

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Association of Chain Drug Stores, Inc. Political Action Committee

ADDRESS (number and street) 1776 Wilson Boulevard Suite 200 Arlington VA 22209 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C 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 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 11 / 04 / 2014 in the State of

5. Covering Period 10 / 16 / 2014 through 11 / 24 / 2014

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 David M. Fitzsimmons

Signature of Treasurer David M. Fitzsimmons [Electronically Filed] Date 12 / 02 / 2014

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

**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, Inc. Political Action Committee

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | | 140581.63 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 70469.96 | |
| (c) Total Receipts (from Line 19) | 16573.19 | 186744.74 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 87043.15 | 327326.37 |
| 7. Total Disbursements (from Line 31)..... | 16585.45 | 256868.67 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 70457.70 | 70457.70 |
| 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, Inc. Political Action Committee

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

| 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)..... | 11534.07 | 148533.57 |
| (ii) Unitemized | 37.53 | 4326.52 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 11571.60 | 152860.09 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 5000.00 | 29500.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 16571.60 | 182360.09 |
| 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 | 3357.90 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 1000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 1.59 | 26.75 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 16573.19 | 186744.74 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 16573.19 | 186744.74 |

DETAILED SUMMARY PAGE

of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 85.45 | 3368.67 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 85.45 | 3368.67 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 16500.00 | 239500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 14000.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 16585.45 | 256868.67 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 16585.45 | 256868.67 |

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 16571.60 | 182360.09 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 16571.60 | 182360.09 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 85.45 | 3368.67 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 3357.90 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 85.45 | 10.77 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 20 |
| <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, Inc. Political Action Committee

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Paul C. Julian | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2014 Transaction ID : 37671464 |
| Mailing Address One Harbour Place Suite 395 | | Amount of Each Receipt this Period 2500.00 |
| City Portsmouth | State NH | Zip Code 03801-3873 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer McKesson Corporation | Occupation Executive Vice President, Group Presid | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Larry J. Merlo | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2014 Transaction ID : 37680608 |
| Mailing Address 1 Cvs Dr | | Amount of Each Receipt this Period 5000.00 |
| City Woonsocket | State RI | Zip Code 02895-6146 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer CVS Caremark Corporation | Occupation President and Chief Executive Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Ms. Carol Kelly | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2014 Transaction ID : 37710165 |
| Mailing Address 1776 Wilson Blvd Suite 200 | | Amount of Each Receipt this Period 600.00 |
| City Arlington | State VA | Zip Code 22209-2516 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer National Association of Chain Drug Sto | Occupation Senior Vice President, Government Affa | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4216.48 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8100.00 |
| 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 OF 20 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.60

Date of Receipt
11 / 24 / 2014
Transaction ID : PR1054895635692

Amount of Each Receipt this Period
288.45

P/R Deduction (\$96.15 Bi-Weekly)

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

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
983.28

Date of Receipt
11 / 24 / 2014
Transaction ID : PR1054896235692

Amount of Each Receipt this Period
122.91

P/R Deduction (\$40.97 Bi-Weekly)

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

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

Name of Employer National Association of Chain Drug Sto
Occupation Vice President & Deputy Director, Stat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.60

