130.44"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8315 Fitt Court

City Lorton State VA Zip Code 22079-1316

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

Name of Employer National Association of Chain Drug Sto
Occupation VP, Finance & Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR1054896218512
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Sandra K Guckian

Mailing Address 8307 Lilac Lane

City Alexandria State VA Zip Code 22308-1923

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

Name of Employer National Association of Chain Drug Sto
Occupation VP, Public Policy & Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR1054896918512
 Amount of Each Receipt this Period 132.00
 P/R Deduction (\$44.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Rhoda Kelly

Mailing Address 2720 S. Arlington Mill Dr. Unite 8

City Arlington State VA Zip Code 22204-1872

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 913.08

Date of Receipt 11 / 24 / 2008
Transaction ID: PR1054897018512
 Amount of Each Receipt this Period 130.44
 P/R Deduction (\$43.48 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **412.44**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms. Nancy Riegle
Mailing Address 235 Talahi Road
City Vienna State VA Zip Code 22180-5867
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Chain Drug Sto Occupation VP, HR & Administration
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1820.00
Date of Receipt 11 / 24 / 2008
Transaction ID: PR1054897518512
Amount of Each Receipt this Period 261.00
P/R Deduction (\$87.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. James Whitman
Mailing Address 7982 Foxmoor Drive
City Dunn Loring State VA Zip Code 22027-1146
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Chain Drug Sto Occupation SVP, Member Programs & Services
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1740.00
Date of Receipt 11 / 24 / 2008
Transaction ID: PR1054897918512
Amount of Each Receipt this Period 261.00
P/R Deduction (\$87.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Terrence Arth
Mailing Address 21141 Stonecrop Place
City Ashburn State VA Zip Code 20147-5460
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Chain Drug Sto Occupation Vice President, Meetings & Internation
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00
Date of Receipt 11 / 24 / 2008
Transaction ID: PR1055162918512
Amount of Each Receipt this Period 33.00
P/R Deduction (\$11.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 555.00
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 10 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Phillip Schneider		Date of Receipt
	Mailing Address 18 S. Manchester Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Arlington	VA	22204-1075
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1055163618512
Name of Employer National Association of Chain Drug Sto		Occupation VP, External Relations/President Found	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.08	143.49
			P/R Deduction (\$47.83 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Paul T Kelly		Date of Receipt
	Mailing Address 2049 Greenwich Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Falls Church	VA	22043-1612
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1055164118512
Name of Employer National Association of Chain Drug Sto		Occupation VP, Federal Legislative Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1043.40	156.51
			P/R Deduction (\$52.17 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Diane Darvey		Date of Receipt
	Mailing Address 515 Princess Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Alexandria	VA	22314-2332
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1055165018512
Name of Employer National Association of Chain Drug Sto		Occupation Director, Legislative & Regulatory Aff	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 723.00	105.00
			P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	405.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 19

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mr. Larry Lotridge		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 13962 Antonio Ford Ct.		Transaction ID: PR1055173618512
	City Centreville	State VA	Zip Code 20121-3568
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.22
	Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Conference Services	P/R Deduction (\$21.74 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.54		

B.	Full Name (Last, First, Middle Initial) Mr. Kevin Nicholson		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 3703 3rd Street S.		Transaction ID: PR1055174718512
	City Arlington	State VA	Zip Code 22204-1638
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.44
	Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Pharmacy Regulatory	P/R Deduction (\$43.48 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 913.08		

C.	Full Name (Last, First, Middle Initial) Mr. Dale Masten		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 10234 Kenwood Road		Transaction ID: PR1055176318512
	City Cincinnati	State OH	Zip Code 45242-4702
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer National Association of Chain Drug Sto	Occupation Director, State Govt Affairs	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

SUBTOTAL of Receipts This Page (optional)	270.66
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Ms. Julie Khani		Date of Receipt MM / DD / YYYY 11 / 24 / 2008		
	Mailing Address 5619 Herberts Crossing		Transaction ID: PR1055177418512		
	City Burke	State VA	Zip Code 22015-2120	Amount of Each Receipt this Period 132.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$44.00 Bi-Weekly)		
Name of Employer National Association of Chain Drug Sto		Occupation VP, Federal Health Care Programs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 914.00			

B.	Full Name (Last, First, Middle Initial) Mr. Daniel Faoro		Date of Receipt MM / DD / YYYY 11 / 24 / 2008		
	Mailing Address 4228 35th Street South		Transaction ID: PR1597972118512		
	City Arlington	State VA	Zip Code 22206-1802	Amount of Each Receipt this Period 32.61	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.87 Bi-Weekly)		
Name of Employer National Association of Chain Drug Sto		Occupation Vice President, Comm. Prod. & Strategi			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.27			

