

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
National Association of Chain Drug Stores Political Action Committee

ADDRESS (number and street) 413 N. Lee Street  
 Check if different than previously reported. (ACC)  
Alexandria VA 22314

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day Post -Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer R. James Huber

Signature of Treasurer Electronically Filed by R. James Huber Date 10 15 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		92896.62
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	92896.62									
(c) Total Receipts (from Line 19) .....	109389.62	109389.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	202286.24	202286.24								
7. Total Disbursements (from Line 31) .....	74582.10	74582.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	127704.14	127704.14								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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) .....	85294.58	85294.58
(ii) Unitemized .....	6174.27	6174.27
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	91468.85	91468.85
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	16500.00	16500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	107968.85	107968.85
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1420.77	1420.77
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	109389.62	109389.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	109389.62	109389.62

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73300.00	73300.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1282.10	1282.10
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	74582.10	74582.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	74582.10	74582.10

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	107968.85	107968.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	107968.85	107968.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Matthew J. Leonard

Mailing Address 119 Kettle Pond Drive

City State Zip Code  
South Kingstown RI 02879

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

Name of Employer Occupation  
CVS Corporation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 7

**Transaction ID:** 25453880

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sandra K Guckian

Mailing Address 8307 Lilac Lane

City State Zip Code  
Alexandria VA 22308

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

Name of Employer Occupation  
National Association of Chain Drug Sto Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 7

**Transaction ID:** 25524259

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Nigro

Mailing Address 4100 Faith Court

City State Zip Code  
Alexandria VA 22311

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

Name of Employer Occupation  
National Association of Chain Drug Sto Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 7

**Transaction ID:** 25524261

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ronna S. Biggs</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 610 N. West Street #403		<b>Transaction ID: 25524266</b>	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Paul Kelly</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 2049 Greenwich Street		<b>Transaction ID: 25524272</b>	
City Falls Church	State VA	Zip Code 22043	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Mary Staples</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 1080 Harbor Haven		<b>Transaction ID: 25524274</b>	
City Southlake	State TX	Zip Code 76092	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. James Whitman</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7	
Mailing Address 7982 Foxmoor Drive		<b>Transaction ID: 25524606</b>	
City State Zip Code Dunn Loring VA 22027	Amount of Each Receipt this Period 1750.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. R. James Huber</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 910 Danton Lane		<b>Transaction ID: 25524612</b>	
City State Zip Code Alexandria VA 22308	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Fitzhugh Elder</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 5274 Morning Mist Lane		<b>Transaction ID: 25524617</b>	
City State Zip Code Alexandria VA 22312	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Executive		
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) ..... ▶	2300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey A. Rein</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address #1 Farrington Circle		<b>Transaction ID: 25524629</b>	
City Lincolnshire	State IL	Amount of Each Receipt this Period 5000.00	
Zip Code 60069			
FEC ID number of contributing federal political committee. C			
Name of Employer Walgreen Co.	Occupation President & COO		
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. Edith Rosato</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 9762 Viewcrest Drive		<b>Transaction ID: 25738093</b>	
City Fairfax Station	State VA	Amount of Each Receipt this Period 500.00	
Zip Code 22039			
FEC ID number of contributing federal political committee. C			
Name of Employer National Association of Chain Drug Sto	Occupation SVP, Strategic Alliances & Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Anthony Civello</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 6337 Wakefalls Drive		<b>Transaction ID: 25738121</b>	
City Wake Forest	State NC	Amount of Each Receipt this Period 5000.00	
Zip Code 27587			
FEC ID number of contributing federal political committee. C			
Name of Employer Kerr Drug, Inc.	Occupation Chairman, President & CEO		
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) ..... ▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. David Bernauer		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2007	
Mailing Address 200 Wilmot Road		<b>Transaction ID:</b> 25738123	
City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Walgreen Co.	Occupation Chairman & CEO		
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.</b> Mr. Don Pullin		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2007	
Mailing Address RR #1, Box 332		<b>Transaction ID:</b> 25877253	
City State Zip Code Point Pleasant WV 25550	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fruth Pharmacy	Occupation President and COO		
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.</b> Mr. J.P. Borneman		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2007	
Mailing Address P.O. Box 87		<b>Transaction ID:</b> 25877255	
City State Zip Code Bryn Mawr PA 19010	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hyland's, Inc.	Occupation Chairman & CEO		
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) ..... ▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Steven Oliva		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7
Mailing Address 915 W. 11th Street		Transaction ID: 25877257
City State Zip Code Vancouver WA 98660	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hi-School Pharmacy Inc.	Occupation President & CEO	
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>B.</b> Mr. Andrew Giancamilli		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 5965 Coopers Avenue		Transaction ID: 25877259
City State Zip Code Mississauga ZZ L4Z1R-9	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer The Katz Group North America	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Thomas Ryan		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 280 Irving Ave		Transaction ID: 25877260
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CVS Corporation	Occupation Chairman and CEO	
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) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Sharon Sternheim

