

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 Alexandria VA 22314 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2010 through 06 30 2010

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 07 13 2010

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**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 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 29249.22 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 56155.11                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 57167.77                | 125163.17                         |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 113322.88               | 154412.39                         |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 69182.63                | 110272.14                         |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 44140.25                | 44140.25                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |          |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Association of Chain Drug Stores Political Action Committee

Report Covering the Period: From:    To:

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 47514.97                      | 97298.04                          |
| (ii) Unitemized .....  | 2172.87                       | 5000.24                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 49687.84                      | 102298.28                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 7000.00                       | 22000.00                          |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 56687.84                      | 124298.28                         |
| 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) ..... | 466.85                        | 849.04                            |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 13.08                         | 15.85                             |
| 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)) .....                          | 57167.77                      | 125163.17                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 57167.77                      | 125163.17                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 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.....  | 682.63                                | 1201.64                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 682.63                                | 1201.64                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 64500.00                              | 104500.00                                 |
| 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.....   | 4000.00                               | 4570.50                                   |
| 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))..       | 69182.63                              | 110272.14                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 69182.63                              | 110272.14                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 56687.84                      | 124298.28                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 56687.84                      | 124298.28                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 682.63                        | 1201.64                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 466.85                        | 849.04                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 215.78                        | 352.60                            |

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

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

FOR LINE NUMBER: PAGE 6 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

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

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt: 04 / 08 / 2010  
**Transaction ID: 31568389**  
 Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dawn F. Worthington

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: VP, Human Resources

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 04 / 08 / 2010  
**Transaction ID: 31568439**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary Sammons

Mailing Address 30 Hunter Ln

City State Zip Code  
Camp Hill PA 17011-2400

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

Name of Employer: Rite Aid Corporation  
Occupation: Chairman and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt: 04 / 09 / 2010  
**Transaction ID: 31570394**  
 Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10250.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 44  
(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)  
Mr. Mark E. Griffin

Mailing Address 2701 S Minnesota Ave Ste 1

City State Zip Code  
Sioux Falls SD 57105-4746

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

**Transaction ID:** 31572671

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joe Courtright

Mailing Address 2100 Brookwood Dr

City State Zip Code  
Little Rock AR 72202-1734

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

Name of Employer Occupation  
USA Drug Chief Executive Officer and President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

**Transaction ID:** 31584304

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Anthony N. Civello

Mailing Address 3220 Spring Forest Rd

City State Zip Code  
Raleigh NC 27616-2822

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

Name of Employer Occupation  
Kerr Drug, Inc. Chairman, President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

**Transaction ID:** 31588731

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 44  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Paul E. Beahm

Mailing Address 702 SW 8th St

City Bentonville State AR Zip Code 72716-6209

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

Name of Employer Wal-Mart Stores, Inc. Occupation Senior Vice President and General Merc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 14 / 2010

Transaction ID: 31588755

Amount of Each Receipt this Period 365.00

**B.**

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

Mailing Address 23230 Chagrin Blvd Ste 340

City Cleveland State OH Zip Code 44122-5431

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 16 / 2010

Transaction ID: 31616567

Amount of Each Receipt this Period 1000.00

**C.**

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

Mailing Address 520 E Main St

City Gouverneur State NY Zip Code 13642-1561

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 23 / 2010

Transaction ID: 31641873

Amount of Each Receipt this Period 1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2615.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 44  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John Standley

Mailing Address 30 Hunter Ln

City State Zip Code  
Camp Hill PA 17011-2400

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

Name of Employer Occupation  
Rite Aid Corporation President and COO

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 / 2 8 / 2 0 1 0

**Transaction ID:** 31651683

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Stephen P. McCoy

Mailing Address 29 E Main St

City State Zip Code  
Gouverneur NY 13642-1401

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

Name of Employer Occupation  
Kinney Drugs, Inc. EVP and CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

**Transaction ID:** 31656503

Amount of Each Receipt this Period  
1250.00

**C.**

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

Mailing Address 703 Main St

City State Zip Code  
Dubuque IA 52001-6814

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 1 0

**Transaction ID:** 31656510

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6615.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 44  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <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. Thomas M. Ryan

Mailing Address 1 Cvs Dr

City State Zip Code  
Woonsocket RI 02895-6146

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

Name of Employer Occupation  
CVS Caremark Corporation Chairman of the Board, President and C

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2010

**Transaction ID:** 31657055

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 1110 W Lake Cook Rd Ste 372

City State Zip Code  
Buffalo Grove IL 60089-1991

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

Name of Employer Occupation  
Swanson Group, The Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2010