Date of Receipt
11 / 24 / 2014
Transaction ID : PR1054896935692

Amount of Each Receipt this Period
288.45

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 699.81

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 20 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Steve E. Perowski | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR1054897335692 |
| Mailing Address PO Box 1417-D49 | | Amount of Each Receipt this Period 42.12 |
| 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, Member Relations & Ind |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.60 | |
| | | P/R Deduction (\$14.04 Bi-Weekly) |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. James A. Whitman | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR1054897935692 |
| Mailing Address 1776 Wilson Blvd Suite 200 | | Amount of Each Receipt this Period 288.45 |
| City Arlington | State VA | Zip Code 22209-2516 |
| FEC ID number of contributing federal political committee. C | Name of Employer National Association of Chain Drug Sto | Occupation Senior Vice President, Member Programs |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2307.60 | |
| | | P/R Deduction (\$96.15 Bi-Weekly) |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Terrence Arth | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR1055162935692 |
| Mailing Address 1776 Wilson Blvd Suite 200 | | Amount of Each Receipt this Period 42.12 |
| City Arlington | State VA | Zip Code 22209-2516 |
| FEC ID number of contributing federal political committee. C | Name of Employer National Association of Chain Drug Sto | Occupation Vice President, Meetings & Internation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 336.96 | |
| | | P/R Deduction (\$14.04 Bi-Weekly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 372.69 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 20 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Ms. Diane Darvey | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR1055165035692 |
| Mailing Address 1776 Wilson Blvd Suite 200 | | Amount of Each Receipt this Period 75.00 |
| City Arlington | State VA | Zip Code 22209-2516 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$25.00 Bi-Weekly) |
| Name of Employer National Association of Chain Drug Sto | Occupation Director, Public Policy | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Kevin N. Nicholson | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR1055174735692 |
| Mailing Address 1776 Wilson Blvd Suite 200 | | Amount of Each Receipt this Period 57.69 |
| City Arlington | State VA | Zip Code 22209-2516 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$19.23 Bi-Weekly) |
| Name of Employer National Association of Chain Drug Sto | Occupation Vice President, Government Affairs & P | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 461.52 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Ms. Laura Miller | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR2183668835692 |
| Mailing Address 8373 Pedigree Court | | Amount of Each Receipt this Period 42.12 |
| City Gainesville | State VA | Zip Code 20155-3240 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$14.04 Bi-Weekly) |
| Name of Employer National Association of Chain Drug Sto | Occupation Senior Economist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 336.96 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 174.81 |
| 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 OF 20 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Steve C. Anderson | | Date of Receipt |
| Mailing Address 1776 Wilson Blvd Suite 200 | | <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> |
| City Arlington | State VA | Zip Code 22209-2516 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : PR2202229335692 |
| Name of Employer National Association of Chain Drug Sto | | Amount of Each Receipt this Period |
| Occupation President and Chief Executive Officer | | <input type="text" value="576.90"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="4615.20"/> | P/R Deduction (\$192.30 Bi-Weekly) |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Christopher Krese | | Date of Receipt |
| Mailing Address 1776 Wilson Blvd Suite 200 | | <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> |
| City Arlington | State VA | Zip Code 22209-2516 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : PR2231851435692 |
| Name of Employer National Association of Chain Drug Sto | | Amount of Each Receipt this Period |
| Occupation SVP, Marketing, Communications, & Medi | | <input type="text" value="230.79"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1846.32"/> | P/R Deduction (\$76.93 Bi-Weekly) |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Carol Kelly | | Date of Receipt |
| Mailing Address 1776 Wilson Blvd Suite 200 | | <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> |
| City Arlington | State VA | Zip Code 22209-2516 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : PR2247598135692 |
| Name of Employer National Association of Chain Drug Sto | | Amount of Each Receipt this Period |
| Occupation Senior Vice President, Government Affa | | <input type="text" value="416.64"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="4633.12"/> | P/R Deduction (\$138.88 Bi-Weekly) |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1224.33"/> |
| 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: (check only one) | PAGE 11 OF 20 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Ms. Christine M. Kopple | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR2257462235692 |
| Mailing Address 1776 Wilson Blvd Suite 200 | | Amount of Each Receipt this Period 150.00 |
| City Arlington | State VA | Zip Code 22209-2516 |
| FEC ID number of contributing federal political committee. C | Name of Employer National Association of Chain Drug Sto | Occupation Vice President, Media Relations |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1096.14 | P/R Deduction (\$50.00 Bi-Weekly) |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ms. Nora Reich | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR2257462535692 |
| Mailing Address 1776 Wilson Blvd Suite 200 | | Amount of Each Receipt this Period 28.86 |
| City Arlington | State VA | Zip Code 22209-2516 |
| FEC ID number of contributing federal political committee. C | Name of Employer National Association of Chain Drug Sto | Occupation Executive Assistant |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.88 | P/R Deduction (\$9.62 Bi-Weekly) |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Marc Schloss | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR2390680735692 |
| Mailing Address 1776 Wilson Blvd Suite 200 | | Amount of Each Receipt this Period 57.69 |
| City Arlington | State VA | Zip Code 22209-2516 |
| FEC ID number of contributing federal political committee. C | Name of Employer National Association of Chain Drug Sto | Occupation Director, Federal Government Affairs |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 461.52 | P/R Deduction (\$19.23 Bi-Weekly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 236.55 |
| 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 12 OF 20 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Dr. Alex Adams
Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

Name of Employer National Association of Chain Drug Sto Occupation Director, Pharmacy Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.96

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2391841935692

Amount of Each Receipt this Period 42.12

P/R Deduction (\$14.04 Bi-Weekly)