Mailing Address 1020 Park Ave, Apt 17c

City State Zip Code  
New York NY 10028-0913

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  
0 4 / 1 1 / 2 0 0 7

Transaction ID: 25877261

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George J. Riedl

Mailing Address 200 Wilmot Road

City State Zip Code  
Deerfield IL 60015-4620

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

Name of Employer Walgreen Co PAC Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 7

Transaction ID: 25877265

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jose Navarro, RPh

Mailing Address 5959 N.W. 37th Avenue

City State Zip Code  
Miami FL 33142-2011

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

Name of Employer Navarro Discount Pharmacies Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 7

Transaction ID: 25877266

Amount of Each Receipt this Period  
5000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 42
	<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Warren F. Bryant</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2007
Mailing Address 205 Treasure Ct		<b>Transaction ID: 25877271</b>
City State Zip Code San Ramon CA 94583	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5000.00
Name of Employer Longs Drug Stores	Occupation Chairman, President, and CEO	
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. Lee L. Verstandig</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2007
Mailing Address 5212 Upton Terrace N.W.		<b>Transaction ID: 26023573</b>
City State Zip Code Washington DC 20016	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer National Association of Chain Drug Sto	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. William Earl Osborn</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2007
Mailing Address P.O. Box 31		<b>Transaction ID: 26023574</b>
City State Zip Code Miami OK 74355-0031	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Osborn Drugs, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. William D. Thompson, III</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 369 Canary Drive		<b>Transaction ID: 26023575</b>	
City State Zip Code Hollidaysburg PA 16648	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Thompson Pharmacy	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Connie Berg-Barry</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 10952 Remmet Ave.		<b>Transaction ID: 26023577</b>	
City State Zip Code Chatsworth CA 91311	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Kevin Tripp</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 15100 N. 90th Street		<b>Transaction ID: 26023580</b>	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Albertson's, Inc.		Occupation Division President & Ex. Vice Presiden	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Adam Raczkowski		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 302 Benton Drive		<b>Transaction ID:</b> 26023584	
City State Zip Code East Longmeade MA 01028-3208	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer W.F. Young	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. George Bartell, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 4727 Denver Avenue S		<b>Transaction ID:</b> 26023586	
City State Zip Code Seattle WA 98134-2316	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Bartell Drug Company	Occupation Chairman & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Sammons		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address P.O. Box 3165		<b>Transaction ID:</b> 26023589	
City State Zip Code Harrisburg PA 17105	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rite Aid Corporation	Occupation President & CEO		
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) ..... ▶	5750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert Hannan

Mailing Address 7330 Sawgrass Point Drive

City Pinellas Park State FL Zip Code 33782-4204

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

Name of Employer National Association of Chain Drug Sto  
Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 7

**Transaction ID:** 26023745

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steven C. Anderson

Mailing Address P.O. Box 1417-049

City Alexandria State VA Zip Code 22313-1480

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

Name of Employer National Association of Chain Drug Sto  
Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 7

**Transaction ID:** 26023758

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 703 Main Street

City Dubuque State IA Zip Code 52001

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

Name of Employer Hartig Drug Co., Inc.  
Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

**Transaction ID:** 26023823

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Charles Bowlus		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 31200 Carter Street		<b>Transaction ID:</b> 26023824
City State Zip Code Solon OH 44139-3567	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Efficient Consumer Response	Occupation Executive	
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>B.</b> Mr. Ronald Kerry Clark		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 15100 N. 90th Street		<b>Transaction ID:</b> 26023826
City State Zip Code Scottsdale AZ 85260-2769	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SUPERVALU Pharmacies, Inc.	Occupation Executive	
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.</b> Todd M. Kwait		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 31000 S. Woodland		<b>Transaction ID:</b> 26023827
City State Zip Code Pepper Pike OH 44124	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Robert J. Kwait & Associates	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michel Coutu

Mailing Address 50 Service Avenue

City State Zip Code  
Warwick RI 02886

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

Name of Employer Occupation  
Brooks Eckerd Pharmacy President & CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2007

**Transaction ID:** 26023828

Amount of Each Receipt this Period  
500.00

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

Mailing Address 220 5th Avenue

City State Zip Code  
New York NY 10001-7745

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

Name of Employer Occupation  
Chain Drug Review Executive

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2007

**Transaction ID:** 26031730

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mike Lucas

Mailing Address 9301 Avenue D

City State Zip Code  
Brooklyn NY 11236-1806

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

Name of Employer Occupation  
L & R Distributors, Inc. Executive

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2007

**Transaction ID:** 26031740

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert D. Loeffler

Mailing Address 646 S. Maine Avenue

City San Antonio State TX Zip Code 78204-1210

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

Name of Employer H-E-B Foods/Drugs Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 7

**Transaction ID:** 26033440

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles Butt

Mailing Address 646 S. Maine Ave

City San Antonio State TX Zip Code 78204-1210

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

Name of Employer H-E-B Foods/Drugs Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 7

**Transaction ID:** 26033621

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry J. Merlo

Mailing Address 1 CVS Drive

City Woonsocket State RI Zip Code 02895-6146

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

Name of Employer CVS Corporation Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

**Transaction ID:** 26168319

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Stefan Merlo		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007
Mailing Address One CVS Drive		<b>Transaction ID:</b> 26168326
City State Zip Code Woonsocket RI 02895-6146	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CVS Corporation	Occupation Executive VP, Stores	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Don Bell		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 5800 Magnolia Lane		<b>Transaction ID:</b> PR1054895616601
City State Zip Code Falls Church VA 22041	Amount of Each Receipt this Period 391.32	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Legal Affairs & Genera	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.32	
		P/R Deduction (\$43.48 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David Fitzsimmons		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 8315 Fitt Court		<b>Transaction ID:</b> PR1054896216601
City State Zip Code Lorton VA 22079	Amount of Each Receipt this Period 450.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Association of Chain Drug Sto	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
		P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1091.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Rhoda Kelly</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7817 Meadowgate Drive		<b>Transaction ID: PR1054897016601</b>	
City State Zip Code Manassas VA 20112	Amount of Each Receipt this Period _____ 391.32		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Membership Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 391.32		P/R Deduction (\$43.48 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Ms. Nancy Riegler</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1808 Fallbrook Lane		<b>Transaction ID: PR1054897516601</b>	
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period _____ 720.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation VP, HR & Administration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 720.00		P/R Deduction (\$80.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Ms. Mary Ann Wagner</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1605 B Hunting Creek Drive		<b>Transaction ID: PR1054897816601</b>	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period _____ 978.30		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation SVP, Policy Pharmacy Regulatory Affar		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 978.30		P/R Deduction (\$108.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>2089.62</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Phillip Schneider		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055163616601
Mailing Address 18 S. Manchester Street		Amount of Each Receipt this Period 391.32
City State Zip Code Arlington VA 22204	FEC ID number of contributing federal political committee. C	P/R Deduction (\$43.48 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation VP, External Relations/President Found	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.32	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Kevin Nicholson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055174716601
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 391.32
City State Zip Code Alexandria VA 22314	FEC ID number of contributing federal political committee. C	P/R Deduction (\$43.48 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Pharmacy Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.32	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Dale Masten		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055176316601
Mailing Address 413 N Lee Street		Amount of Each Receipt this Period 225.00
City State Zip Code Alexandria VA 22313	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Director, State Govt Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1007.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Julie Khani		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 413 N. Lee Street		<b>Transaction ID:</b> PR1055177416601	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period _____ 306.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer National Association of Chain Drug Sto	Occupation VP, Federal Health Care Programs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 306.00		P/R Deduction (\$34.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. John Coster		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 413 N. Lee Street		<b>Transaction ID:</b> PR1159939416601	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period _____ 450.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C.</b> Craig C. Painter		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2242 State Hwy. 68		<b>Transaction ID:</b> PR1928479016601	
City State Zip Code Canton NY 13617	Amount of Each Receipt this Period _____ 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Kinney Drugs, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 5000.00		P/R Deduction (\$0.00 )

