

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 15 A 00:39

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Association of Chain Drug Stores Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 413 North Lee Street	2. FEC IDENTIFICATION NUMBER C00022268
CITY, STATE and ZIP CODE Alexandria, VA 22314	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/00</u> through <u>09/30/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 42,886.74
(b) Cash on Hand at Beginning of Reporting Period	\$ 39,008.25	
(c) Total Receipts (from Line 10)	\$ 21,552.49	\$ 87,790.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 60,568.75	\$ 130,977.17
7. Total Disbursements (from Line 30)	\$ 20,067.58	\$ 80,176.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 40,501.17	\$ 40,601.17
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:
 Federal Election Commission
 900 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-498-1100

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

R. James Huber

Date

10/13/00

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

FEC FORM 3X

(revised 9/03)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
National Association of Chain Drug Stores Political Action Committee		FROM 07/01/00	TO: 09/30/00
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	13,300.00	66,894.74
ii.	Unitemized	0.00	8,343.88
iii.	Total (add i and ii) >	13,300.00	85,748.62
b.	Political Party Committees	0.00	0.00
c.	Other Political Committees (such as PACs)	8,000.00	10,000.00
d.	Total Contributions (add a iii, b and c) >	21,300.00	85,748.62
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.)	0.00	0.00
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,000.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	262.49	1,043.81
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	21,562.49	87,790.43
20.	Total Federal Receipts (subtract line 18 from line 19) >	21,562.49	87,790.43
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share	0.00	0.00
ii.	Non-Federal Share	0.00	0.00
b.	Other Federal Operating Expenditures	0.00	361.82
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	361.82
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	18,500.00	87,600.00
24.	Independent Expenditures (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		
28.	Refunds of Contributions To:		
a.	Individual/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 a, b and c) >	0.00	0.00
29.	Other Disbursements	1,567.58	2,314.18
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	20,067.58	90,176.00
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	20,067.58	90,176.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	21,300.00	85,748.62
33.	Total Contribution Refunds (from line 28d)	0.00	0.00
34.	Net Contributions (other than loans)(subtract line 33 from 32)	21,300.00	85,748.62
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	361.82
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	361.82

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11c

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, Mailing Address and ZIP Code CVS Corporation One CVS Drive Woonsocket, RI 02885 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 07/10/00	Amount of Each Receipt this Period 2,000.00
B. Full Name, Mailing Address and ZIP Code Dickstein Shapira Marin & Oshinsky Marin & Oshinsky 2101 L Street, N.W. Washington, DC 20037 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 07/10/00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Albertson's P.O. Box 20 Boise, ID 83728 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 08/15/00	Amount of Each Receipt this Period 5,000.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	8,000.00
TOTAL This Period (last page this line number only)	8,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 of 11

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NAME OF COMMITTEE (in Full)

National Association of Chain Drug Stores Political Action Committee

A. Full Name, Mailing Address and ZIP Code Thomas Ryan One CVS Drive Woonsocket, RI 02895195 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CVS Corporation Occupation Chairman and CEO Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 07/10/00	Amount of Each Receipt this Period 2,000.00
B. Full Name, Mailing Address and ZIP Code Mark DiSavago 117 Water Street Allagan, MI 490101371 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Perrigo Company Occupation President, Customer Bus Divlpmnt Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code Robert Hannan 7350 Sawgrass Point Dr. Pinellas Park, FL 33782 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer National Association of Chain Drug Stores Occupation Interim President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/19/00	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Andrew Glancemill 3100 W. Big Beaver Road Troy, MI 480643004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kmart Corporation Occupation Pres, Gen Merchandise Manager Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 07/21/00	Amount of Each Receipt this Period 2,000.00
E. Full Name, Mailing Address and ZIP Code Ronald J. Chomluk 46035 White Pine Drive Troy, MI 48374 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kmart Corporation Occupation VP, Pharmacy Operations Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/08/00	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Michael Jandernoa 117 Water Street Allagan, MI 490101371 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Perrigo Company Occupation Chairman of the Board & CEO Aggregate Year-to-Date > \$ 4,000.00	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 4,000.00
G. Full Name, Mailing Address and ZIP Code Ronald Hofmeister RPh 1100 N. Lindbergh Boulevard Saint Louis, MO 631322814 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Medicine Shoppe Occupation Executive Vice President Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/13/00	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)

