

# 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**  
 Check if different than previously reported. (ACC) **Arlington** **VA** **22209**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**C** **C00022368** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)

(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)

Election on  /  /  in the State of

(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  **01 / 01 / 2013** through  /  /  **06 / 30 / 2013**

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 **07 / 12 / 2013**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="123389.54"/>	<input type="text" value="123389.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="123389.54"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="141033.12"/>	<input type="text" value="141033.12"/>
(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="264422.66"/>	<input type="text" value="264422.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="126796.55"/>	<input type="text" value="126796.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="137626.11"/>	<input type="text" value="137626.11"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	112569.88	112569.88
(ii) Unitemized .....	2697.25	2697.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	115267.13	115267.13
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	22000.00	22000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	137267.13	137267.13
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).....	2241.43	2241.43
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1500.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	24.56	24.56
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))..... ▶	141033.12	141033.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	141033.12	141033.12

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	2096.55	2096.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2096.55	2096.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	125000.00	125000.00
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 .....	-300.00	-300.00
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)) ..	126796.55	126796.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	126796.55	126796.55

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	137267.13	137267.13
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	137267.13	137267.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2096.55	2096.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2241.43	2241.43
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-144.88	-144.88

**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 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Anthony Caffentzis</b>		Date of Receipt MM / DD / YYYY 02 / 01 / 2013 <b>Transaction ID : 35758194</b>
Mailing Address PO Box 959		Amount of Each Receipt this Period 2500.00
City Valley Forge	State PA	Zip Code 19482-0959
FEC ID number of contributing federal political committee. C	Name of Employer AmerisourceBergen Corporation	Occupation GVP, Business Management, Retail
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard A. Cagnetti Jr</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2013 <b>Transaction ID : 35785260</b>
Mailing Address 520 E Main St		Amount of Each Receipt this Period 365.00
City Gouverneur	State NY	Zip Code 13642-1561
FEC ID number of contributing federal political committee. C	Name of Employer Kinney Drugs, Inc.	Occupation Vice President of Retail Merchandising
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. J.P. Borneman PhD</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2013 <b>Transaction ID : 35928127</b>
Mailing Address PO Box 87		Amount of Each Receipt this Period 250.00
City Bryn Mawr	State PA	Zip Code 19010-0087
FEC ID number of contributing federal political committee. C	Name of Employer Hyland's, Inc.	Occupation Chairman and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3115.00
<b>TOTAL</b> 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 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Richard McNulty**  
Full Name (Last, First, Middle Initial)

Mailing Address 520 E Main St

City State Zip Code  
Gouverneur NY 13642-1561

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

Name of Employer Occupation  
Kinney Drugs, Inc. VP Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2013  
**Transaction ID : 35931268**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 60 Old Stratton Chase, NW

City State Zip Code  
Atlanta GA 30328-3652

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

Name of Employer Occupation  
Bain & Company, Inc. Senior Partner, Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2013  
**Transaction ID : 35939606**

Amount of Each Receipt this Period  
1000.00

**C. Ms. Bridget-ann Hart**  
Full Name (Last, First, Middle Initial)

Mailing Address 520 E Main St

City State Zip Code  
Gouverneur NY 13642-1561

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

Name of Employer Occupation  
Kinney Drugs, Inc. President and Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2013  
**Transaction ID : 35940008**

Amount of Each Receipt this Period  
1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2865.00
<b>TOTAL</b> 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 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2107 Ridgewood Dr NW

City Alexandria State MN Zip Code 56308-4947

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

Name of Employer Thrifty White Stores Occupation Executive Vice President, Long Term He

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 02 / 2013  
**Transaction ID : 35941241**

Amount of Each Receipt this Period 500.00

**B. Mr. Craig C. Painter**  
Full Name (Last, First, Middle Initial)

Mailing Address 520 E Main St

City Gouverneur State NY Zip Code 13642-1561

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

Name of Employer Kinney Drugs, Inc. Occupation Chief Executive Officer and Chairman o

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 02 / 2013  
**Transaction ID : 35941546**

Amount of Each Receipt this Period 5000.00

**C. Mr. Warren D. Wolfson**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 E Washington St

City Syracuse State NY Zip Code 13202-1612

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

Name of Employer Kinney Drugs, Inc. Occupation Attorney at Law, Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 02 / 2013  
**Transaction ID : 35941547**

Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00

**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 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. William Cross**  
Full Name (Last, First, Middle Initial)

Mailing Address 4777 Lighthouse Village Circle

City Liverpool State NY Zip Code 13088-4131

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

Name of Employer Kinney Drugs, Inc. Occupation Regional Retail Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : 35941548**

Amount of Each Receipt this Period  
 365.00

**B. Mr. Mark E. Griffin**  
Full Name (Last, First, Middle Initial)

Mailing Address 2701 S Minnesota Ave Ste 1

City Sioux Falls State SD Zip Code 57105-4746

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

Name of Employer Lewis Drugs, Inc. Occupation President and Chief Executive Officer

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  
 04 / 02 / 2013  
**Transaction ID : 35941592**

Amount of Each Receipt this Period  
 5000.00

**c. Mr. George D. Bartell**  
Full Name (Last, First, Middle Initial)

Mailing Address 4025 Delridge Way SW Suite 400

City Seattle State WA Zip Code 98106-1273

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

Name of Employer The Bartell Drug Company Occupation Chairman and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : 35942561**

Amount of Each Receipt this Period  
 600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5965.00