**Transaction ID:** 31659240

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Scott Verner

Mailing Address 2400 NW 55th Ct

City State Zip Code  
Fort Lauderdale FL 33309-2672

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

Name of Employer Occupation  
Home Diagnostics, Inc. Senior Vice President, Sales and Marke

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2010

**Transaction ID:** 31666178

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5765.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 44

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Gregg Johnson

Mailing Address 2400 NW 55th Ct

City State Zip Code  
Fort Lauderdale FL 33309-2672

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

Name of Employer Occupation  
Home Diagnostics, Inc. Vice President, Consumer Healthcare

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: 31666179

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Kermit Crawford, RPh

Mailing Address 200 Wilmot Rd

City State Zip Code  
Deerfield IL 60015-4620

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

Name of Employer Occupation  
Walgreen Co. Senior Vice President of Pharmacy

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 1 0

Transaction ID: 31666578

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Rob Price

Mailing Address 1 Cvs Dr

City State Zip Code  
Woonsocket RI 02895-6146

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

Name of Employer Occupation  
CVS Caremark Corporation Chief Marketing Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 1 0

Transaction ID: 31666583

Amount of Each Receipt this Period

365.00

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

3230.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 44  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <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

**A.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Patrick Smith  |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 24 / 2010 |
| Mailing Address 3160 Pinebrook Rd   |                                     | <b>Transaction ID:</b> 31666585                     |
| City<br>Park City   | State<br>UT                         | Zip Code<br>84098-5380                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>300.00        |
| Name of Employer<br>Park City Group   | Occupation<br>Vice President, Sales |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00  |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. John C. Vayianos   |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 24 / 2010 |
| Mailing Address 74 20th St  |                                     | <b>Transaction ID:</b> 31666587                     |
| City<br>Brooklyn  | State<br>NY                         | Zip Code<br>11232-1101                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>PROFOOT Inc.  | Occupation<br>Vice President, Sales |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. John D. Kenlon   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 24 / 2010 |
| Mailing Address 425 Park Ave Fl 6TH   |                                    | <b>Transaction ID:</b> 31666588                     |
| City<br>New York  | State<br>NY                        | Zip Code<br>10022-3506                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Drug Store News   | Occupation<br>Group Publisher      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

|  |   |         |
|--|---|---------|
| <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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 44  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Steven J. Oliva

Mailing Address 915 W 11th St

City State Zip Code  
Vancouver WA 98660-3058

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

Name of Employer Occupation  
Hi-School Pharmacy Inc. President and Chief Executive Officer

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 / 2 4 / 2 0 1 0

**Transaction ID:** 31666589

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Angelo DeFazio

Mailing Address 500 Farmington Ave

City State Zip Code  
Hartford CT 06105-3106

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

Name of Employer Occupation  
Arrow Prescription Center President/CEO

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 4 / 2 4 / 2 0 1 0

**Transaction ID:** 31666591

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Patrick D. O'leary

Mailing Address 4455 Genesee St.

City State Zip Code  
Cheektowaga NY 14225-1928

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

Name of Employer Occupation  
Greenwood Group Owner

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 / 2 5 / 2 0 1 0

**Transaction ID:** 31666607

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 14 / 44                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 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

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. A.P. Skip Aldridge   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 8 / 2 0 1 0 |
|           | Mailing Address PO Box 9606   | <b>Transaction ID:</b> 31667794                               |
|           | City Mission Hills State CA Zip Code 91346-9606   | Amount of Each Receipt this Period<br>1000.00                 |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Pharmavite Occupation Executive Vice President and Chief Customer Officer<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Todd M. Kwait  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 8 / 2 0 1 0 |
|           | Mailing Address 23230 Chagrin Blvd Ste 340  | <b>Transaction ID:</b> 31667795                               |
|           | City Cleveland State OH Zip Code 44122-5431   | Amount of Each Receipt this Period<br>1000.00                 |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Product Quest Manufacturing, LLC Occupation President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. William E Osborn   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 8 / 2 0 1 0 |
|           | Mailing Address 11 W Central Ave  | <b>Transaction ID:</b> 31667796                               |
|           | City Miami State OK Zip Code 74354-6815   | Amount of Each Receipt this Period<br>1000.00                 |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Osborn Drugs, Inc. Occupation Chairman of the Board<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00 |   |

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

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

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

FOR LINE NUMBER: PAGE 15 / 44  
(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)  
Mr. David Neu

Mailing Address PO Box 959

City State Zip Code  
Valley Forge PA 19482-0959

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

Name of Employer Occupation  
AmerisourceBergen Corpora- Senior Vice President, Retail Sales an  
tion

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

**Transaction ID:** 31667801

Amount of Each Receipt this Period  
365.00

Aggregate Year-to-Date ▼  
365.00

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

Mailing Address 520 E. Main Street

City State Zip Code  
Gouverneur NY 13642-1561

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

Name of Employer Occupation  
Kinney Drugs, Inc. Vice President, Human Resources

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

**Transaction ID:** 31675038

Amount of Each Receipt this Period  
1250.00

Aggregate Year-to-Date ▼  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael C. Kaufmann

Mailing Address 7000 Cardinal PI

City State Zip Code  
Dublin OH 43017-1091

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

Name of Employer Occupation  
Medicine Shoppe Internati- Chief Executive Officer - Pharmaceutic  
onal, Inc.

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

**Transaction ID:** 31688915

Amount of Each Receipt this Period  
1000.00

Aggregate Year-to-Date ▼  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2615.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 44  
(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)  
Mr. Don L. Bell, II

Mailing Address 413 N Lee St

City State Zip Code  
Alexandria VA 22314-2301

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Senior Vice President, Legal Affairs a

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 06 / 30 / 2010  
**Transaction ID:** PR1054895623584  
 Amount of Each Receipt this Period: 192.30  
 P/R Deduction (\$38.46 Bi-Weekly)

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

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Vice President, Finance and Accounting

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.49

Date of Receipt: 06 / 30 / 2010  
**Transaction ID:** PR1054896223584  
 Amount of Each Receipt this Period: 96.15  
 P/R Deduction (\$19.23 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sandra Kay Guckian

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Vice President & Deputy Director, Stat

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 639.38

Date of Receipt: 06 / 30 / 2010  
**Transaction ID:** PR1054896923584  
 Amount of Each Receipt this Period: 240.40  
 P/R Deduction (\$48.08 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 528.85

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 44  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <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

**A.**

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

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Vice President, Membership Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
503.19

Date of Receipt: 06 / 30 / 2010  
Transaction ID: PR1054897023584  
Amount of Each Receipt this Period: 192.30  
P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James A. Whitman

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Senior Vice President, Member Programs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1006.37

Date of Receipt: 06 / 30 / 2010  
Transaction ID: PR1054897923584  
Amount of Each Receipt this Period: 384.60  
P/R Deduction (\$76.92 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Paul T. Kelly

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Vice President, Federal Legislative Af

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
757.50

Date of Receipt: 06 / 30 / 2010  
Transaction ID: PR1055164123584  
Amount of Each Receipt this Period: 288.45  
P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.35**

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

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

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

FOR LINE NUMBER: PAGE 18 / 44  
(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)  
Ms. Diane Darvey

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Director, Public Policy

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt: 06 / 30 / 2010  
**Transaction ID:** PR1055165023584  
 Amount of Each Receipt this Period: 192.30  
 P/R Deduction (\$38.46 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Larry Lotridge

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Vice President, Conference Services

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.49

Date of Receipt: 06 / 30 / 2010  
**Transaction ID:** PR1055173623584  
 Amount of Each Receipt this Period: 96.15  
 P/R Deduction (\$19.23 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kevin N. Nicholson

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer: National Association of Chain Drug Sto  
Occupation: Vice President, Government Affairs & P

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 503.19

Date of Receipt: 06 / 30 / 2010  
**Transaction ID:** PR1055174723584  
 Amount of Each Receipt this Period: 192.30  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 480.75

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 44  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <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. Dale Masten

Mailing Address 7577 Central Parke Blvd Ste 124

City State Zip Code  
Mason OH 45040-6834

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

Name of Employer National Association of Chain Drug Sto  
Occupation Director, State Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.11

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** PR1055176323584

Amount of Each Receipt this Period  
100.95

P/R Deduction (\$20.19 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Julie Khani

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer National Association of Chain Drug Sto  
Occupation Vice President, Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 515.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** PR1055177423584

Amount of Each Receipt this Period  
197.10

P/R Deduction (\$39.42 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Christopher Krese

Mailing Address PO Box 1417-D49

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer National Association of Chain Drug Sto  
Occupation SVP, Marketing, Communications, & Medi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 963.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** PR2231851423584

Amount of Each Receipt this Period  
384.65

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **682.70**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 44                 |
|   | <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

|   |   |   |   |
|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Christine M. Kopple  |   | Date of Receipt   |
|   | Mailing Address PO Box 1417-D49                                     |   | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>06 / 30 / 2010 |
|   | City  | State   | Zip Code  |
|   | Alexandria  | VA  | 22313-1480  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> PR2257462223584  |
| Name of Employer<br>National Association of Chain Drug Sto  |   | Occupation<br>Vice President, Media Relations | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>375.05            | 144.25  |
|   |   |   | P/R Deduction (\$28.85 Bi-Weekly)   |

