

# 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 07 01 2006 through 09 30 2006

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

Signature of Treasurer Electronically Filed by R. James Huber Date 10 11 2006

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**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		129941.90
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	112500.27									
(c) Total Receipts (from Line 19) .....	13257.05	108814.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	125757.32	238756.82								
7. Total Disbursements (from Line 31) .....	31376.24	144375.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	94381.08	94381.08								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	11594.02	84303.41
(i) Itemized (use Schedule A) .....	814.88	6178.09
(ii) Unitemized .....	12408.90	90481.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	16000.00
(c) Other Political Committees (such as PACs) .....	12408.90	106481.50
(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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	848.15	2333.42
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)) .....	13257.05	108814.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13257.05	108814.92

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(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.....	31250.00	142500.00
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.....	126.24	1875.74
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))..	31376.24	144375.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	31376.24	144375.74

**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) .....	12408.90	106481.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12408.90	106481.50
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 23
	<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)  
Debra B Garza

Mailing Address 326 Helmuth Lane

City State Zip Code  
Alexandria VA 22304

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2006

**Transaction ID: 24382458**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. J.P. Borneman

Mailing Address P.O. Box 87

City State Zip Code  
Bryn Mawr PA 19010

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

Name of Employer: Hyland's, Inc.  
Occupation: Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2006

**Transaction ID: 24382459**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P.O. Box 3165

City State Zip Code  
Harrisburg PA 17105

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

Name of Employer: Rite Aid Corporation  
Occupation: 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  
07 / 31 / 2006

**Transaction ID: 24382462**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<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. Don Bell

Mailing Address 5800 Magnolia Lane

City Falls Church State VA Zip Code 22041

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

Name of Employer National Association of Chain Drug Sto  
Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
347.84

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

**Transaction ID:** PR1054895615076

Amount of Each Receipt this Period  
130.44

P/R Deduction (\$21.74 Bi-Weekly)

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

Mailing Address 8315 Fitt Court

City Lorton State VA Zip Code 22079

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

Name of Employer National Association of Chain Drug Sto  
Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
880.00

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

**Transaction ID:** PR1054896215076

Amount of Each Receipt this Period  
330.00

P/R Deduction (\$55.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Todd Grover

Mailing Address 421 King Street, 3rd Floor

City Alexandria State VA Zip Code 22314

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

Name of Employer ChainDrugstore.net  
Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
784.05

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

**Transaction ID:** PR1054896415076

Amount of Each Receipt this Period  
313.62

P/R Deduction (\$52.27 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>774.06</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 23
	<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"/>	<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Rhoda Kelly Mailing Address 7817 Meadowgate Drive City Manassas State VA Zip Code 20112 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1054897015076 Amount of Each Receipt this Period 260.88
Name of Employer: National Association of Chain Drug Sto Occupation: Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 695.68		P/R Deduction (\$43.48 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Steve Perowski Mailing Address 2689 Hillsman Street City Falls Church State VA Zip Code 22043 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1054897315076 Amount of Each Receipt this Period 90.00
Name of Employer: National Association of Chain Drug Sto Occupation: Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		P/R Deduction (\$15.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Nancy Riegle Mailing Address 1808 Fallbrook Lane City Vienna State VA Zip Code 22182 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1054897515076 Amount of Each Receipt this Period 420.00
Name of Employer: National Association of Chain Drug Sto Occupation: VP, HR & Administration Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1120.00		P/R Deduction (\$70.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>770.88</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 23
	<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

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary Ann Wagner</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1605 B Hunting Creek Drive		<b>Transaction ID: PR1054897815076</b>	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period _____ 652.20		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1739.20	P/R Deduction (\$108.70 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Mr. Phillip Schneider</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 18 S. Manchester Street		<b>Transaction ID: PR1055163615076</b>	
City State Zip Code Arlington VA 22204	Amount of Each Receipt this Period _____ 270.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 720.00	P/R Deduction (\$45.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Ms. Diane Darvey</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 801 15th Street S, #202		<b>Transaction ID: PR1055165015076</b>	
City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period _____ 138.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 345.00	P/R Deduction (\$23.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1060.20</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 23
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Nora Stelter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055169215076	
Mailing Address 5706 Woodlawn Green Cir. Apt C		Amount of Each Receipt this Period 90.00	
City Alexandria State VA Zip Code 22309	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Association of Chain Drug Sto Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 240.00		
		P/R Deduction (\$15.00 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) Stuart Gordon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055173515076	
Mailing Address 1339 Blackwalnut Court		Amount of Each Receipt this Period 78.00	
City Annapolis State MD Zip Code 21403	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Association of Chain Drug Sto Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 208.00		
		P/R Deduction (\$13.00 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) Larry Lotridge		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055173615076	
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 138.00	
City Alexandria State VA Zip Code 22314	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Association of Chain Drug Sto Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Aggregate Year-to-Date ▼ 345.00		
		P/R Deduction (\$23.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	306.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 23
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Kevin Nicholson		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 413 N. Lee Street		<b>Transaction ID:</b> PR1055174715076	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period _____ 260.88
FEC ID number of contributing federal political committee. C _____			
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 695.68		
		P/R Deduction (\$43.48 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Julie Khani		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 413 N. Lee Street		<b>Transaction ID:</b> PR1055177415076	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period _____ 156.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 416.00		
		P/R Deduction (\$26.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Catherine Polley		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 413 N. Lee Street		<b>Transaction ID:</b> PR1155613415076	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period _____ 521.76
FEC ID number of contributing federal political committee. C _____			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1391.36		
		P/R Deduction (\$86.96 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>938.64</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 23
	<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)  
John Coster