B. Ms. Dawn F. Worthington
Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

Name of Employer National Association of Chain Drug Sto Occupation VP, Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.96

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2444803135692

Amount of Each Receipt this Period 42.12

P/R Deduction (\$14.04 Bi-Weekly)

C. Ms. Jennifer Anne Foley
Full Name (Last, First, Middle Initial)

Mailing Address 1323 West Virginia Ave NE

City Washington State DC Zip Code 20002-3829

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 923.04

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2489082335692

Amount of Each Receipt this Period 115.38

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

SUBTOTAL of Receipts This Page (optional).....▶ 199.62

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

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

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

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

A. Mr. Jeff Davis
Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 366.36

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2576387935692

Amount of Each Receipt this Period 48.00

P/R Deduction (\$16.00 Bi-Weekly)

B. Mr. Eric Juhl
Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

Name of Employer National Association of Chain Drug Sto Occupation Director, Federal Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.96

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2576388035692

Amount of Each Receipt this Period 42.12

P/R Deduction (\$14.04 Bi-Weekly)

C. Ms. Leigh Knotts
Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2576388135692

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 150.12

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 14 OF 20 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Mr. Thomas O'Donnell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Wilson Blvd
 Suite 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto
 Occupation Vice President, Federal Gov't Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2596.05

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2595770235692
 Amount of Each Receipt this Period
 346.14
 P/R Deduction (\$115.38 Bi-Weekly)

B. Ms. Elisabeth Boylan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Wilson Blvd., Suite 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto
 Occupation Director, Communications
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2605272335692
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$10.00 Bi-Weekly)

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 376.14 |
| TOTAL This Period (last page this line number only).....▶ | 11534.07 |

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

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

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

A. Wal-Mart Stores PAC

Full Name (Last, First, Middle Initial)
Mailing Address 702 SW 8th Street

City Bentonville State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

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
 11 / 24 / 2014

Transaction ID : 37711779

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | 5000.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : 37641165

Amount of Each Disbursement this Period

31.00

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Oct.14-Analysis Fee-Chking

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : 37641167

Amount of Each Disbursement this Period

54.45

Oct.14-Analysis Fee-Chking

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

85.45

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

85.45

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Braley For Iowa

Mailing Address PO Box 856

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Candidate Name

Bruce Braley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 27 | | | 2014 | | | |

Transaction ID : 37631125

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Coffman For Congress

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement

011

Candidate Name

Rep. Mike Coffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 27 | | | 2014 | | | |

Transaction ID : 37631126

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement

011

Candidate Name

Rep. Daniel B. Maffei

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 27 | | | 2014 | | | |

Transaction ID : 37631128

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

| |
|---------|
| 4500.00 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lee Terry For Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Lee Terry

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 27 | | | 2014 | | | |

Transaction ID : 37631213

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Loeb sack For Congress

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. David Wayne Loeb sack

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 27 | | | 2014 | | | |

Transaction ID : 37631214

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Pat Roberts For Us Senate Inc

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Pat Roberts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 27 | | | 2014 | | | |

Transaction ID : 37631253

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

| |
|---------|
| 4000.00 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. REPUBLICAN PARTY OF KENTUCKY

Mailing Address PO BOX 1068

City Frankfort State KY Zip Code 40602

Purpose of Disbursement

011

Category/
Type

Candidate Name

REPUBLICAN PARTY OF KENTUCKY

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : 37631254

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Schneider For Congress

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Brad Schneider

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : 37631280

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Southerland For Congress

Mailing Address PO Box 1692

City Lynn Haven State FL Zip Code 32444

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steve Southerland II

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : 37631282

Amount of Each Disbursement this Period

2000.00

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. WAKE COUNTY DEMOCRATIC PARTY FEDERAL CAMPAIGN COMMITTEE

Date of Disbursement

Mailing Address PO BOX 25548

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 27 | | 2014 |

City Raleigh State NC Zip Code 27611

Transaction ID : 37631285

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Candidate Name
WAKE COUNTY DEMOCRATIC PARTY FEDERAL CAMPAIGN COMMITTEE

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

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

City State Zip Code

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Purpose of Disbursement

| |
|-------------------|
| |
| Category/ Type |

Candidate Name

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

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

City State Zip Code

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Purpose of Disbursement

| |
|-------------------|
| |
| Category/ Type |

Candidate Name

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

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

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

| |
|---------|
| 2500.00 |
|---------|

| |
|----------|
| 16500.00 |
|----------|