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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

NATIONAL ASSOCIATION OF CHAIN DRUG STORES
POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

413 N. LEE STREET

(Check if address is changed)

ALEXANDRIA

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

RCHAVIS@NACDS.ORG

DFITZSIMMONS@NACDS.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

703-838-9541

2. DATE

04 10 2007

3. FEC IDENTIFICATION NUMBER ▶

C00022368

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

R. James Huber

Date

05 14 2007

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NATIONAL ASSOCIATION OF CHAIN DRUG STORES, INC.

Mailing Address

413 N LEE STREET

ALEXANDRIA

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

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Write or Type Committee Name

NATIONAL ASSOC. OF CHAIN DRUG STORES POLITICAL ACTION COMMITTEE

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name R. JAMES HUBER

Mailing Address 413 N. LEE STREET

ALEXANDRIA VA 22314

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 703-838-9541

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer R. JAMES HUBER

Mailing Address 413 N. LEE STREET

ALEXANDRIA VA 22314

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 703-838-9541

Full Name of Designated Agent R. JAMES HUBER

Mailing Address 413 N. LEE STREET

ALEXANDRIA VA 22314

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 703-838-9541

27039443640

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SUNTRUST BANK

Mailing Address

P.O. BOX 622227

ORLANDO

FL

32862-2227

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

	5/14/07
PREPARER	DATE PREPARED

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