C.	Full Name (Last, First, Middle Initial) Mr. Murchison P. Will		Date of Receipt MM / DD / YYYY 11 / 24 / 2008		
	Mailing Address 3705 8th Street, South		Transaction ID: PR1900997618512		
	City Arlington	State VA	Zip Code 22204-1527	Amount of Each Receipt this Period 72.30	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$24.10 Bi-Weekly)		
Name of Employer National Association of Chain Drug Sto		Occupation Director, Media Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 455.80			

SUBTOTAL of Receipts This Page (optional)	236.91
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 13 / 19
(check only one)
 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. Miller Laura

Mailing Address 4700 Marble Wood Lane

City State Zip Code
Chantilly VA 20151-2484

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.84

Date of Receipt

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

Transaction ID: PR2183668818512

Amount of Each Receipt this Period 34.08

P/R Deduction (\$11.36 Bi-Weekly)

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

Mailing Address 2412 Cameron Mills Road

City State Zip Code
Alexandria VA 22302-3301

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

Name of Employer National Association of Chain Drug Sto
Occupation Vice President Marketing, Communicatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 785.73

Date of Receipt

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

Transaction ID: PR2231851418512

Amount of Each Receipt this Period 214.29

P/R Deduction (\$71.43 Bi-Weekly)

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

Mailing Address 3714 Holmes Lane

City State Zip Code
Alexandria VA 22302-2012

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 ▼ 434.60

Date of Receipt

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

Transaction ID: PR2257462218512

Amount of Each Receipt this Period 65.19

P/R Deduction (\$21.73 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **313.56**

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 / 19
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Gary J Wirth		Date of Receipt	
Mailing Address 10233 Glastonbury Road		M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8	
City Ellicott City	State MD	Zip Code 21042-5839	Transaction ID: PR2257462618512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00	
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, State Government Affa	P/R Deduction (\$25.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	4649.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 19	
	(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"/> 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) Wal-Mart Stores PAC		Date of Receipt																					
	Mailing Address 702 SW 8th 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>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	1		2	0	0	8														
	City	State	Zip Code	Transaction ID: 28805737																				
	Bentonville	AR	72716	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<input type="text" value="2500.00"/>																					
Name of Employer		Occupation																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="2500.00"/>																						

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 19
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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) SunTrust Bank		Date of Receipt
	Mailing Address 1445 New York Ave, NW		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. C		Transaction ID: 28878117
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1.08"/>
		<input type="text" value="400.80"/>	

B.	Full Name (Last, First, Middle Initial) SunTrust Bank		Date of Receipt
	Mailing Address 1445 New York Ave, NW		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. C		Transaction ID: 28878118
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="22.56"/>
		<input type="text" value="423.36"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="23.64"/>
TOTAL This Period (last page this line number only)	<input type="text" value="23.64"/>

**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) Congressman Waxman Campaign Committee	Transaction ID: 28820096 Date of Disbursement 10 / 21 / 2008
	Mailing Address 6380 Wilshire Blvd. #1612	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90048	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Henry A. Waxman	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John Shadeggs Friends	Transaction ID: 28820097 Date of Disbursement 10 / 21 / 2008
	Mailing Address PO Box 45444	Amount of Each Disbursement this Period 1000.00
	City Phoenix State AZ Zip Code 85064	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John B. Shadegg	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Coleman For Senate '08	Transaction ID: 28829564 Date of Disbursement 10 / 23 / 2008
	Mailing Address 680 Transfer Rd Suite A	Amount of Each Disbursement this Period 500.00
	City St. Paul State MN Zip Code 55114	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Norm Coleman	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 18 / 19

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

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

A. Full Name (Last, First, Middle Initial) Collins For Senator Mailing Address 201 Massachusetts Ave., NE, Suite City Washington State DC Zip Code 20002 Purpose of Disbursement Candidate Name Sen. Susan M. Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28850081 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Chambliss For Senate Mailing Address Post Office Box 12469 City Atlanta State GA Zip Code 30355 Purpose of Disbursement General Run-Off Candidate Name Sen. Saxby Chambliss Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff2008	Transaction ID: 28901002 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 General Run-Off Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 19

<input 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.</p> <p>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>Transaction ID: 28878116</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 32.75</p> <p>001 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Coleman For Senate '08</p> <p>Mailing Address 680 Transfer Rd Suite A</p> <p>City St. Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement Recount2008 Coleman for Senate '08 Recount Fund</p> <p>Candidate Name Sen. Norm Coleman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:</p>	<p>Transaction ID: 28901001</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Coleman for Senate '08 Re- count Fund</p>

SUBTOTAL of Disbursements This Page (optional) ►

1032.75

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

1032.75