

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"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. William D. Thompson, III | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7 | |
| Mailing Address 369 Canary Drive | | Transaction ID: 26023575 | |
| City Hollidaysburg | State PA | Amount of Each Receipt this Period 2000.00 | |
| Zip Code 16648 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| 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. Ms. Connie Berg-Barry | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7 | |
| Mailing Address 10952 Remmet Ave. | | Transaction ID: 26023577 | |
| City Chatsworth | State CA | Amount of Each Receipt this Period 500.00 | |
| Zip Code 91311 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Kevin Tripp | | 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 | | Transaction ID: 26023580 | |
| City Scottsdale | State AZ | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 85260 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| 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 | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | |