

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Chain Drug Stores 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="2012"/>	<input type="text" value="98616.75"/>	<input type="text" value="98616.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="90595.56"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="33442.54"/>	<input type="text" value="217475.34"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="124038.10"/>	<input type="text" value="316092.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="648.56"/>	<input type="text" value="192702.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="123389.54"/>	<input type="text" value="123389.54"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Association of Chain Drug Stores Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 27 / 2012 To: M M / D D / Y Y Y Y 12 / 31 / 2012

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).....	27974.48	180592.63
(ii) Unitemized	126.92	5752.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28101.40	186345.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	28022.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	33101.40	214367.29
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).....	335.15	3042.49
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	5.99	65.56
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))..... ▶	33442.54	217475.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33442.54	217475.34

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	648.56	2902.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	648.56	2902.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	183000.00
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	6800.00
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)) ..	648.56	192702.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	648.56	192702.55

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	33101.40	214367.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33101.40	214367.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	648.56	2902.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	335.15	3042.49
38. Net Operating Expenditures (subtract Line 37 from Line 36)	313.41	-139.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Ms. Cheri Taylor

Mailing Address 6333 State Route 298, Suite 305

City	State	Zip Code
East Syracuse	NY	13057-1575

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : 35607563

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
B. Mr. John Standley

Mailing Address 30 Hunter Ln

City	State	Zip Code
Camp Hill	PA	17011-2400

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

Name of Employer	Occupation
Rite Aid Corporation	President and COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : 35607654

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Mr. Owen Halloran

Mailing Address 29 E Main St

City	State	Zip Code
Gouverneur	NY	13642-1401

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

Name of Employer	Occupation
Kinney Drugs, Inc.	Vice President, Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2012

Transaction ID : 35631084

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	6365.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (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 Political Action Committee

A. Mr. Jeffrey Kang
Full Name (Last, First, Middle Initial)

Mailing Address 245 North Main Street

City Wallingford State CT Zip Code 06492-3713

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

Name of Employer Walgreen Co. Occupation SVP, Health and Wellness

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
12 / 26 / 2012
Transaction ID : 35684914

Amount of Each Receipt this Period
5000.00

B. Mr. Mark Wagner
Full Name (Last, First, Middle Initial)

Mailing Address 200 Wilmot Rd

City Deerfield State IL Zip Code 60015-4620

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

Name of Employer Walgreen Co. Occupation Executive Vice President, Operations a

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
12 / 26 / 2012
Transaction ID : 35684916

Amount of Each Receipt this Period
5000.00

C. Michael Dosch
Full Name (Last, First, Middle Initial)

Mailing Address 2832 Hickory Street N

City Fargo State ND Zip Code 58102-1715

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

Name of Employer Thrifty White Stores Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
12 / 26 / 2012
Transaction ID : 35705158

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10365.00

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 8 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Mr. Charles Greener		Date of Receipt 12 / 18 / 2012 Transaction ID : 35705165
Mailing Address 112 Oak Terrace		Amount of Each Receipt this Period 2500.00
City Lake Bluff	State IL	
Zip Code 60044-2718		Aggregate Year-to-Date ▼ 2500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Walgreen Co.	Occupation Vice President, Corporate Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Mr. Tim Theriault		Date of Receipt 12 / 04 / 2012 Transaction ID : 35705166
Mailing Address 3624 Salt Creek Circle		Amount of Each Receipt this Period 2500.00
City Oak Brook	State IL	
Zip Code 60523-7709		Aggregate Year-to-Date ▼ 2500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Walgreen Co.	Occupation CIO and SVP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Mr. Christopher Hall		Date of Receipt 12 / 21 / 2012 Transaction ID : 35709077
Mailing Address 1914 Monterey Drive		Amount of Each Receipt this Period 1000.00
City Mechanicsburg	State PA	
Zip Code 17050-8512		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Rite Aid Corporation	Occupation Senior Vice President, Strategic Busin	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 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 Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Don L. Bell II		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 413 N Lee St		Transaction ID : PR1054895629031
City Alexandria	State VA	Zip Code 22314-2301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer National Association of Chain Drug Sto	Occupation Senior Vice President, Legal Affairs a	P/R Deduction (\$96.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

Full Name (Last, First, Middle Initial) B. Mr. David M. Fitzsimmons		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address PO Box 1417-D49		Transaction ID : PR1054896229031
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Finance and Accounting	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) C. Mrs. Sandra Kay Guckian		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address PO Box 1417-D49		Transaction ID : PR1054896929031
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer National Association of Chain Drug Sto	Occupation Vice President & Deputy Director, Stat	P/R Deduction (\$96.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

SUBTOTAL of Receipts This Page (optional).....▶	846.12
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 10 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ms. Rhoda Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1417-D49
 City Alexandria State VA Zip Code 22313-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto Occupation Vice President, Membership Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2012
Transaction ID : PR1054897029031
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$38.46 Bi-Weekly)

B. Mr. James A. Whitman
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1417-D49
 City Alexandria State VA Zip Code 22313-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto Occupation Senior Vice President, Member Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2269.14

Date of Receipt 12 / 31 / 2012
Transaction ID : PR1054897929031
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$96.15 Bi-Weekly)

C. Mr. Terrence Arth
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1417-D49
 City Alexandria State VA Zip Code 22313-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto Occupation Vice President, Meetings & Internation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2012
Transaction ID : PR1055162929031
 Amount of Each Receipt this Period 56.16
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	594.60
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 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 Political Action Committee

Full Name (Last, First, Middle Initial) A. Ms. Diane Darvey		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1055165029031
Mailing Address PO Box 1417-D49		Amount of Each Receipt this Period 153.84
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 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 ▼ 999.96	

Full Name (Last, First, Middle Initial) B. Mr. Larry Lotridge		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1055173629031
Mailing Address PO Box 1417-D49		Amount of Each Receipt this Period 76.92
City Alexandria	State VA	Zip Code 22313-1480
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, Conference Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) C. Mr. Kevin N. Nicholson		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1055174729031
Mailing Address PO Box 1417-D49		Amount of Each Receipt this Period 76.92
City Alexandria	State VA	Zip Code 22313-1480
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 ▼ 499.98	

SUBTOTAL of Receipts This Page (optional).....▶	307.68
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 Political Action Committee

Full Name (Last, First, Middle Initial) A. Ms. Julie Khani		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1055177429031
Mailing Address PO Box 1417-D49		Amount of Each Receipt this Period 157.68
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.42 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1024.92	

Full Name (Last, First, Middle Initial) B. Ms. Laura Miller		Date of Receipt 12 / 31 / 2012 Transaction ID : PR2183668829031
Mailing Address 4855 Evergreen Lane N.		Amount of Each Receipt this Period 38.48
City Plymouth	State MN	Zip Code 55442-2275
FEC ID number of contributing federal political committee. C		P/R Deduction (\$9.62 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 ▼ 250.12	

Full Name (Last, First, Middle Initial) C. Mr. Steve C. Anderson		Date of Receipt 12 / 31 / 2012 Transaction ID : PR2202229329031
Mailing Address PO Box 1417-D49		Amount of Each Receipt this Period 1111.08
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	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 ▼ 4999.86	

SUBTOTAL of Receipts This Page (optional).....▶	1307.24
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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Christopher Krese
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1417-D49
 City Alexandria State VA Zip Code 22313-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto
 Occupation SVP, Marketing, Communications, & Medi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : PR2231851429031
 Amount of Each Receipt this Period
 307.72
 P/R Deduction (\$76.93 Bi-Weekly)

B. Ms. Christine M. Kopple
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1417-D49
 City Alexandria State VA Zip Code 22313-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto
 Occupation Vice President, Media Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : PR2257462229031
 Amount of Each Receipt this Period
 153.84
 P/R Deduction (\$38.46 Bi-Weekly)