**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 10 OF 68
	<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) <b>A. Mr. David C. McClure</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 03 / 2013 <b>Transaction ID : 35942579</b>
Mailing Address 520 E. Main Street		Amount of Each Receipt this Period 1500.00
City Gouverneur	State NY	Zip Code 13642-1561
FEC ID number of contributing federal political committee. C	Name of Employer Kinney Drugs, Inc.	Occupation Vice President, Retail Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard A. Cognetti</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2013 <b>Transaction ID : 35969759</b>
Mailing Address 29 E Main St		Amount of Each Receipt this Period 5000.00
City Gouverneur	State NY	Zip Code 13642-1401
FEC ID number of contributing federal political committee. C	Name of Employer Kinney Drugs, Inc.	Occupation Member, Board of Directors
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) <b>C. Mr. Daniel J. Salemi</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2013 <b>Transaction ID : 35969760</b>
Mailing Address 713 Corner Ridge Drive		Amount of Each Receipt this Period 365.00
City Draper	State UT	Zip Code 84020-9081
FEC ID number of contributing federal political committee. C	Name of Employer Albertsons LLC	Occupation President, Pharmacy Division
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6865.00
<b>TOTAL</b> 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 68
	<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) <b>A. Mr. Anthony N. Civello</b>		Date of Receipt
Mailing Address 6337 Wakefalls Drive		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Wake Forest	NC	27587-6268
FEC ID number of contributing federal political committee.		<b>Transaction ID : 35975024</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Kerr Drug, Inc.	Chairman, President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Gregory D. Wasson</b>		Date of Receipt
Mailing Address 200 Wilmot Rd		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Deerfield	IL	60015-4620
FEC ID number of contributing federal political committee.		<b>Transaction ID : 35975025</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Walgreen Co.	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Larry J. Merlo</b>		Date of Receipt
Mailing Address 1 Cvs Dr		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Woonsocket	RI	02895-6146
FEC ID number of contributing federal political committee.		<b>Transaction ID : 35984951</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	
CVS Caremark Corporation	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="15000.00"/>
<b>TOTAL</b> 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 12 OF 68
	<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. Sharon Sternheim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 969 Madison Ave  
 City New York State NY Zip Code 10021-2763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thriftway/Zitomer Drug Occupation President  
 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  
 04 / 16 / 2013  
**Transaction ID : 35985139**  
 Amount of Each Receipt this Period  
 5000.00

**B. Mr. Stephen P. McCoy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 E Main St  
 City Gouverneur State NY Zip Code 13642-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kinney Drugs, Inc. Occupation EVP and CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 35985141**  
 Amount of Each Receipt this Period  
 1500.00

**c. 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 ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : 35985142**  
 Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 9000.00  
**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 13 OF 68
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary Ellen Kleiman</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2013 <b>Transaction ID : 35985143</b>
Mailing Address 1776 Wilson Blvd Suite 200		Amount of Each Receipt this Period 250.00
City Arlington	State Zip Code VA 22209-2516	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Legal Affairs and Asso	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Curt Maki</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2013 <b>Transaction ID : 35985269</b>
Mailing Address 150 Northwest Point Blvd		Amount of Each Receipt this Period 250.00
City Elk Grove Village	State Zip Code IL 60077-2615	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Topco Associates LLC	Occupation VP, Program Management, HBC, General M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Jose Barra</b>		Date of Receipt MM / DD / YYYY 04 / 18 / 2013 <b>Transaction ID : 35986915</b>
Mailing Address 9688 Geisler Road		Amount of Each Receipt this Period 365.00
City Eden Prairie	State Zip Code MN 55347-3562	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 365.00
Name of Employer Target Corporation	Occupation DMM, Healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	865.00
<b>TOTAL</b> 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 68
	<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) <b>A. Ms. Rebecca Bubel</b>		Date of Receipt
Mailing Address 3018 Route 29		M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2013
City	State	Zip Code
Middle Grove	NY	12850-1355
FEC ID number of contributing federal political committee.		Transaction ID : <b>35986917</b>
Name of Employer		Amount of Each Receipt this Period
Kinney Drugs, Inc.		365.00
Occupation		
Regional Pharmacy Manager		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		365.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Kermit Crawford RPh</b>		Date of Receipt
Mailing Address 200 Wilmot Rd		M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2013
City	State	Zip Code
Deerfield	IL	60015-4620
FEC ID number of contributing federal political committee.		Transaction ID : <b>35990797</b>
Name of Employer		Amount of Each Receipt this Period
Walgreen Co.		5000.00
Occupation		
Senior Vice President of Pharmacy		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		5000.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. A.P. Skip Aldridge</b>		Date of Receipt
Mailing Address 2295 South Ocean Blvd #223		M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2013
City	State	Zip Code
Palm Beach	FL	33480-5380
FEC ID number of contributing federal political committee.		Transaction ID : <b>35990799</b>
Name of Employer		Amount of Each Receipt this Period
Head of Sales Consulting		365.00
Occupation		
President & CEO		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		365.00
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5730.00
<b>TOTAL</b> 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 68
	<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. Harvey Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31 E. High Street

City East Hampton	State CT	Zip Code 06424-1021
----------------------	-------------	------------------------

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

Name of Employer Dickinson Brands Inc.	Occupation Vice President, Sales
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2013

**Transaction ID : 35990801**

Amount of Each Receipt this Period  
250.00

**B. Mr. Thomas Schultz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31 E. High Street

City East Hampton	State CT	Zip Code 06424-1021
----------------------	-------------	------------------------

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

Name of Employer Dickinson Brands Inc.	Occupation President
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2013

