

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

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

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

2. FEC IDENTIFICATION NUMBER C C00022368 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 11 / 25 / 2014 through 12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer David M. Fitzsimmons Signature of Treasurer David M. Fitzsimmons [Electronically Filed] Date 01 / 22 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		140581.63
(b) Cash on Hand at Beginning of Reporting Period.....	70457.70	
(c) Total Receipts (from Line 19)	26584.72	213329.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	97042.42	353911.09
7. Total Disbursements (from Line 31).....	12576.95	269445.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	84465.47	84465.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23378.70	171912.27
(ii) Unitemized	125.02	4451.54
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23503.72	176363.81
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	32000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	26003.72	208363.81
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).....	577.77	3935.67
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3.23	29.98
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))..... ▶	26584.72	213329.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26584.72	213329.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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	576.95	3945.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	576.95	3945.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	251500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	14000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12576.95	269445.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12576.95	269445.62

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)	26003.72	208363.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26003.72	208363.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	576.95	3945.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	577.77	3935.67
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-0.82	9.95

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Mr. Tim Erdle
 Full Name (Last, First, Middle Initial)
 Mailing Address 16901 Northridge Ave. N
 City State Zip Code
 Marine On Saint Croix MN 55047-4402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Thrifty White Stores Vice President, Operations and Marketi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2014
Transaction ID : 37714190
 Amount of Each Receipt this Period
 1750.00

B. Dr. Justin Heiser
 Full Name (Last, First, Middle Initial)
 Mailing Address 7237 Everest Lane N.
 City State Zip Code
 Maple Grove MN 55311-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Thrifty White Stores Pharmacy Operations District Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2014
Transaction ID : 37714195
 Amount of Each Receipt this Period
 1650.00

C. Mr. Matthew Ode
 Full Name (Last, First, Middle Initial)
 Mailing Address 5985 Yucca Lane N.
 City State Zip Code
 Plymouth MN 55446-3527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Thrifty White Stores Vice President of Information Technolo
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2014
Transaction ID : 37714205
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	5400.00
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 26
	<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, Inc. Political Action Committee

A. Mr. Timothy Weippert
Full Name (Last, First, Middle Initial)

Mailing Address 17737 73rd Ave. N

City Maple Grove	State MN	Zip Code 55311-2757
---------------------	-------------	------------------------

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

Name of Employer Thrifty White Stores	Occupation Vice President of Pharmacy Operations
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
12 / 02 / 2014
Transaction ID : 37714209

Amount of Each Receipt this Period
2500.00

B. Mr. Tim Theriault
Full Name (Last, First, Middle Initial)

Mailing Address 3624 Salt Creek Circle

City Oak Brook	State IL	Zip Code 60523-7709
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FEC ID number of contributing federal political committee. **C**

Name of Employer Walgreen Co.	Occupation CIO and SVP
----------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 08 / 2014
Transaction ID : 37747677

Amount of Each Receipt this Period
500.00

C. Mr. Dave A. Rueter
Full Name (Last, First, Middle Initial)

Mailing Address 6901 E Fish Lake Rd Ste 118

City Maple Grove	State MN	Zip Code 55369-5454
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FEC ID number of contributing federal political committee. **C**

Name of Employer Thrifty White Stores	Occupation VP of Personnel
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
12 / 15 / 2014
Transaction ID : 37753514

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	4000.00
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:	PAGE 8 OF 26
	(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"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Jeffrey Kang		Date of Receipt
Mailing Address 329 Lake St		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City State Zip Code Evanston IL 60201-4617		Transaction ID : 37761383
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Walgreen Co. SVP, Health and Wellness		<input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. David M. Fitzsimmons		Date of Receipt
Mailing Address 1776 Wilson Blvd Suite 200		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City State Zip Code Arlington VA 22209-2516		Transaction ID : 37761384
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation National Association of Chain Drug Sto Senior Vice President, Finance and Adm		<input type="text" value="1500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2483.28"/>	

Full Name (Last, First, Middle Initial) C. Mr. Mark Robert Basco		Date of Receipt
Mailing Address 6901 E Fish Lake Rd Ste 118		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City State Zip Code Maple Grove MN 55369-5454		Transaction ID : 37761385
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Thrifty White Stores Executive Vice President and Chief Fin		<input type="text" value="2000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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 26
	<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, Inc. Political Action Committee

A. Ms. Susan Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 734 Wagner Road
 City Glenview State IL Zip Code 60025-4451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rite Aid Corporation Occupation SVP, Chief Communications Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2014
Transaction ID : 37770199
 Amount of Each Receipt this Period 600.00

B. Mr. Don L. Bell II
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Wilson Blvd Suite 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto Occupation Senior Vice President, Legal Affairs a
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2014
Transaction ID : PR1054895636280
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. Mr. David M. Fitzsimmons
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Wilson Blvd Suite 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto Occupation Senior Vice President, Finance and Adm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2565.22

Date of Receipt 12 / 31 / 2014
Transaction ID : PR1054896236280
 Amount of Each Receipt this Period 81.94
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 874.24
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 10 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mrs. Sandra Kay Guckian		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014 Transaction ID : PR1054896936280
Mailing Address 1776 Wilson Blvd Suite 200		Amount of Each Receipt this Period 192.30
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.15 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President & Deputy Director, Stat	
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. Steve E. Perlowski		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014 Transaction ID : PR1054897336280
Mailing Address PO Box 1417-D49		Amount of Each Receipt this Period 28.08
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.04 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Member Relations & Ind	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.68	

Full Name (Last, First, Middle Initial) C. Mr. James A. Whitman		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014 Transaction ID : PR1054897936280
Mailing Address 1776 Wilson Blvd Suite 200		Amount of Each Receipt this Period 192.30
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.15 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Senior Vice President, Member Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

SUBTOTAL of Receipts This Page (optional).....▶	412.68
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 11 OF 26
<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, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Terrence Arth		Date of Receipt 12 / 31 / 2014 Transaction ID : PR1055162936280
Mailing Address 1776 Wilson Blvd Suite 200		Amount of Each Receipt this Period 28.08
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.04 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Meetings & Internation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.04	

Full Name (Last, First, Middle Initial) B. Ms. Diane Darvey		Date of Receipt 12 / 31 / 2014 Transaction ID : PR1055165036280
Mailing Address 1776 Wilson Blvd Suite 200		Amount of Each Receipt this Period 50.00
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Director, Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Mr. Kevin N. Nicholson		Date of Receipt 12 / 31 / 2014 Transaction ID : PR1055174736280
Mailing Address 1776 Wilson Blvd Suite 200		Amount of Each Receipt this Period 38.46
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Government Affairs & P	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

SUBTOTAL of Receipts This Page (optional).....▶	116.54
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 26
<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, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Ms. Laura Miller		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 8373 Pedigree Court		Transaction ID : PR2183668836280
City Gainesville	State VA	Zip Code 20155-3240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.08
Name of Employer National Association of Chain Drug Sto	Occupation Senior Economist	P/R Deduction (\$14.04 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.04	

Full Name (Last, First, Middle Initial) B. Mr. Steve C. Anderson		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1776 Wilson Blvd Suite 200		Transaction ID : PR2202229336280
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.80
Name of Employer National Association of Chain Drug Sto	Occupation President and Chief Executive Officer	P/R Deduction (\$192.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Mr. Christopher Krese		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1776 Wilson Blvd Suite 200		Transaction ID : PR2231851436280
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.86
Name of Employer National Association of Chain Drug Sto	Occupation SVP, Marketing, Communications, & Medi	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.18	

SUBTOTAL of Receipts This Page (optional).....▶	566.74
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 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ms. Carol Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

Name of Employer National Association of Chain Drug Sto
Occupation Senior Vice President, Government Affa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2014
Transaction ID : PR2247598136280

Amount of Each Receipt this Period
366.88

P/R Deduction (\$138.88 Bi-Weekly)

B. Ms. Christine M. Kopple
Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

Name of Employer National Association of Chain Drug Sto
Occupation Vice President, Media Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1196.14

Date of Receipt
12 / 31 / 2014
Transaction ID : PR2257462236280

Amount of Each Receipt this Period
100.00

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

C. Ms. Nora Reich
Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

Name of Employer National Association of Chain Drug Sto
Occupation Executive Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.12

Date of Receipt
12 / 31 / 2014
Transaction ID : PR2257462536280

Amount of Each Receipt this Period
19.24

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 486.12

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. Mr. Marc Schloss
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Wilson Blvd
 Suite 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto
 Occupation Director, Federal Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 12 / 31 / 2014
Transaction ID : PR2390680736280
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. Dr. Alex Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Wilson Blvd
 Suite 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto
 Occupation Director, Pharmacy Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 12 / 31 / 2014
Transaction ID : PR2391841936280
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

C. Ms. Dawn F. Worthington
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Wilson Blvd
 Suite 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto
 Occupation VP, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 12 / 31 / 2014
Transaction ID : PR2444803136280
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	94.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ms. Jennifer Anne Foley
Full Name (Last, First, Middle Initial)
Mailing Address 1323 West Virginia Ave NE
City Washington State DC Zip Code 20002-3829
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Chain Drug Sto Occupation Director, Political Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2014
Transaction ID : PR2489082336280
Amount of Each Receipt this Period 76.92
P/R Deduction (\$38.46 Bi-Weekly)

B. Kathleen Jaeger
Full Name (Last, First, Middle Initial)
Mailing Address 1776 Wilson Blvd Suite 200
City Arlington State VA Zip Code 22209-2516
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Chain Drug Sto Occupation Sr. VP Pharm. Care & Patient Advocacy
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 31 / 2014
Transaction ID : PR2568914436280
Amount of Each Receipt this Period 2500.00
P/R Deduction (\$2500.00 Bi-Weekly)

C. Mr. Jeff Davis
Full Name (Last, First, Middle Initial)
Mailing Address 1776 Wilson Blvd Suite 200
City Arlington State VA Zip Code 22209-2516
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Chain Drug Sto Occupation Director, Accounting & Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 398.36

Date of Receipt 12 / 31 / 2014
Transaction ID : PR2576387936280
Amount of Each Receipt this Period 32.00
P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2608.92
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 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. Mr. Eric Juhl
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Wilson Blvd
 Suite 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto Occupation Director, Federal Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 12 / 31 / 2014
Transaction ID : PR2576388036280
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. Ms. Leigh Knotts
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Wilson Blvd
 Suite 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto Occupation Director, State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 12 / 31 / 2014
Transaction ID : PR2576388136280
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Mr. Thomas O'Donnell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Wilson Blvd
 Suite 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Chain Drug Sto Occupation Vice President, Federal Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2826.81

Date of Receipt
 12 / 31 / 2014
Transaction ID : PR2595770236280
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	298.84
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 26
(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, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Elisabeth Boylan

Mailing Address 1776 Wilson Blvd., Suite 200

City State Zip Code
 Arlington VA 22209-2516

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

Name of Employer Occupation
 National Association of Chain Drug Sto Director, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR2605272336280

Amount of Each Receipt this Period
 20.00

P/R Deduction (\$10.00 Bi-Weekly)

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	23378.70

**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 26
(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, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. AmerisourceBergen Corp. PAC (ABC PAC)
 Mailing Address 1300 Morris Drive
 Suite 100
 City State Zip Code
 Chesterbrook PA 19087
 FEC ID number of contributing federal political committee. **C** C00400929
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : 37762969
 Amount of Each Receipt this Period
 2500.00

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).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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 19 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. National Association of Chain Drug Stores		Date of Receipt 11 / 30 / 2014 Transaction ID : 37748380
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 85.45
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3443.35	
		Oct.14 - Bank Fees Reimb.

Full Name (Last, First, Middle Initial) B. National Association of Chain Drug Stores		Date of Receipt 11 / 30 / 2014 Transaction ID : 37748381
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 99.40
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3542.75	
		Oct.14 - Bank Fees Reimb. Bal.

Full Name (Last, First, Middle Initial) C. National Association of Chain Drug Stores		Date of Receipt 12 / 10 / 2014 Transaction ID : 37748382
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 175.42
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3718.17	
		Nov.14 - Bank Fees Reimb.

SUBTOTAL of Receipts This Page (optional).....▶	360.27
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 20 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. National Association of Chain Drug Stores
 Full Name (Last, First, Middle Initial)
 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 ▼
 3935.67

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 22 / 2014
Transaction ID : 37763453
 Amount of Each Receipt this Period
 217.50
 Nov.14 - AMEX Fees Reimb.

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	217.50
TOTAL This Period (last page this line number only).....▶	577.77

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Nov.14 - Merchant Fees MMkt

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37718011

Amount of Each Disbursement this Period

Nov.14 - Merchant Fees MMkt

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.14 - Analysis/Imaging Fees MMkt

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37718020

Amount of Each Disbursement this Period

Nov.14 - Analysis/Imaging Fees MMkt

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.14 - Analysis Fees Chking

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37718022

Amount of Each Disbursement this Period

Nov.14 - Analysis Fees Chking

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, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Nov 14 Amex Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37762913

Amount of Each Disbursement this Period

Nov 14 Amex 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.14 - Analysis Fees Chking

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37810136

Amount of Each Disbursement this Period

Dec.14 - Analysis Fees Chking

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
Dec.14 - Merchant Fees MMkt

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37810404

Amount of Each Disbursement this Period

Dec.14 - Merchant Fees MMkt

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, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Dec.14 - Analysis/Imaging Fees MMkt

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2014

Transaction ID : 37810457

Amount of Each Disbursement this Period

43.90

Dec.14 - Analysis/Imaging Fees MMkt

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

43.90

576.95

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bill Cassidy For Us Senate

Mailing Address PO Box 80505

City State Zip Code
Baton Rouge LA 70898

Purpose of Disbursement

011

Category/
Type

Candidate Name

William Cassidy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 General Debt Re

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2014

Transaction ID : 37763386

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Buddy Carter For Congress

Mailing Address 200 E St Julian St Suite 603

City State Zip Code
Savannah GA 31401

Purpose of Disbursement

011

Category/
Type

Candidate Name

Earl Carter

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 Primary Debt Re

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2014

Transaction ID : 37763387

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Canary Fund

Mailing Address 600 PENNSYLVANIA AVE SE SUITE 210

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Canary Fund

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2014

Transaction ID : 37763388

Amount of Each Disbursement this Period

2500.00

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Cotton For Senate

Mailing Address PO Box 379

City Dardanelle State AR Zip Code 72834

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thomas Cotton

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 General Debt Re

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2014

Transaction ID : 37763389

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Chuck E. Grassley

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2014

Transaction ID : 37763390

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Marco Rubio For Us Senate

Mailing Address PO Box 140420

City Miami State FL Zip Code 33114

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Marco Rubio

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2014

Transaction ID : 37763391

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Shaheen For Senate

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement

011

Candidate Name

Jeanne Shaheen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 General Debt Re

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	22	/	2014

Transaction ID : 37763392

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thom Tillis Committee

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Candidate Name

Thom Tillis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 General Debt Re

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	22	/	2014

Transaction ID : 37763393

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

2000.00

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

12000.00