C. Ms. Nora Reich
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1417-D49
 City Alexandria State VA Zip Code 22313-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto
 Occupation Executive Assistant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : PR2257462529031
 Amount of Each Receipt this Period
 38.48
 P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.04
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 Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Marc Schloss			Date of Receipt
Mailing Address PO Box 1417-D49			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : PR2390680729031
Alexandria	VA	22313-1480	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="76.92"/>
Name of Employer	Occupation		P/R Deduction (\$19.23 Bi-Weekly)
National Association of Chain Drug Sto	Director, Federal Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="499.98"/>		

Full Name (Last, First, Middle Initial) B. Dr. Alex Adams			Date of Receipt
Mailing Address PO Box 1417-D49			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : PR2391841929031
Alexandria	VA	22313-1480	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="56.16"/>
Name of Employer	Occupation		P/R Deduction (\$14.04 Bi-Weekly)
National Association of Chain Drug Sto	Director, Pharmacy Programs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="365.04"/>		

Full Name (Last, First, Middle Initial) C. Ms. Dawn F. Worthington			Date of Receipt
Mailing Address PO Box 1417-D49			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : PR2444803129031
Alexandria	VA	22313-1480	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="56.16"/>
Name of Employer	Occupation		P/R Deduction (\$14.04 Bi-Weekly)
National Association of Chain Drug Sto	VP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="365.04"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="189.24"/>
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 15 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 Political Action Committee

A. Jennifer Anne Foley
 Full Name (Last, First, Middle Initial)
 Mailing Address 218 7th Street NE
 Apt B
 City Washington State DC Zip Code 20002-6075
 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 ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : PR2489082329031
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$38.46 Bi-Weekly)

B. Kathleen Jaeger
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1417-D49
 City Alexandria State VA Zip Code 22313-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto Occupation Sr. VP Pharm. Care & Patient Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : PR2568914429031
 Amount of Each Receipt this Period 869.56
 P/R Deduction (\$217.39 Bi-Weekly)

C. Eric Juhl
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1417-D49
 City Alexandria State VA Zip Code 22313-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto Occupation Director, Federal Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : PR2576388029031
 Amount of Each Receipt this Period 56.16
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1079.56
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 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

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

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

Mailing Address PO Box 1417-D49

City Alexandria State VA Zip Code 22313-1480

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 31 / 2012**

Transaction ID : PR2576388129031

Amount of Each Receipt this Period **80.00**

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

B. Thomas O'Donnell
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1417-D49

City Alexandria State VA Zip Code 22313-1480

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

Name of Employer National Association of Chain Drug Sto Occupation Vice President, Federal Gov't Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **12 / 31 / 2012**

Transaction ID : PR2595770229031

Amount of Each Receipt this Period **340.00**

P/R Deduction (\$85.00 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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	420.00
TOTAL This Period (last page this line number only).....▶	27974.48

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

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

FOR LINE NUMBER: PAGE 17 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rite Aid Corp. PAC

Mailing Address P.O. Box 3165

City State Zip Code
 Harrisburg PA 17105

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2012

Transaction ID : 35705167

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 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 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 A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 OF 20
(check only one)

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

Full Name (Last, First, Middle Initial)
A. National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City Alexandria State VA Zip Code 22313-1480

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3042.49

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2012

Transaction ID : 35709101

Amount of Each Receipt this Period
 335.15

Nov12 Bank Fees Reimb.

Full Name (Last, First, Middle Initial)
B.

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

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

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).....▶	335.15
TOTAL This Period (last page this line number only).....▶	335.15

**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 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
11/30/12 Merchant Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 35628219

Amount of Each Disbursement this Period

11/30/12 Merchant Fee

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
Nov. 12 - Amex Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 35628220

Amount of Each Disbursement this Period

Nov. 12 - Amex Fees

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Nov. 12 - Analysis/Imaging Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 35628222

Amount of Each Disbursement this Period

Nov. 12 - Analysis/Imaging Fees

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

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

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores Political Action Committee

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
Dec.12- Analysis/Ck. Imaging Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2012

Transaction ID : 35709089

Amount of Each Disbursement this Period

18.00

Dec.12- Analysis/Ck. Imaging Fees

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
Dec.12 - Merchant Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2012

Transaction ID : 35709090

Amount of Each Disbursement this Period

295.41

Dec.12 - Merchant Fees

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

313.41

648.56