**Transaction ID : 35990803**

Amount of Each Receipt this Period  
250.00

**C. Mr. Scott Verner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8146 Emerald Ave

City Parkland	State FL	Zip Code 33076-4429
------------------	-------------	------------------------

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

Name of Employer Nipro Diagnostics	Occupation President & CEO
---------------------------------------	-------------------------------

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
04	/	20	/	2013

**Transaction ID : 35990809**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> 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 16 OF 68  
(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. Mr. Gregg Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 527 Chesterfield Lane  
 City State Zip Code  
 Barrington IL 60010-6526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Nipro Diagnostics SVP Consumer Healthcare  
 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  
 04 / 20 / 2013  
**Transaction ID : 35990812**  
 Amount of Each Receipt this Period  
 365.00

**B. Mr. David L. Leyden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 S 180 Kent Rd  
 City State Zip Code  
 Glen Ellyn IL 60137-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 /alert Marketing, Inc., A JMI Company President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2013  
**Transaction ID : 35990849**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Wayne Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 Park Ave Fl 6TH  
 City State Zip Code  
 New York NY 10022-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Drug Store News Associate Publisher  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2013  
**Transaction ID : 35990852**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 865.00  
**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 17 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Rob Eder**  
Full Name (Last, First, Middle Initial)

Mailing Address 425 Park Ave Fl 6TH

City New York State NY Zip Code 10022-3506

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

Name of Employer Drug Store News Occupation Editor-in-Chief

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2013  
**Transaction ID : 35990854**

Amount of Each Receipt this Period  
 250.00

**B. Mr. Todd M. Kwait**  
Full Name (Last, First, Middle Initial)

Mailing Address 3008 Courtland Bld

City Shaker Heights State OH Zip Code 44122-2806

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

Name of Employer Product Quest Manufacturing, LLC Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2013  
**Transaction ID : 35990856**

Amount of Each Receipt this Period  
 1000.00

**C. Mr. Richard J. Swanson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1110 W Lake Cook Rd Ste 372

City Buffalo Grove State IL Zip Code 60089-1991

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

Name of Employer Swanson Group, The Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2013  
**Transaction ID : 35990872**

Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1615.00

**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 18 OF 68
	<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. Peyton Howell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4724 Carmel Club Drive  
City Charlotte State NC Zip Code 28226-8016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AmerisourceBergen Corporation Occupation President and SVP, Global Security  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 21 / 2013  
**Transaction ID : 35990874**  
Amount of Each Receipt this Period  
250.00

**B. Mr. John C. Vayianos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 74 20th St  
City Brooklyn State NY Zip Code 11232-1101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PROFOOT Inc. Occupation Vice President, Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 21 / 2013  
**Transaction ID : 35990876**  
Amount of Each Receipt this Period  
1000.00

**C. Mr. Curt Behrens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 N Ela St  
City Barrington State IL Zip Code 60010-3265  
FEC ID number of contributing federal political committee. **C**  
Name of Employer P2B, Inc. Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 21 / 2013  
**Transaction ID : 35990880**  
Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 19 OF 68
<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**

**A. Mr. Robert Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 Lavynddon Lane  
City Mechanicsburg State PA Zip Code 17055-8022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rite Aid Corporation Occupation Executive Vice President, Pharmacy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 21 / 2013  
**Transaction ID : 35990884**  
Amount of Each Receipt this Period 2500.00

**B. Mr. Bruce Kramer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2900 N. Locust Street  
City Sterling State IL Zip Code 61081-9501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wahl Clipper Corporation Occupation Vice President, Sales and Marketing, N  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2013  
**Transaction ID : 35990886**  
Amount of Each Receipt this Period 250.00

**C. Terry McGraw**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2900 N. Loucst Street  
City Sterling State IL Zip Code 61081-9501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wahl Clipper Corporation Occupation National Account Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2013  
**Transaction ID : 35990888**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**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 20 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Alden Rudiger**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 578

City Sterling State IL Zip Code 61081-0578

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

Name of Employer Wahl Clipper Corporation Occupation National Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2013  
**Transaction ID : 35990890**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1300 Morris Drive

City Chesterbrook State PA Zip Code 19087-5559

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

Name of Employer AmerisourceBergen Corporation Occupation SVP & President

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  
 04 / 24 / 2013  
**Transaction ID : 35998787**

Amount of Each Receipt this Period  
 2500.00

**C. Robert Mauch**  
Full Name (Last, First, Middle Initial)

Mailing Address 3547 Sawmill Road

City Newtown Square State PA Zip Code 19073-1707

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

Name of Employer AmerisourceBergen Corporation Occupation SVP

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  
 04 / 24 / 2013  
**Transaction ID : 35998789**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5250.00

**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 21 OF 68
	<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. Jim Spencer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 520 E. Main Street  
City State Zip Code  
Gouverneur NY 13642-1561  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Kinney Drugs, Inc Vice President, Retail Operations  
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  
04 / 24 / 2013  
**Transaction ID : 35998794**  
Amount of Each Receipt this Period  
365.00

**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  
04 / 26 / 2013  
**Transaction ID : 36022769**  
Amount of Each Receipt this Period  
2000.00

**c. 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  
04 / 26 / 2013  
**Transaction ID : 36022770**  
Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4365.00
<b>TOTAL</b> 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 22 OF 68
<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**

**A. 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  

M M	/	D D	/	Y Y Y Y
04		26		2013

**Transaction ID : 36022771**

Amount of Each Receipt this Period  
2000.00

**B. Mr. Robert J. Narveson**  
Full Name (Last, First, Middle Initial)

Mailing Address 20984 Fresno Street NW

City Elk River	State MN	Zip Code 55330-8751
-------------------	-------------	------------------------

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

Name of Employer Thrifty White Stores	Occupation President and Chief Executive Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		26		2013

**Transaction ID : 36022772**

Amount of Each Receipt this Period  
5000.00

**C. 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 ▼  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		26		2013

**Transaction ID : 36022773**

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9000.00
<b>TOTAL</b> 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 23 OF 68
	<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

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 Marine On Saint Croix State MN Zip Code 55047-4402

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

Name of Employer Thrifty White Stores Occupation Vice President, Operations and Marketi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 26 / 2013  
**Transaction ID : 36022774**

Amount of Each Receipt this Period 2000.00

**B. Mr. Robert J. Kwait**  
Full Name (Last, First, Middle Initial)

Mailing Address 28325 Belcourt Road

City Pepper Pike State OH Zip Code 44124-5621

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

Name of Employer Bob Kwait Consulting Group/Kwait & Ass Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2013  
**Transaction ID : 36022775**

Amount of Each Receipt this Period 1000.00

**C. Mr. John D. Kenlon**  
Full Name (Last, First, Middle Initial)

Mailing Address 425 Park Ave Fl 6TH

City New York State NY Zip Code 10022-3506

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

Name of Employer Lebhar-Friedman Occupation Group Publisher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 29 / 2013  
**Transaction ID : 36022808**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00

**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 24 OF 68
	<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. Joel Kurzman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 243 Valley View Drive  
 City Wilmette State IL Zip Code 60091-3044  
 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 ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2013  
**Transaction ID : 36077858**  
 Amount of Each Receipt this Period  
 365.00

**B. Mr. Jeffery H. Gerchenson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7711 N Merrimac Ave  
 City Niles State IL Zip Code 60714-3423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALVA-AMCO Pharmacal Cos., Inc. Occupation Chairman, President and Chief Executiv  
 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  
 05 / 15 / 2013  
**Transaction ID : 36077859**  
 Amount of Each Receipt this Period  
 365.00

**C. Mr. Mark Robert Basco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6901 E Fish Lake Rd Ste 118  
 City Maple Grove State MN Zip Code 55369-5454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thrifty White Stores Occupation Executive Vice President and Chief Fin  
 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  
 05 / 15 / 2013  
**Transaction ID : 36077860**  
 Amount of Each Receipt this Period  
 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2730.00
<b>TOTAL</b> 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 25 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Mark Murray**  
Full Name (Last, First, Middle Initial)

Mailing Address 2929 Walker Ave NW

City Grand Rapids State MI Zip Code 49544-6402

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

Name of Employer Meijer, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2013  
**Transaction ID : 36101028**

Amount of Each Receipt this Period  
 2500.00

**B. 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 36126791**

Amount of Each Receipt this Period  
 600.00

**C. Mr. Richard J. Hartig**  
Full Name (Last, First, Middle Initial)

Mailing Address 560 Villa Street

City Dubuque State IA Zip Code 52003-7572

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

Name of Employer Hartig Drug Company, Inc. Occupation Chief Executive Officer

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  
 06 / 24 / 2013  
**Transaction ID : 36182379**

Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3465.00
<b>TOTAL</b> 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 26 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Don L. Bell II</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013
Mailing Address 1776 Wilson Blvd Suite 200		<b>Transaction ID : PR1054895629536</b>
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1249.95
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 ▼ 1249.95	

Full Name (Last, First, Middle Initial) <b>B. Mr. David M. Fitzsimmons</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013
Mailing Address 1776 Wilson Blvd Suite 200		<b>Transaction ID : PR1054896229536</b>
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 467.39
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Finance and Accounting	P/R Deduction (\$40.97 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 467.39	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Sandra Kay Guckian</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013
Mailing Address 1776 Wilson Blvd Suite 200		<b>Transaction ID : PR1054896929536</b>
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1249.95
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 ▼ 1249.95	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2967.29
<b>TOTAL</b> 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 27 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. James A. Whitman**  
 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, Member Programs  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1249.95

Date of Receipt  
 06 / 30 / 2013  
**Transaction ID : PR1054897929536**  
 Amount of Each Receipt this Period  
 1249.95  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. Ms. Diane Darvey**  
 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, Public Policy  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 459.60

Date of Receipt  
 06 / 30 / 2013  
**Transaction ID : PR1055165029536**  
 Amount of Each Receipt this Period  
 459.60  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Mr. Larry Lotridge**  
 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, Conference Services  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 06 / 30 / 2013  
**Transaction ID : PR1055173629536**  
 Amount of Each Receipt this Period  
 249.99  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1959.54
<b>TOTAL</b> 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 28 OF 68
	<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. Kevin N. Nicholson**  
 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, Government Affairs & P  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : PR1055174729536**  
 Amount of Each Receipt this Period  
 249.99  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. Ms. Julie Khani**  
 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, Public Policy  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 512.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : PR1055177429536**  
 Amount of Each Receipt this Period  
 512.46  
 P/R Deduction (\$39.42 Bi-Weekly)

**C. Mr. Steve C. Anderson**  
 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 President and Chief Executive Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : PR2202229329536**  
 Amount of Each Receipt this Period  
 2499.90  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3262.35
<b>TOTAL</b> 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 29 OF 68
<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) <b>A. Mr. Christopher Krese</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : PR2231851429536</b>
Mailing Address 1776 Wilson Blvd Suite 200		Amount of Each Receipt this Period 1000.09
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation SVP, Marketing, Communications, & Medi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.09	

Full Name (Last, First, Middle Initial) <b>B. Ms. Carol Kelly</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : PR2247598129536</b>
Mailing Address 1776 Wilson Blvd Suite 200		Amount of Each Receipt this Period 694.40
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		P/R Deduction (\$138.88 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Senior Vice President, Government Affa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3194.40	

Full Name (Last, First, Middle Initial) <b>C. Ms. Christine M. Kopple</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : PR2257462229536</b>
Mailing Address 1776 Wilson Blvd Suite 200		Amount of Each Receipt this Period 494.42
City Arlington	State VA	Zip Code 22209-2516
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 Vice President, Media Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.42	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2188.91
<b>TOTAL</b> 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 30 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. 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 ▼  
249.99

Date of Receipt  
06 / 30 / 2013  
Transaction ID : PR2390680729536

Amount of Each Receipt this Period  
249.99

P/R Deduction (\$19.23 Bi-Weekly)

**B. 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 ▼  
499.98

Date of Receipt  
06 / 30 / 2013  
Transaction ID : PR2489082329536

Amount of Each Receipt this Period  
499.98

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

**C. Ms. Julie A. Philp**  
Full Name (Last, First, Middle Initial)

Mailing Address 1701 16th St., NW #342

City Washington State DC Zip Code 20009-3132

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

Name of Employer National Association of Chain Drug Sto  
Occupation Director, Gov't Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 30 / 2013  
Transaction ID : PR2543319129536

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 999.97

**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 31 OF 68
	<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) <b>A. Kathleen Jaeger</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013
Mailing Address 1776 Wilson Blvd Suite 200		<b>Transaction ID : PR2568914429536</b>
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2826.07
Name of Employer National Association of Chain Drug Sto	Occupation Sr. VP Pharm. Care & Patient Advocacy	P/R Deduction (\$217.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2826.07	

Full Name (Last, First, Middle Initial) <b>B. Leigh Knotts</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013
Mailing Address 1776 Wilson Blvd Suite 200		<b>Transaction ID : PR2576388129536</b>
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer National Association of Chain Drug Sto	Occupation Director, State Government Affairs	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas O'Donnell</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013
Mailing Address 1776 Wilson Blvd Suite 200		<b>Transaction ID : PR2595770229536</b>
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1160.75
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Federal Gov't Affairs	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 ▼ 1160.75	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4246.82
<b>TOTAL</b> This Period (last page this line number only).....▶	112569.88

**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 32 OF 68
<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) <b>A. Kerr Drug, Inc. PAC</b>		Date of Receipt
Mailing Address 3220 Spring Forest Rd.		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Raleigh	NC	27616-2822
FEC ID number of contributing federal political committee.		<b>Transaction ID : 35928129</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Wal-Mart Stores PAC</b>		Date of Receipt
Mailing Address 702 SW 8th Street		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bentonville	AR	72716
FEC ID number of contributing federal political committee.		<b>Transaction ID : 35985145</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Walgreen Co. PAC</b>		Date of Receipt
Mailing Address 104 Wilnot Road, M.S. #1447		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Deerfield	IL	60015-6200
FEC ID number of contributing federal political committee.		<b>Transaction ID : 36022776</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="11000.00"/>
<b>TOTAL</b> 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 33 OF 68
<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) <b>A. Publix Super Markets, Inc. Associates PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 26 / 2013 <b>Transaction ID : 36022838</b>
Mailing Address P.O. Box 407		Amount of Each Receipt this Period 5000.00
City Lakeland	State FL	Zip Code 33802
FEC ID number of contributing federal political committee. C C00400705	Name of Employer	Occupation
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) <b>B. Pharmavite PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2013 <b>Transaction ID : 36045997</b>
Mailing Address 8510 Blalboa Boulevard		Amount of Each Receipt this Period 1000.00
City Northridge	State CA	Zip Code 91325
FEC ID number of contributing federal political committee. C C00410654	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Hy-VEE, Inc. Employee's PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2013 <b>Transaction ID : 36046000</b>
Mailing Address 5820 Westown Parkway		Amount of Each Receipt this Period 5000.00
City West Des Moines	State IA	Zip Code 50266-8223
FEC ID number of contributing federal political committee. C C00243659	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	22000.00

**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 34 OF 68
<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**

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>313.41</b>

Date of Receipt  
**01 / 09 / 2013**

**Transaction ID : 35709262**

Amount of Each Receipt this Period  
**313.41**

Dec12 Bank Fees Reimb.

Full Name (Last, First, Middle Initial)  
**B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>928.61</b>

Date of Receipt  
**03 / 28 / 2013**

**Transaction ID : 35931188**

Amount of Each Receipt this Period  
**615.20**

Jan/Feb 13 - Bank Fees Reimb.

Full Name (Last, First, Middle Initial)  
**C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1013.96</b>

Date of Receipt  
**04 / 03 / 2013**

**Transaction ID : 36046031**

Amount of Each Receipt this Period  
**85.35**

Mar.13 - Bank Fees Reimb.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1013.96</b>
<b>TOTAL</b> 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 35 OF 68
<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**

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 ▼  
1832.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2013  
**Transaction ID : 36048232**

Amount of Each Receipt this Period  
 818.12

Apr.13 - Bank Fees Reimb.

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
2241.43

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 36195563**

Amount of Each Receipt this Period  
 409.35

May 13 - Bank Fees Reimb.