|   |   |   |   |
|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Gary Wirth           |   | Date of Receipt   |
|   | Mailing Address PO Box 1417-D49                                     |   | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>06 / 30 / 2010 |
|   | City  | State   | Zip Code  |
|   | Alexandria  | VA  | 22313-1480  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> PR2257462623584  |
| Name of Employer<br>National Association of Chain Drug Sto  |   | Occupation<br>Vice President, State Government Affa | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>391.59                  | 76.92   |
|   |   |   | P/R Deduction (\$38.46 Bi-Weekly)   |

|   |   |  |   |
|---|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Marc Schloss         |  | Date of Receipt   |
|   | Mailing Address PO Box 1417-D49                                     |  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>06 / 30 / 2010 |
|   | City  | State  | Zip Code  |
|   | Alexandria  | VA   | 22313-1480  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | <b>Transaction ID:</b> PR2390680723584  |
| Name of Employer<br>National Association of Chain Drug Sto  |   | Occupation<br>Director, Federal Government Affairs | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>249.99                 | 96.15   |
|   |   |  | P/R Deduction (\$19.23 Bi-Weekly)   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>317.32</b>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>47514.97</b> |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 44  
(check only one)

|                              |                              |  |   |
|------------------------------|------------------------------|--|---|
| <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 checked="" 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

**A.**

Full Name (Last, First, Middle Initial)  
National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
453.29

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

**Transaction ID:** 31569993

Amount of Each Receipt this Period  
71.10

Mar10 Bank Fees Reimbursement

**B.**

Full Name (Last, First, Middle Initial)  
National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
687.84

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

**Transaction ID:** 31768459

Amount of Each Receipt this Period  
234.55

Apr10 Bank Fees Reimbursement

**C.**

Full Name (Last, First, Middle Initial)  
National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
849.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

**Transaction ID:** 31944933

Amount of Each Receipt this Period  
161.20

May10 Bank Fees Reimbursement

|  |   |               |
|--|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | <b>466.85</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | <b>466.85</b> |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 44  
(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)  
Pharmavite PAC

Mailing Address 8510 Blaboa Boulevard

City State Zip Code  
Northridge CA 91325

FEC ID number of contributing federal political committee. **C** C00410654

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 4 / 2 8 / 2 0 1 0

**Transaction ID:** 31667803

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
ValuPAC

Mailing Address 15100 N 90th St Ste 190

City State Zip Code  
Scottsdale AZ 85260-2901

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

**Transaction ID:** 31675021

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Wal-Mart Stores PAC

Mailing Address 702 SW 8th Street

City State Zip Code  
Bentonville AR 72716

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 0

**Transaction ID:** 31912550

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |   |                             |                             |
|---|------------------------------|---|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |   | PAGE 23 / 44                |                             |
|   | (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"/> 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)<br>National Association of Chain Drug Stores Political Action Committee |
|---|

|   |  |                          |                                       |                                    |         |  |
|---|--|--------------------------|---------------------------------------|------------------------------------|---------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dickstein Shapiro LLP PAC |                          | Date of Receipt                       |                                    |         |  |
|   | Mailing Address 1825 Eye Street, NW                                  |                          | M M / D D / Y Y Y Y<br>06 / 15 / 2010 |                                    |         |  |
|   | City   | State                    | Zip Code                              | <b>Transaction ID:</b> 31912552    |         |  |
|   | Washington   | DC                       | 20006                                 | Amount of Each Receipt this Period |         |  |
|   | FEC ID number of contributing federal political committee.           |                          | C C00110197                           |                                    | 1000.00 |  |
|   | Name of Employer   |                          | Occupation                            |                                    |         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼ |                                       | 1000.00                            |         |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 7000.00 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Scott Brown For Us Senate Committee

Mailing Address P.O. Box 395

City Wrentham State MA Zip Code 02093

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Scott Brown

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

Transaction ID: 31570444  
Date of Disbursement

04 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Martin Heinrich For Congress, Inc.

Mailing Address 2118 Central Avenue Se #71

City Albuquerque State NM Zip Code 87106

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Martin Heinrich

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: NM District: 01

Transaction ID: 31570466  
Date of Disbursement

04 / 08 / 2010

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Kind For Congress Committee

Mailing Address 205 5th Avenue South Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Ron Kind

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: WI District: 03

Transaction ID: 31570501  
Date of Disbursement

04 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

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

2250.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 44

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Volunteers For Shimkus</p> <p>Mailing Address PO Box 661<br/>PO Box 5458</p> <p>City Collinsville State IL Zip Code 62234</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: IL District: 19</p> | <p><b>Transaction ID:</b> 31570520<br/><b>Date of Disbursement</b><br/>04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Becerra For Congress</p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: CA District: 31</p>                | <p><b>Transaction ID:</b> 31649842<br/><b>Date of Disbursement</b><br/>04 / 21 / 2010</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1500.00</span></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Marsha Blackburn For Congress Inc.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: TN District: 07</p>     | <p><b>Transaction ID:</b> 31649845<br/><b>Date of Disbursement</b><br/>04 / 21 / 2010</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p> |

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

**5000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Friends Of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Roy Blunt

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: MO District: 07

Transaction ID: 31649846  
Date of Disbursement

04 / 21 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)  
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Democratic Senatorial Campaign Committee

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

Transaction ID: 31651620  
Date of Disbursement

04 / 21 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)  
Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Charles W. Dent

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: PA District: 15

Transaction ID: 31651690  
Date of Disbursement

04 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 44

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

A.

Full Name (Last, First, Middle Initial)  
Gillibrand For Senate

Mailing Address 236 Massachusetts Ave Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Kirsten E. Gillibrand

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NY District:

Transaction ID: 31651796  
Date of Disbursement

04 / 21 / 2010

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)  
Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Sander M. Levin

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: MI District: 12

Transaction ID: 31652028  
Date of Disbursement

04 / 21 / 2010

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)  
Mikulski For Senate Committee

Mailing Address P O B 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Barbara A. Mikulski

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: MD District:

Transaction ID: 31652340  
Date of Disbursement

04 / 21 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3250.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 28 / 44

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Ryan For Congress<br><hr/> Mailing Address P. O. Box 1919<br><hr/> City Janesville State WI Zip Code 53547<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br>Rep. Paul D. Ryan<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WI District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                           | Transaction ID: 31652568<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 21 / 2010   |
|   | Amount of Each Disbursement this Period<br>1000.00  |
|   | Category/<br>Type<br>011  |
|   | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                        |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Tim Burns For Congress<br><hr/> Mailing Address PO Box 4483<br><hr/> City Eighty Four State PA Zip Code 15330<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br>Mr. Timothy Burns<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 12<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>Special-General2010 | Transaction ID: 31699143<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 05 / 2010   |
|   | Amount of Each Disbursement this Period<br>1000.00  |
|   | Category/<br>Type<br>011  |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>Special-General2010 |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Cantor For Congress<br><hr/> Mailing Address P. O. Box 17813<br><hr/> City Richmond State VA Zip Code 23226<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br>Rep. Eric I. Cantor<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 07<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                        | Transaction ID: 31699144<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 05 / 2010   |
|   | Amount of Each Disbursement this Period<br>2500.00  |
|   | Category/<br>Type<br>011  |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                        |

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Team Emerson For Jo Ann Emerson</p> <p>Mailing Address P.O. Box 822<br/>400 Broadway, Suite 501</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. Jo Ann Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: MO District: 08</p> | <p><b>Transaction ID:</b> 31699145<br/><b>Date of Disbursement</b><br/>05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mchenry For Congress</p> <p>Mailing Address PO Box 1406</p> <p>City Hickory State NC Zip Code 28603</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. Patrick Timothy McHenry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: NC District: 10</p>                                       | <p><b>Transaction ID:</b> 31699146<br/><b>Date of Disbursement</b><br/>05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Michael Burgess For Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. Michael C. Burgess, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: TX District: 26</p>                               | <p><b>Transaction ID:</b> 31825961<br/><b>Date of Disbursement</b><br/>06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p> |

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

**3000.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Richard Burr Committee; The   | Transaction ID: 31825969<br>Date of Disbursement   |
|    | Mailing Address Post Office Box 5928   | <input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>  |
|    | City Winston-Salem State NC Zip Code 27113   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement  | <input type="text" value="1000.00"/>   |
|    | Candidate Name Sen. Richard M. Burr  | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Friends Of Blanche Lincoln  | Transaction ID: 31825972<br>Date of Disbursement   |
|    | Mailing Address PO Box 3197  | <input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>  |
|    | City Little Rock State AR Zip Code 72203   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement  | <input type="text" value="2500.00"/>   |
|    | Candidate Name Sen. Blanche Lambert Lincoln  | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AR District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>Runoff2008 |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>The National Republican Congressional Committee   | Transaction ID: 31825983<br>Date of Disbursement  |
|    | Mailing Address 320 First Street   | <input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>                             |
|    | City Washington State DC Zip Code 20003  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement  | <input type="text" value="5000.00"/>  |
|    | Candidate Name The National Republican Congressional Committee   | <input type="text" value="011"/> Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