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>5756.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____ <b>85294.58</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Walgreen Co. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 104 Wilmot Road, M.S. #1447		<b>Transaction ID: 25524613</b>	
City State Zip Code Deerfield IL 60015-6200	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Longs Drug Good Govt Council</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address P.O. Box 5222		<b>Transaction ID: 25877394</b>	
City State Zip Code Walnut Creek CA 94596	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Pharmavite PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 8510 Balboa Boulevard		<b>Transaction ID: 26023738</b>	
City State Zip Code Northridge CA 91325	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 42
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
CVS Corp. Federal PAC

Mailing Address One CVS Drive

City State Zip Code  
Woonsocket RI 02895

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	0	7

**Transaction ID:** 26023746

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Dickstein Shapiro Morin & Oshinsky PAC

Mailing Address 2101 L Street, N.W.

City State Zip Code  
Washington DC 20037

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	7

**Transaction ID:** 26031691

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16500.00

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

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

FOR LINE NUMBER: PAGE 26 / 42  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
NACDS PAC - Dreyfus Gov't Cash Mgmt.  
Mailing Address 413 N. Lee St.  
City State Zip Code  
Alexandria VA 22314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
272.11

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 7  
Transaction ID: 25932028  
Amount of Each Receipt this Period  
272.11

**B.** Full Name (Last, First, Middle Initial)  
NACDS PAC - Dreyfus Gov't Cash Mgmt.  
Mailing Address 413 N. Lee St.  
City State Zip Code  
Alexandria VA 22314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
518.95

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 7  
Transaction ID: 25932030  
Amount of Each Receipt this Period  
246.84

**C.** Full Name (Last, First, Middle Initial)  
NACDS PAC - Dreyfus Gov't Cash Mgmt.  
Mailing Address 413 N. Lee St.  
City State Zip Code  
Alexandria VA 22314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
733.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 7  
Transaction ID: 25932032  
Amount of Each Receipt this Period  
215.03

**SUBTOTAL** of Receipts This Page (optional) ..... ► **733.98**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> NACDS PAC - Dreyfus Gov't Cash Mgmt.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2007	
Mailing Address 413 N. Lee St.		<b>Transaction ID:</b> 25932033	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 191.64		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 925.62		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> NACDS PAC - Dreyfus Gov't Cash Mgmt.		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2007	
Mailing Address 413 N. Lee St.		<b>Transaction ID:</b> 26044827	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 198.80		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1124.42		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> NACDS PAC - Dreyfus Gov't Cash Mgmt.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2007	
Mailing Address 413 N. Lee St.		<b>Transaction ID:</b> 26219616	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 194.26		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1318.68		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	584.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1318.68