Mailing Address 413 N. Lee Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer  
National Association of Chain Drug Sto

Occupation  
Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

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

**Transaction ID:** PR1159939415076

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Daniel Faoro

Mailing Address 4228 35th Street South

City State Zip Code  
Arlington VA 22206

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

Name of Employer  
National Association of Chain Drug Sto

Occupation  
Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.64

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

**Transaction ID:** PR1597972115076

Amount of Each Receipt this Period  
78.24

P/R Deduction (\$13.04 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Paul Powell

Mailing Address 2215 Lakeshire Drive

City State Zip Code  
Alexandria VA 22308

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

Name of Employer  
National Association of Chain Drug Sto

Occupation  
VP, Federal Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
736.00

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

**Transaction ID:** PR1752564515076

Amount of Each Receipt this Period  
276.00

P/R Deduction (\$46.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>654.24</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 23
	(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)  
William P. Murchison

Mailing Address 3705 8th Street, South

City State Zip Code  
Arlington VA 22204

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

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

**Transaction ID:** PR1900997615076

Amount of Each Receipt this Period  
90.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Edith Rosato

Mailing Address 9762 Viewcrest Drive

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: SVP, Strategic Alliances & Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

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

**Transaction ID:** PR1900997715076

Amount of Each Receipt this Period  
750.00

P/R Deduction (\$125.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>840.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>11594.02</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 23
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> NACDS PAC - Dreyfus Gov't Cash Mgmt. Mailing Address 413 N. Lee St.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006 <b>Transaction ID: 24475158</b>
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 263.32	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1599.43	

Full Name (Last, First, Middle Initial) <b>B.</b> NACDS PAC - Dreyfus Gov't Cash Mgmt. Mailing Address 413 N. Lee St.		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006 <b>Transaction ID: 24617215</b>
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 268.05	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1867.48	

Full Name (Last, First, Middle Initial) <b>C.</b> NACDS PAC - Money Market Mailing Address 413 N. Lee St.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006 <b>Transaction ID: 24793291</b>
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 13.20	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.92	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	544.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 23	
	(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"/> 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)  
NACDS PAC - Dreyfus Gov't Cash Mgmt.

Mailing Address 413 N. Lee St.

City	State	Zip Code
Alexandria	VA	22314

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2128.50

Date of Receipt  

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

Transaction ID: 24793294

Amount of Each Receipt this Period  
261.02

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	261.02
<b>TOTAL</b> This Period (last page this line number only) .....	▶	805.59

# 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

Full Name (Last, First, Middle Initial) <b>A. Norwood For Congress</b>		<b>Transaction ID:</b> 24260631 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address PO Box 499		Amount of Each Disbursement this Period 1000.00
City Evans State GA Zip Code 30809		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Charles W. Norwood Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 9 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. KOMPAC</b>		<b>Transaction ID:</b> 24260632 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 20209		Amount of Each Disbursement this Period 1000.00  'LEADERSHIP'
City Alexandria State VA Zip Code 22320		
Purpose of Disbursement 'LEADERSHIP'	011 Category/Type	
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. John D. Dingell For Congress Committee</b>		<b>Transaction ID:</b> 24361823 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. John D. Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 17 / 23