**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

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Tim Ryan For Congress  | Transaction ID: 31826009<br>Date of Disbursement<br>06 / 02 / 2010   |
|    | Mailing Address 1600 Roosevelt Avenue<br>Suite 804  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Niles State OH Zip Code 44446  |  |
|    | Purpose of Disbursement   | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Rep. Timothy J. Ryan  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: OH District: 17 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Friends Of Jeanne Shaheen   | Transaction ID: 31826056<br>Date of Disbursement<br>06 / 02 / 2010   |
|    | Mailing Address PO Box 1510  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Manchester State NH Zip Code 03105  |  |
|    | Purpose of Disbursement  | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Ms. Jeanne Shaheen   |  |
|    | Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NH District: | Disbursement For: 2009<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Toomey For Senate Committee   | Transaction ID: 31826057<br>Date of Disbursement<br>06 / 02 / 2010   |
|    | Mailing Address 2720 Jordan Road   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Orefield State PA Zip Code 18069  |  |
|    | Purpose of Disbursement  | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Mr. Patrick Toomey   |  |
|    | Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: PA District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><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)

PAGE 32 / 44

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>21st Century Majority Fund</p> <p>Mailing Address 900 19th St., NW, 8th Floor</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>21st Century Majority Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                  | <p><b>Transaction ID:</b> 31927101<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 2 | 8 |  | 2 | 0 | 1 | 0 | 2500.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 6   |   | 2 | 8 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 2500.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Congressman Joe Barton Committee, The</p> <p>Mailing Address P.O. Box 1444</p> <p>City Ennis State TX Zip Code 75120</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. Joe L. Barton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 06</p> | <p><b>Transaction ID:</b> 31927102<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1500.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 2 | 8 |  | 2 | 0 | 1 | 0 | 1500.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 6   |   | 2 | 8 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1500.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Boyd For Congress</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Mr. F Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 02</p>                | <p><b>Transaction ID:</b> 31927104<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 2 | 8 |  | 2 | 0 | 1 | 0 | 1000.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 6   |   | 2 | 8 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

|  |  |         |
|--|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1" style="width: 100%;"><tr><td>5000.00</td></tr></table> | 5000.00 |
| 5000.00  |  |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1" style="width: 100%;"><tr><td> </td></tr></table>       |         |
|  |  |         |



**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

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>John D. Dingell For Congress   | Transaction ID: 31927105<br>Date of Disbursement<br>06 / 28 / 2010   |
|    | Mailing Address 607 14th Street, Nw<br>Suite 800  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Washington State DC Zip Code 20005   |  |
|    | Purpose of Disbursement   | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Rep. John D. Dingell  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 15 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Hatch Election Committee Inc  | Transaction ID: 31927108<br>Date of Disbursement<br>06 / 28 / 2010   |
|    | Mailing Address 175 South West Temple Suite 650  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Salt Lake City State UT Zip Code 84101  |  |
|    | Purpose of Disbursement  | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Sen. Orrin G. Hatch  |  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: UT District: | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Friends Of Sam Johnson   | Transaction ID: 31927119<br>Date of Disbursement<br>06 / 28 / 2010   |
|    | Mailing Address P.O. Box 860096   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Plano State TX Zip Code 75086  |  |
|    | Purpose of Disbursement   | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Rep. Samuel Robert Johnson  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 03 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><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)

PAGE 34 / 44

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Friends Of John Boehner<br><hr/> Mailing Address 7908 Cincinnati Dayton Road<br>Suite I<br><hr/> City West Chester State OH Zip Code 45069<br><hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name<br>Rep. John A. Boehner<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: OH District: 08 | <b>Transaction ID:</b> 31942478<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 2 8 / 2 0 1 0<br><hr/> Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div> |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Bringing Leadership Back PAC<br><hr/> Mailing Address P.O. Box 40964<br><hr/> City Arlington State VA Zip Code 22204<br><hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name<br>Bringing Leadership Back PAC<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:  | <b>Transaction ID:</b> 31942498<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 2 8 / 2 0 1 0<br><hr/> Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div> |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Dave Camp For Congress 2010<br><hr/> Mailing Address 5915 Eastman Avenue<br>Suite 100<br><hr/> City Midland State MI Zip Code 48640<br><hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name<br>Rep. David Lee Camp<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: MI District: 04         | <b>Transaction ID:</b> 31942499<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 2 8 / 2 0 1 0<br><hr/> Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div> |

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <div style="border: 1px solid black; padding: 5px;">6500.00</div>        |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <div style="border: 1px solid black; padding: 5px; height: 20px;"></div> |