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Gene Green Congressional Campaign</b>		<b>Transaction ID: 25453870</b>	
Mailing Address PO Box 16128		Date of Disbursement 02 / 13 / 2007	
City Houston	State TX	Zip Code 77222	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Gene Green			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 29		

Full Name (Last, First, Middle Initial) <b>B. Walden For Congress Inc.</b>		<b>Transaction ID: 25453862</b>	
Mailing Address PO Box 1091		Date of Disbursement 02 / 13 / 2007	
City Hood River	State OR	Zip Code 97031	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Greg Walden			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OR	District: 2		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Jay Rockefeller</b>		<b>Transaction ID: 25453841</b>	
Mailing Address PO Box 1909		Date of Disbursement 02 / 13 / 2007	
City Charleston	State WV	Zip Code 25327	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. John D. Rockefeller, IV			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WV	District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 42

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

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

Full Name (Last, First, Middle Initial) <b>A. Haley's PAC</b>		Transaction ID: 25497741 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address PO Box 1186		Amount of Each Disbursement this Period 500.00
City Jackson State MS Zip Code 39215	011 Category/ Type	
Purpose of Disbursement Leadership PAC Candidate Name		Leadership PAC
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Dick Durbin Committee</b>		Transaction ID: 25518436 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address PO Box 1949		Amount of Each Disbursement this Period 1000.00
City Springfield State IL Zip Code 62705	011 Category/ Type	
Purpose of Disbursement Candidate Name Sen. Richard J. Durbin		Leadership PAC
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The National Republican Congressional Committee</b>		Transaction ID: 25518426 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 320 First Street		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement Campaign Committee Candidate Name		Campaign Committee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 42

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

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

Full Name (Last, First, Middle Initial) <b>A. National Republican Senatorial Committee</b>		<b>Transaction ID: 25518435</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 425 2nd St., NE		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20002	Campaign Committee	
Purpose of Disbursement Campaign Committee Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID: 25518434</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 101 W. Grand Ave., Suite 200		Amount of Each Disbursement this Period 10000.00
City Chicago State IL Zip Code 60610	Campaign Committee	
Purpose of Disbursement Campaign Committee Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Democratic Congressional Campaign Committee</b>		<b>Transaction ID: 25518433</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 430 South Capitol St, SE 2nd Floor		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20003	Campaign Committee	
Purpose of Disbursement Campaign Committee Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	30000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Alexander For Senate 2008 Inc</b>		<b>Transaction ID: 25518437</b> Date of Disbursement 03 / 07 / 2007
Mailing Address 228 S Washington Street Suite 115		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Lamar Alexander		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Charles A. Gonzalez Congressional Campaign</b>		<b>Transaction ID: 25652299</b> Date of Disbursement 03 / 23 / 2007
Mailing Address PO Box 12612		Amount of Each Disbursement this Period 1000.00
City San Antonio State TX Zip Code 78212	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Charles A. Gonzalez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Haley's PAC</b>		<b>Transaction ID: 25659555</b> Date of Disbursement 03 / 27 / 2007
Mailing Address PO Box 1186		Amount of Each Disbursement this Period -500.00
City Jackson State MS Zip Code 39215	011 Category/ Type	
Purpose of Disbursement Void - Haley's PAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 42

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

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

Full Name (Last, First, Middle Initial) <b>A. Team Emerson For Jo Ann Emerson</b>		<b>Transaction ID: 25840569</b>	
Mailing Address PO Box 822 P.O. Box 822		Date of Disbursement 04 / 18 / 2007	
City Cape Girardeau	State MO	Zip Code 63702	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Jo Ann Emerson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MO District: 8			

Full Name (Last, First, Middle Initial) <b>B. Marion Berry For Congress</b>		<b>Transaction ID: 25896658</b>	
Mailing Address P.O. Box 8084		Date of Disbursement 05 / 07 / 2007	
City Jonesboro	State AR	Zip Code 72403	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Marion Berry			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR District: 1			

Full Name (Last, First, Middle Initial) <b>C. Marion Berry For Congress</b>		<b>Transaction ID: 25896681</b>	
Mailing Address P.O. Box 8084		Date of Disbursement 05 / 07 / 2007	
City Jonesboro	State AR	Zip Code 72403	Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement Void - Marion Berry For Congress		011 Category/ Type	
Candidate Name Rep. Marion Berry			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR District: 1	Void - Marion Berry For Congress		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 42

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

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

Full Name (Last, First, Middle Initial) <b>A. Marion Berry For Congress</b>		<b>Transaction ID: 25896682</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 8084		Amount of Each Disbursement this Period 2000.00
City Jonesboro State AR Zip Code 72403	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Marion Berry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cantor For Congress</b>		<b>Transaction ID: 25896673</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Eric I. Cantor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mike Ross For Congress Committee</b>		<b>Transaction ID: 25896650</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address PO Box 360		Amount of Each Disbursement this Period 1000.00
City Prescott State AR Zip Code 71857	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Michael A. Ross		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 42

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

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

Full Name (Last, First, Middle Initial) <b>A. Tammy Baldwin For Congress</b>		<b>Transaction ID: 25896678</b>	
Mailing Address P.O. Box 696		Date of Disbursement 05 / 07 / 2007	
City Madison	State WI	Zip Code 53701	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Tammy Baldwin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WI	District: 2		

Full Name (Last, First, Middle Initial) <b>B. Dave Camp For Congress 2008</b>		<b>Transaction ID: 25987202</b>	
Mailing Address 5915 Eastman Ave. Suite 100		Date of Disbursement 05 / 24 / 2007	
City Midland	State MI	Zip Code 48640	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. David Lee Camp			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI	District: 4		

Full Name (Last, First, Middle Initial) <b>C. Congressman Joe Barton Committee, The</b>		<b>Transaction ID: 25987397</b>	
Mailing Address P.O. Box 1444		Date of Disbursement 05 / 24 / 2007	
City Ennis	State TX	Zip Code 75120	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Joe L. Barton			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 42

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Rahm Emanuel</b>		Transaction ID: 25987395 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address P.O. Box 101124		Amount of Each Disbursement this Period 1000.00	
City Chicago State IL Zip Code 60610	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rahm Emanuel			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Hoyer For Congress</b>		Transaction ID: 25987399 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 2500.00	
City Clinton State MD Zip Code 20735	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Steny H. Hoyer			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Cannon For Congress</b>		Transaction ID: 25979792 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address 190 West 800 North Suite 100 190 West 800 North Ste. 100		Amount of Each Disbursement this Period 1000.00	
City Provo State UT Zip Code 84601	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Christopher B. Cannon			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ike Skelton For Congress Committee</b>		<b>Transaction ID: 25987400</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address P.O. Box A		Amount of Each Disbursement this Period 1000.00
City Harrisonville State MO Zip Code 64701		
Purpose of Disbursement Candidate Name Rep. Ike Skelton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 4	011 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID: 26018286</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 101 W. Grand Ave., Suite 200		Amount of Each Disbursement this Period 5000.00  Campaign Committee
City Chicago State IL Zip Code 60610		
Purpose of Disbursement Campaign Committee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Patrick Murphy For Congress</b>		<b>Transaction ID: 26018283</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 868		Amount of Each Disbursement this Period 1000.00
City Levittown State PA Zip Code 19058		
Purpose of Disbursement Candidate Name Rep. Patrick Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8	011 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 42

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

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

Full Name (Last, First, Middle Initial) <b>A. Congressman Waxman Campaign Committee</b>		<b>Transaction ID: 26078184</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90048	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Henry A. Waxman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Issa For Congress</b>		<b>Transaction ID: 26078173</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address P O Box 760		Amount of Each Disbursement this Period 500.00
City Vista State CA Zip Code 92085	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Darrell E. Issa		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Anna Eshoo For Congress</b>		<b>Transaction ID: 26078029</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Anna G. Eshoo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Matheson For Congress</b>		<b>Transaction ID: 26078152</b> Date of Disbursement 06 / 14 / 2007
Mailing Address PO Box 521048 Suite A		Amount of Each Disbursement this Period 1000.00
City Salt Lake City      State UT      Zip Code 84152		
Purpose of Disbursement		011 Category/ Type
Candidate Name Rep. James D. Matheson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT      District: 2		

Full Name (Last, First, Middle Initial) <b>B. Mchenry For Congress</b>		<b>Transaction ID: 26078161</b> Date of Disbursement 06 / 14 / 2007
Mailing Address PO Box 1406		Amount of Each Disbursement this Period 1000.00
City Hickory      State NC      Zip Code 28603		
Purpose of Disbursement		011 Category/ Type
Candidate Name Rep. Patrick T. McHenry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC      District: 10		

Full Name (Last, First, Middle Initial) <b>C. Lindsey Graham For Senate</b>		<b>Transaction ID: 26078167</b> Date of Disbursement 06 / 14 / 2007
Mailing Address PO Box 1801		Amount of Each Disbursement this Period 1000.00
City Columbia      State SC      Zip Code 29202		
Purpose of Disbursement		011 Category/ Type
Candidate Name Sen. Lindsey O. Graham		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC      District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 42

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

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

Full Name (Last, First, Middle Initial) <b>A. Diana Degette For Congress Inc.</b>		Transaction ID: 26078177 Date of Disbursement 06 / 14 / 2007	
Mailing Address P.O. Box 61337		Amount of Each Disbursement this Period 1000.00	
City Denver State CO Zip Code 80206	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Diana DeGette			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Solis For Congress</b>		Transaction ID: 26078182 Date of Disbursement 06 / 14 / 2007	
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00	
City Los Angeles State CA Zip Code 90048	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Hilda L. Solis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. People For Patty Murray U S Senate Campaign</b>		Transaction ID: 26078189 Date of Disbursement 06 / 14 / 2007	
Mailing Address PO Box 3662		Amount of Each Disbursement this Period 1000.00	
City Seattle State WA Zip Code 98124	Purpose of Disbursement 011 Category/ Type		
Candidate Name Sen. Patty Murray			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 1	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of John Tanner</b>		<b>Transaction ID:</b> 26153267 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address Post Office Box 1994		Amount of Each Disbursement this Period 1000.00
City State Zip Code Union City TN 38281	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John S. Tanner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rangel For Congress</b>		<b>Transaction ID:</b> 26153259 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address PO Box 5577 Manhattanville Sta		Amount of Each Disbursement this Period 1000.00
City State Zip Code New York NY 10027	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Congressma Charles B. (Charlie) Rangel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hooley For Congress</b>		<b>Transaction ID:</b> 26153272 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address PO Box 2050		Amount of Each Disbursement this Period 1000.00
City State Zip Code Salem OR 97308	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Darlene Hooley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Committee To Re-Elect Nydia M. Velazquez To Congre</b>		<b>Transaction ID: 26153273</b>	
Mailing Address 315 Inspiration Lane		Date of Disbursement MM / DD / YYYY 06 / 27 / 2007	
City Gaithersburg	State MD	Zip Code 20878	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/Type	
Candidate Name Rep. Nydia M. Velazquez			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY	District: 12		

Full Name (Last, First, Middle Initial) <b>B. Tiberi For Congress</b>		<b>Transaction ID: 26153274</b>	
Mailing Address 2021 E Dublin Granville Road Suite 2000		Date of Disbursement MM / DD / YYYY 06 / 27 / 2007	
City Columbus	State OH	Zip Code 43229	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/Type	
Candidate Name Rep. Patrick J. Tiberi			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH	District: 12		

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

2000.00

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

73300.00

**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)

PAGE 42 / 42

<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 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  
Pmt of 1120-POL tax - federal portion

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 25461127

Date of Disbursement

02 / 13 / 2007

Amount of Each Disbursement this Period

1071.00

Pmt of 1120-POL tax - federal portion

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

1071.00

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

1071.00