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1227.47
<b>TOTAL</b> This Period (last page this line number only).....▶	2241.43

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

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

FOR LINE NUMBER: PAGE 36 OF 68  
(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. Friends Of Max Baucus**  
 Mailing Address PO Box 586  
 City Helena State MT Zip Code 59624  
 FEC ID number of contributing federal political committee. **C** C00328211  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2013  
**Transaction ID : 36109088**  
 Amount of Each Receipt this Period  
 1500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
01/31/13 Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 35806384**

Amount of Each Disbursement this Period

01/31/13 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  
Jan. 13 - Analysis/Imaging Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 35806390**

Amount of Each Disbursement this Period

Jan. 13 - Analysis/Imaging 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  
Feb. 13 - Analysis/Imaging Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 35901767**

Amount of Each Disbursement this Period

Feb. 13 - 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, 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  
02/28/13 Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2013

**Transaction ID : 35901769**

Amount of Each Disbursement this Period

162.87

02/28/13 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  
Mar.13 - Merchat Fees/Ck Analysis/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  
03 / 31 / 2013

**Transaction ID : 35972700**

Amount of Each Disbursement this Period

85.35

Mar.13 - Merchat Fees/Ck Analysis/Imaging 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  
Apr.13 - 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  
04 / 30 / 2013

**Transaction ID : 36046021**

Amount of Each Disbursement this Period

50.06

Apr.13 - Merchant Fees

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

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

298.28

**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  
Apr.30 - Analysis/Imaging Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 36046024**

Amount of Each Disbursement this Period

Apr.30 - Analysis/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  
Apr.30 - Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 36073500**

Amount of Each Disbursement this Period

Apr.30 - Merchant 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  
May 31 - Amex Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 36131626**

Amount of Each Disbursement this Period

May 31 - Amex 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, 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  
May 31 - Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 36131627**

Amount of Each Disbursement this Period

May 31 - Merchant 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  
May 31 - Analysis/Imaging Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 36131628**

Amount of Each Disbursement this Period

May 31 - Analysis/Imaging 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  
Jun.13 Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 36221916**

Amount of Each Disbursement this Period

Jun.13 Merchant 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, 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  
Jun.13 - Analysis/Imaging Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 36221987**

Amount of Each Disbursement this Period

Jun.13 - Analysis/Imaging Fees

**B.**

Full Name (Last, First, Middle Initial)

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

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

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

/  /

Amount of Each Disbursement this Period

**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 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. Cantor For Congress**

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Eric I. Cantor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2013

**Transaction ID : 35744368**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol St, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Democratic Congressional Campaign Committee**

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
01		29		2013

**Transaction ID : 35744370**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Democratic Senatorial Campaign Committee**

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
01		29		2013

**Transaction ID : 35744373**

Amount of Each Disbursement this Period

5000.00
---------

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

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

12500.00
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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. Duckworth For Congress**

Mailing Address PO Box 59568

City Schaumburg State IL Zip Code 60159

Purpose of Disbursement

011

Candidate Name

**Tammy Duckworth**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2013

Transaction ID : 35744375

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Chris Murphy**

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
2012 General Debt Retirement

011

Candidate Name

**Christopher Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
General Debt 2012

State: CT District:

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2013

Transaction ID : 35744376

Amount of Each Disbursement this Period

1000.00

2012 General Debt Retirement

Full Name (Last, First, Middle Initial)

**C. Hagan For Us Senate Inc**

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement

011

Candidate Name

**Kay Hagan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2013

Transaction ID : 35744378

Amount of Each Disbursement this Period

500.00

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Hagan For Us Senate Inc**

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement

011

Candidate Name

**Kay Hagan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	3

**Transaction ID : 35744379**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Jeff Merkley For Oregon**

Mailing Address PO Box 42307

City Portland State OR Zip Code 97242

Purpose of Disbursement

011

Candidate Name

**Sen. Jeff Merkley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	3

**Transaction ID : 35744380**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Mark Pryor For Us Senate**

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement

011

Candidate Name

**Sen. Mark L. Pryor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	3

**Transaction ID : 35744381**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

# 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. National Republican Senatorial Committee

Mailing Address 425 2nd St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

**National Republican Senatorial Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	3

**Transaction ID : 35744382**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B. The National Republican Congressional Committee

Mailing Address 320 First Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**The National Republican Congressional Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	3

**Transaction ID : 35744384**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### C. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Candidate Name

**Sen. Tim Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	3

**Transaction ID : 35744386**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. AMERIPAC**

Mailing Address 499 South Capitol Street SW, Suite

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name  
**AMERIPAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2013

**Transaction ID : 35891223**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Braley For Iowa**

Mailing Address PO Box 856

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Candidate Name  
**Bruce Braley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2013

**Transaction ID : 35891224**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Dave Camp For Congress**

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Candidate Name  
**Rep. David Lee Camp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2013

**Transaction ID : 35891226**

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends For Harry Reid**

Mailing Address P.O. Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement

011

Candidate Name

**Sen. Harry Reid**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	3

**Transaction ID : 35891227**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends Of Max Baucus**

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement

011

Candidate Name

**Sen. Max Baucus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	3

**Transaction ID : 35891228**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends Of Todd Young, Inc.**

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement

011

Candidate Name

**Rep. Todd Young**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	3

**Transaction ID : 35891229**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

# 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. Hagan For Us Senate Inc

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Kay Hagan**

Office Sought:  House  
 Senate  
 President  
State: NC District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	3

Transaction ID : 35891230

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

## B. Joe Kennedy For Congress

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Joseph Kennedy III**

Office Sought:  House  
 Senate  
 President  
State: MA District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	3