# 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

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>People For Patty Murray<br><hr/> Mailing Address PO Box 3662<br><hr/> City Seattle State WA Zip Code 98124<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br>Sen. Patty Murray<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WA District:<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                            | Transaction ID: 31942500<br>Date of Disbursement<br>06 / 28 / 2010   |
|   | Amount of Each Disbursement this Period<br>2500.00   |
|   | 011<br>Category/<br>Type   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Rangel For Congress<br><hr/> Mailing Address PO Box 5577<br>Manhattanville Sta<br><hr/> City New York State NY Zip Code 10027<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br>Rep. Charles B. Rangel<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 15<br><hr/> Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 31942501<br>Date of Disbursement<br>06 / 28 / 2010   |
|   | Amount of Each Disbursement this Period<br>1000.00   |
|   | 011<br>Category/<br>Type   |
|   | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Walden For Congress<br><hr/> Mailing Address PO Box 1091<br><hr/> City Hood River State OR Zip Code 97031<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br>Rep. Gregory P. Walden<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OR District: 02<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                     | Transaction ID: 31942503<br>Date of Disbursement<br>06 / 28 / 2010   |
|   | Amount of Each Disbursement this Period<br>500.00  |
|   | 011<br>Category/<br>Type   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Max Baucus</p> <p>Mailing Address PO Box 586</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Sen. Max Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: MT District:</p>                           | <p><b>Transaction ID:</b> 31943651<br/><b>Date of Disbursement</b><br/>06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1500.00</span></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Boyd For Congress</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Mr. F Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: FL District: 02</p>                  | <p><b>Transaction ID:</b> 31943654<br/><b>Date of Disbursement</b><br/>06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">500.00</span></p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Bob Casey For Senate Inc</p> <p>Mailing Address 607 14th Street Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Mr. Robert Casey</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: DC District:</p> | <p><b>Transaction ID:</b> 31943655<br/><b>Date of Disbursement</b><br/>06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">500.00</span></p>  |

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

**2500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 44

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Ellsworth For Indiana  | Transaction ID: 31943662<br>Date of Disbursement<br>06 / 28 / 2010   |
|    | Mailing Address P.O. Box 62   | Amount of Each Disbursement this Period<br>500.00  |
|    | City Evansville State IN Zip Code 47701   |  |
|    | Purpose of Disbursement   | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Rep. Brad Ellsworth   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IN District: 08 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>McCotter Congressional Committee   | Transaction ID: 31943664<br>Date of Disbursement<br>06 / 28 / 2010   |
|    | Mailing Address PO Box 530788   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Livonia State MI Zip Code 48153  |  |
|    | Purpose of Disbursement   | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Rep. Thaddeus McCotter  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: MI District: 11 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Moran For Kansas   | Transaction ID: 31943686<br>Date of Disbursement<br>06 / 28 / 2010   |
|    | Mailing Address P.O. Box 1151   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Hays State KS Zip Code 67601   |  |
|    | Purpose of Disbursement   | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Rep. Jerry Moran  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: KS District: 01 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><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)

PAGE 38 / 44

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Progressive Choices PAC</p> <p>Mailing Address P.O. Box 58</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Progressive Choices PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>  | <p><b>Transaction ID:</b> 31943704<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | / | 2 | 8 | / | 2 | 0 | 1 | 0 | 1000.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 6   | / | 2 | 8 | / | 2 | 0 | 1 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Tiberi For Congress</p> <p>Mailing Address 2931 E Dublin Granville Road<br/>Suite 190</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 12</p> | <p><b>Transaction ID:</b> 31943720<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | / | 2 | 8 | / | 2 | 0 | 1 | 0 | 1000.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 6   | / | 2 | 8 | / | 2 | 0 | 1 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Upton For All Of Us</p> <p>Mailing Address P.O. Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. Frederick Stephen Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 06</p>                       | <p><b>Transaction ID:</b> 31943737<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | / | 2 | 8 | / | 2 | 0 | 1 | 0 | 1000.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 6   | / | 2 | 8 | / | 2 | 0 | 1 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |

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

**3000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 44

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

A.

Full Name (Last, First, Middle Initial)

Friends Of Phil Hare

Transaction ID: 31946799

Date of Disbursement

Mailing Address 224 18th Street  
P.O. Box 4183

06 / 30 / 2010

City State Zip Code  
Rock Island IL 61204

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Phil Hare

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

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

1000.00

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

64500.00

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

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

FOR LINE NUMBER: (check only one)