<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

Full Name (Last, First, Middle Initial) <b>A. Cantor For Congress</b>		<b>Transaction ID: 24361827</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Eric I. Cantor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pickering For Congress</b>		<b>Transaction ID: 24361833</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 4297		Amount of Each Disbursement this Period 2000.00
City Brandon State MS Zip Code 39047	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Charles W. Pickering, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Carper For Senate</b>		<b>Transaction ID: 24361831</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 19 East Commons Blvd Second Floor		Amount of Each Disbursement this Period 1000.00
City New Castle State DE Zip Code 19720	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Thomas R. Carper		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Rogers For Congress</b>		<b>Transaction ID:</b> 24361835 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period 2000.00
City Brighton State MI Zip Code 48116	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Michael Rogers		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Citizens For Gillmor</b>		<b>Transaction ID:</b> 24361799 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 150		Amount of Each Disbursement this Period 250.00
City Old Fort State OH Zip Code 44861	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Paul E. Gillmor		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Talent For Senate Committee</b>		<b>Transaction ID:</b> 24361830 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 9467 Dielman Rock Island Ind Dr		Amount of Each Disbursement this Period 1000.00
City St Louis State MO Zip Code 63132	Purpose of Disbursement 011 Category/Type	
Candidate Name Sen. James M. Talent		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Anna Eshoo For Congress</b>		Transaction ID: 24361822 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6	
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00	
City Sacramento State CA Zip Code 95814	Purpose of Disbursement Candidate Name Rep. Anna G. Eshoo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Patriots for United Leadership (Paul PAC)</b>		Transaction ID: 24361847 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6	
Mailing Address P.O. Box 4508		Amount of Each Disbursement this Period 1000.00	
City Arlington State VA Zip Code 22204	Purpose of Disbursement 'LEADERSHIP' 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) ▼	011 Category/ Type  'LEADERSHIP'

Full Name (Last, First, Middle Initial) <b>C. Committe To Re-Elect Ed Towns</b>		Transaction ID: 24388776 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	
Mailing Address 438 Lewis Avenue		Amount of Each Disbursement this Period 1000.00	
City Brooklyn State NY Zip Code 11233	Purpose of Disbursement Candidate Name Rep. Edolphus Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 20 / 23

<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

Full Name (Last, First, Middle Initial) <b>A. Weldon Victory Committee</b>		Transaction ID: 24388639 Date of Disbursement 08 / 03 / 2006
Mailing Address P. O. Box 1992		Amount of Each Disbursement this Period 1000.00
City Media State PA Zip Code 19063	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Curt Weldon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Committee To Re-Elect Congressman Duncan Hunter</b>		Transaction ID: 24551901 Date of Disbursement 09 / 07 / 2006
Mailing Address 9340 Fuerte Drive Suite 302		Amount of Each Disbursement this Period 1000.00
City La Mesa State CA Zip Code 91941	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Duncan L. Hunter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Cliff Stearns</b>		Transaction ID: 24551815 Date of Disbursement 09 / 07 / 2006
Mailing Address PO Box 308		Amount of Each Disbursement this Period 1000.00
City Silver Springs State FL Zip Code 34489	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Cliff B. Stearns		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 21 / 23

<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

Full Name (Last, First, Middle Initial) <b>A. Bill Nelson For U S Senate</b>		<b>Transaction ID: 24546389</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 5000.00
City State Zip Code Satellite Beach FL 32937	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Bill Nelson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Congressman Joe Barton Committee, The</b>		<b>Transaction ID: 24551974</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 1444		Amount of Each Disbursement this Period 2000.00
City State Zip Code Ennis TX 75120	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Joe L. Barton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Congressman Waxman Campaign Committee</b>		<b>Transaction ID: 24551858</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00
City State Zip Code Los Angeles CA 90048	011 Category/ Type	
Purpose of Disbursement		
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial)

**A.** A Lot Of People Who Support Jeff Bingaman

Mailing Address PO Box 16210

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Jeff Bingaman

Office Sought:  House  Senate  President  
State: NM District: 2  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24551842

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Nathan Deal For Congress

Mailing Address PO Box 902

City Gainesville State GA Zip Code 30503

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Nathan Deal

Office Sought:  House  Senate  President  
State: GA District: 10  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24551871

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Walden For Congress Inc

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Greg Walden

Office Sought:  House  Senate  President  
State: OR District: 2  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24650339

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3500.00

**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 23 / 23

<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

Full Name (Last, First, Middle Initial) <b>A. Sue Myrick For Congress</b>		Transaction ID: 24650457 Date of Disbursement 09 / 21 / 2006
Mailing Address P.O. Box 37091		Amount of Each Disbursement this Period 1500.00
City Charlotte State NC Zip Code 28237	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Sue Wilkins Myrick		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 9	

Full Name (Last, First, Middle Initial) <b>B. Committee To Re-Elect Congressman Duncan Hunter</b>		Transaction ID: 24673640 Date of Disbursement 09 / 28 / 2006
Mailing Address 9340 Fuerte Drive Suite 302		Amount of Each Disbursement this Period 1000.00
City La Mesa State CA Zip Code 91941	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Duncan L. Hunter		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 52	

Full Name (Last, First, Middle Initial) <b>C. Issa For Congress</b>		Transaction ID: 24673633 Date of Disbursement 09 / 28 / 2006
Mailing Address P O Box 760		Amount of Each Disbursement this Period 1000.00
City Vista State CA Zip Code 92085	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Darrell E. Issa		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 49	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	31250.00