Transaction ID : 35891231

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

## C. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Rep. Ron Kind**

Office Sought:  House  
 Senate  
 President  
State: WI District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	3

Transaction ID : 35891232

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

5	0	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



**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. Marsha Blackburn For Congress, Inc.**

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2013

**Transaction ID : 35891233**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Mckinley For Congress**

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. David McKinley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2013

**Transaction ID : 35891234**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. NEW DEMOCRAT COALITION PAC**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**NEW DEMOCRAT COALITION PAC**

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
03	/	13	/	2013

**Transaction ID : 35891235**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7000.00
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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. PAC for a Change**

Mailing Address 777 S. FIGUEROA STREET, STE. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011

Candidate Name

**PAC for a Change**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2013

**Transaction ID : 35891236**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Pompeo For Congress Inc**

Mailing Address PO Box 780146

City Wichita State KS Zip Code 67212

Purpose of Disbursement

011

Candidate Name

**Rep. Mike Pompeo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2013

**Transaction ID : 35891237**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Rogers For Congress**

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

011

Candidate Name

**Michael Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2013

**Transaction ID : 35891240**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Schneider For Congress**

Mailing Address PO Box 1318

City State Zip Code  
Deerfield IL 60015

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Brad Schneider**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2013

**Transaction ID : 35891241**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Schock For Congress**

Mailing Address PO Box 10555

City State Zip Code  
Peoria IL 61612

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Aaron Jon Schock**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2013

**Transaction ID : 35891242**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Tammy Baldwin For Senate**

Mailing Address P.O. Box 696

City State Zip Code  
Madison WI 53701

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Tammy Baldwin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2013

**Transaction ID : 35891243**

Amount of Each Disbursement this Period

500.00
--------

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

2500.00
---------

**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. Tuesday Group**

Mailing Address P. O. BOX 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Tuesday Group**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2013

**Transaction ID : 35891244**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Walter Jones Committee**

Mailing Address PO Box 3962

City Greenville State NC Zip Code 27836

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Walter B. Jones Jr.**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: NC District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2013

**Transaction ID : 35891245**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Welch For Congress**

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Peter Welch**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: VT District: 00

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2013

**Transaction ID : 35891246**

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. John D. Dingell For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Void - John D. Dingell For Congress

Candidate Name  
**Rep. John D. Dingell**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MI District: 12

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
03 / 28 / 2013

**Transaction ID : 35928632**

Amount of Each Disbursement this Period  
-1000.00

Void - John D. Dingell For Congress

Full Name (Last, First, Middle Initial)

**B. Lee Terry For Congress**

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

Candidate Name  
**Rep. Lee Terry**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: NE District: 02

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
03 / 28 / 2013

**Transaction ID : 35928686**

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)

**C. Morgan Griffith For Congress**

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement

Candidate Name  
**Rep. Morgan H. Griffith**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: VA District: 09

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
03 / 28 / 2013

**Transaction ID : 35928687**

Amount of Each Disbursement this Period  
1000.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011

Candidate Name

**Rep. Thomas Edmunds Price M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2013

**Transaction ID : 35928689**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Reed Committee**

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement

011

Candidate Name

**Sen. Jack Francis Reed**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: RI District:

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2013

**Transaction ID : 35928691**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Alaskans For Begich 2014**

Mailing Address 1231 W Northern Lts #605

City Anchorage State AK Zip Code 99503

Purpose of Disbursement

011

Candidate Name

**Sen. Mark P. Begich**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2013

**Transaction ID : 36104132**

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Alexander For Senate 2014 Inc**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

**Sen. Lamar Alexander**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2013

**Transaction ID : 36104135**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Bob Casey For Senate Inc**

Mailing Address 30 South 15th Street Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement

011

Candidate Name

**Robert Casey Jr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2013

**Transaction ID : 36104401**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Dave Camp For Congress**

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Candidate Name

**Rep. David Lee Camp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2013

**Transaction ID : 36104403**

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Kelly Ayotte**

Mailing Address PO Box 937

City State Zip Code  
Manchester NH 03105

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Kelly Ayotte**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	3

**Transaction ID : 36104404**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends Of Lois Capps**

Mailing Address P.O. Box 23940

City State Zip Code  
Santa Barbara CA 93121

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Lois Capps**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	3

**Transaction ID : 36104405**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends Of Sherrod Brown**

Mailing Address PO Box 15293

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Sherrod Brown**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	3

**Transaction ID : 36104407**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0



**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. Hall For Congress Committee (Ralph Hall - Rockwall)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2013

Mailing Address Post Office Box 711

City State Zip Code  
Rockwall TX 75087

**Transaction ID : 36104412**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Ralph M. Hall**

Office Sought:  House  
 Senate  
 President  
State: TX District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. ICE PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2013

Mailing Address PO BOX 752

City State Zip Code  
Long Lake MN 55356

**Transaction ID : 36104415**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**ICE PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. John D. Dingell For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2013

Mailing Address 700 13th Street, Nw  
Suite 600

City State Zip Code  
Washington DC 20005

**Transaction ID : 36104430**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. John D. Dingell**

Office Sought:  House  
 Senate  
 President  
State: MI District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

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

3000.00
---------

**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. Latta For Congress**

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Bob Latta**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

**Transaction ID : 36104433**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Loeb sack For Congress**

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. David Wayne Loeb sack**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

**Transaction ID : 36104434**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Mark Pryor For Us Senate**

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mark L. Pryor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

**Transaction ID : 36104435**

Amount of Each Disbursement this Period

1000.00
---------

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

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

4500.00
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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. Nancy Pelosi For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