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>NACDS PAC - Checking  | Transaction ID: 31771169<br>Date of Disbursement<br>04 / 30 / 2010 |
|    | Mailing Address 413 N. Lee St.   |  |
|    | City Alexandria State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>234.55                  |
|    | Purpose of Disbursement<br>04/30/10 Merchant CC Fees & Misc. Fees  | 001<br>Category/<br>Type   |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 04/30/10 Merchant CC Fees & Misc. Fees                             |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>NACDS PAC - Checking  | Transaction ID: 31969155<br>Date of Disbursement<br>06 / 30 / 2010 |
|    | Mailing Address 413 N. Lee St.   |  |
|    | City Alexandria State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>69.96                   |
|    | Purpose of Disbursement<br>06/30/10 Merchant CC Fees & Misc. Fees  | 001<br>Category/<br>Type   |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 06/30/10 Merchant CC Fees & Misc. Fees                             |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>NACDS PAC - Checking  | Transaction ID: 31988809<br>Date of Disbursement<br>05 / 31 / 2010 |
|    | Mailing Address 413 N. Lee St.   |  |
|    | City Alexandria State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>161.20                  |
|    | Purpose of Disbursement<br>05/31/10 Merchant CC Fees & Misc. Fees  | 001<br>Category/<br>Type   |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 05/31/10 Merchant CC Fees & Misc. Fees                             |
|    | State: District:   |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 465.71 |
| <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)

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

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores Political Action Committee

A.

Full Name (Last, First, Middle Initial)

NACDS PAC - Checking

Mailing Address 413 N. Lee St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
04/30/2010 Amex CC Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 31988881

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

216.92

04/30/2010 Amex CC Fees

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

216.92

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

682.63

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|           |   |  |   |
|-----------|---|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Leo Berman Campaign<br><br>Mailing Address 2109 Dover Lane<br><br>City Tyler State TX Zip Code 75703<br><br>Purpose of Disbursement<br>Leo Berman, STATE HOUSE 6th TX<br>Candidate Name<br>Representa Leo Berman<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 06<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                        | <b>Transaction ID:</b> 31927145<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 2 8 / 2 0 1 0 | Amount of Each Disbursement this Period<br><br>500.00 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Chuck Hopson Campaign<br><br>Mailing Address 506 E. Commerce<br><br>City Jacksonville State TX Zip Code 75766<br><br>Purpose of Disbursement<br>Chuck Hopson, STATE HOUSE 11th TX<br>Candidate Name<br>Representa Chuck Hopson<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 11<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | <b>Transaction ID:</b> 31927167<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 2 8 / 2 0 1 0 | Amount of Each Disbursement this Period<br><br>500.00 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Kolkhorst For State Representative<br><br>Mailing Address P O Box 2546<br><br>City Brenham State TX Zip Code 77834<br><br>Purpose of Disbursement<br>Lois Kolkhorst, STATE HOUSE 13th TX<br>Candidate Name<br>Representa Lois Kolkhorst<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 13<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 31927173<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 2 8 / 2 0 1 0 | Amount of Each Disbursement this Period<br><br>500.00 |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 1500.00 |
| <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 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

|           |   |  |  |
|-----------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Friends of Senator Jane Nelson<br><br>Mailing Address P.O. Box 608<br><br>City Grapevine State TX Zip Code 76051<br><br>Purpose of Disbursement<br>Jane Nelson, STATE SENATE 12th TX<br>Candidate Name<br>Senator Jane Nelson<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: TX District:                                      | <b>Transaction ID:</b> 31927194<br><b>Date of Disbursement</b><br>06 / 28 / 2010 | Amount of Each Disbursement this Period<br>500.00<br><br>Jane Nelson, STATE SENATE<br>12th TX            |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Charles Schwertner Campaign<br><br>Mailing Address P.O. Box 2248<br><br>City Georgetown State TX Zip Code 78627<br><br>Purpose of Disbursement<br>Charles Schwertner, LOCAL TX<br>Candidate Name<br>Charles Schwertner<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:   | <b>Transaction ID:</b> 31942427<br><b>Date of Disbursement</b><br>06 / 28 / 2010 | Amount of Each Disbursement this Period<br>500.00<br><br>Charles Schwertner, LOCAL<br>TX                 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Senator Van de Putte Campaign<br><br>Mailing Address 700 N. St. Mary's Suite 1725-A<br><br>City San Antonio State TX Zip Code 78205<br><br>Purpose of Disbursement<br>Leticia Van de Putte, STATE SENATE 26th TX<br>Candidate Name<br>Senator Leticia Van de Putte<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: TX District: | <b>Transaction ID:</b> 31942430<br><b>Date of Disbursement</b><br>06 / 28 / 2010 | Amount of Each Disbursement this Period<br>500.00<br><br>Leticia Van de Putte, STA-<br>TE SENATE 26th TX |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>1500.00</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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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

A.

Full Name (Last, First, Middle Initial)  
Friends of Shannon Jones

Transaction ID: 31942433

Date of Disbursement

Mailing Address 800 Valley View Point

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Springboro OH 45066

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement  
Shannon Jones, STATE SENATE 7th OH

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name  
OH Sen. Shannon Jones

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Shannon Jones, STATE SENATE 7th OH

State: OH District:

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

|         |
|---------|
| 1000.00 |
|---------|

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

|         |
|---------|
| 4000.00 |
|---------|