**Rep. Nancy Pelosi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	3

**Transaction ID : 36104436**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Pallone For Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Candidate Name

**Rep. Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	3

**Transaction ID : 36104437**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Renee Ellmers For Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Candidate Name

**Rep. Renee Ellmers RN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	3

**Transaction ID : 36104438**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0
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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. Rogers For Congress**

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

011

Candidate Name

**Michael Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2013

**Transaction ID : 36104439**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Rush Holt For Congress**

Mailing Address PO Box 782

City Pennington State NJ Zip Code 08534

Purpose of Disbursement

011

Candidate Name

**Rep. Rush D. Holt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2013

**Transaction ID : 36104440**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Ryan For Congress, Inc.**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement

011

Candidate Name

**Rep. Paul D. Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2013

**Transaction ID : 36104441**

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)..... ▶

**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. Steve Israel For Congress Committee**

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Steve J. Israel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2013

**Transaction ID : 36104444**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Whitfield For Congress Committee**

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Edward Whitfield**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2013

**Transaction ID : 36104446**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Becerra For Congress**

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Xavier Becerra**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2013

**Transaction ID : 36195756**

Amount of Each Disbursement this Period

1000.00
---------

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

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

3500.00
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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. Boehner for Speaker**

Mailing Address 320 FIRST ST., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2013

**Transaction ID : 36195763**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011

Candidate Name

**Rep. Cathy McMorris Rodgers**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2013

**Transaction ID : 36195765**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Collins For Senator**

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement

011

Candidate Name

**Sen. Susan M. Collins**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2013

**Transaction ID : 36195766**

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Courtney For Congress**

Mailing Address PO Box 1372

City State Zip Code  
Vernon CT 06066

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Joseph D. Courtney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2013

**Transaction ID : 36195769**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Delbene For Congress**

Mailing Address PO Box 487

City State Zip Code  
Bothell WA 98041

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Suzan DelBene**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2013

**Transaction ID : 36195771**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Florida Democratic Party**

Mailing Address 214 SOUTH BRONOUGH STREET

City State Zip Code  
Tallahassee FL 32301

Purpose of Disbursement

011

Category/  
Type

Candidate Name

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
06	/	27	/	2013

**Transaction ID : 36195773**

Amount of Each Disbursement this Period

2500.00
---------

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

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

4500.00
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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. Friends Of Cheri Bustos**

Mailing Address P.O. Box 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Cheri Bustos**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	3

**Transaction ID : 36195778**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends Of Dick Durbin**

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Richard J. Durbin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	3

**Transaction ID : 36195780**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends Of Jim Clyburn**

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. James E. Clyburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	3

**Transaction ID : 36195781**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0



**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. George Holding For Congress Inc.**

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. George E.B. Holding**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	3

**Transaction ID : 36195782**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Hudson For Congress**

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Richard L. Hudson Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	3

**Transaction ID : 36195783**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Latta For Congress**

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Bob Latta**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	3

**Transaction ID : 36195784**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	5	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Schock For Congress**

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Aaron Jon Schock**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2013

**Transaction ID : 36195786**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Pat J. Tiberi**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2013

**Transaction ID : 36195787**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Udall For Colorado**

Mailing Address PO Box 40158

City Denver State CO Zip Code 80204

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mark Emery Udall**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2013

**Transaction ID : 36195788**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

125000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" 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. Truitt for District 98**

Mailing Address P.O. Box 886

City Keller State TX Zip Code 76244

Purpose of Disbursement  
Void - Truitt for District 98

011

Candidate Name

**Representa Vicki Truitt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 98

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2013

**Transaction ID : 35928639**

Amount of Each Disbursement this Period

-500.00

Void - Truitt for District 98

Full Name (Last, First, Middle Initial)

**B. Citizens for Seth Grove**

Mailing Address 1854 Ashcombe Drive

City Dover State PA Zip Code 17315

Purpose of Disbursement  
Void - Citizens for Seth Grove

011

Candidate Name

**PA Rep. Seth Grove**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 96

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2013

**Transaction ID : 35928640**

Amount of Each Disbursement this Period

-300.00

Void - Citizens for Seth Grove

Full Name (Last, First, Middle Initial)

**C. Chuck Hopson Campaign**

Mailing Address 506 E. Commerce

City Jacksonville State TX Zip Code 75766

Purpose of Disbursement  
Void - Chuck Hopson Campaign

011

Candidate Name

**Representa Chuck Hopson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 11

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2013

**Transaction ID : 35928643**

Amount of Each Disbursement this Period

-500.00

Void - Chuck Hopson Campaign

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

-1300.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. Friends for Sheryl Delozier Committee**

Mailing Address PO Box 66

City State Zip Code  
New Cumberland PA 17070

Purpose of Disbursement  
Sheryl Delozier, STATE HOUSE 88th PA

Candidate Name  
**PA Rep. Sheryl Delozier**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: PA District: 88

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 28 / 2013

**Transaction ID : 35928685**

Amount of Each Disbursement this Period

500.00

Sheryl Delozier, STATE HOUSE 88th PA

Full Name (Last, First, Middle Initial)

**B. Mike Ross for Governor**

Mailing Address P.O. Box 22300

City State Zip Code  
Little Rock AR 72221

Purpose of Disbursement  
Mike Ross, GOVERNOR AR

Candidate Name  
**Mike Ross**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 27 / 2013

**Transaction ID : 36195785**

Amount of Each Disbursement this Period

500.00

Mike Ross, GOVERNOR AR

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Disbursement this Period

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

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

1000.00

-300.00