10,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Store Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kurt Proctor 8617 Oak Chase Circle Fairfax Station, VA 22039	National Association of Chain Drug Stores	09/13/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Griffin 2701 S. Minnesota Avenue Suite 1 Sioux Falls, SD 57105	Lewis Drugs, Inc.	09/21/00	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President and CEO		
	Aggregate Year-to-Date > \$ 2,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 3,000.00

TOTAL This Period (last page this line number only) 13,300.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER
17

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dreyfus Gov't Cash Mgmt 200 Park Ave. 8th Floor New York, NY 10166 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dividend Reinv.-Dreyfus Aggregate Year-to-Date \$ 750.23	07/31/00	86.33
B. Full Name, Mailing Address and ZIP Code Dreyfus Gov't Cash Mgmt 200 Park Ave. 8th Floor New York, NY 10166 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Dividend Reinv.-Dreyfus Aggregate Year-to-Date \$ 848.05	08/31/00	97.82
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

194.15

TOTAL This Period (last page this line number only)

194.15

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in full)

National Association of Chain Drug Stores Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MAC COLLINS FOR CONGRESS 500 First Street, SE Washington, DC 20002	Max Collins, U.S. HOUSE 3rd GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/26/00	500.00
Minge For Congress 115 1/2 East Second St Chaska, MN 55318	David Minge, U.S. HOUSE 2nd MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/26/00	500.00
Pryce For Congress 145 East Rich Street Columbus, OH 43215	Deborah Pryce, U.S. HOUSE 15th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/26/00	1,000.00
Marion Berry For Congress P.O.Box 306 Gilliat, AR 72055	Marion Berry, U.S. HOUSE 1st AR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/27/00	1,000.00
Centor For Congress P.O. Box 28537 Richmond, VA 23228	Eric Centor, U.S. HOUSE VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/27/00	500.00
Friends Of Kent Conrad Po Box 812 Bismarck, ND 58501	Kent Conrad, U.S. SENATE ND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/27/00	1,000.00
Dubin For Congress Inc 2241 Belmont Rd Casper, WY 82604	Barbara Dubin, U.S. HOUSE AL WY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/27/00	1,000.00
Democratic Leader's Victory Fund 2000 2850 Connecticut Ave, NW Washington, DC 20008	Richard Gephardt, U.S. HOUSE MO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Other	07/27/00	1,000.00
Friends Of Phil Gramm P.O Box 565087 Dallas, TX 75358	Phil Gramm, U.S. SENATE TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/27/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

7,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

National Association of Chain Drug Stores Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends Of Ernest Istook 6113 Inland Road Oklahoma City, OK 73132	Ernest J. Istook, U.S. HOUSE 5th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/27/00	1,000.00
Friends Of Patrick J Kennedy '98 Inc 89 Ravenswood Ave Providence, RI 02908	Patrick J. Kennedy, U.S. HOUSE 1st RI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/27/00	2,000.00
Whitfield For Congress Comm. 108 Alumni Avenue Hopkinsville, KY 42240	Edward Whitfield, U.S. HOUSE 1st KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/27/00	1,000.00
Friends Of Patrick J Kennedy '98 Inc 88 Ravenswood Ave Providence, RI 02908	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/27/00	-2,000.00
Friends of Conrad Burns P.O. Box 70397 Washington, DC 20024	Burns, U.S. SENATE MT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/21/00	500.00
Goble For Congress 5741-L Bramblegate Road Greensboro, NC 27409	Howard Goble, U.S. HOUSE 6th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/21/00	1,000.00
Ensign For Senate 405 S. Decatur Las Vegas, NV 89107	Ensign, U.S. SENATE NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/21/00	1,000.00
Jeffords For Vermont P.O. Box 246 Montpelier, VT 05601	James M. Jeffords, U.S. SENATE VT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/21/00	1,000.00
Luzzo 2000 126 S Windsor Avenue Brightwaters, NY 11718	Rick A. Luzzo, U.S. HOUSE 2nd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/21/00	2,500.00

SUBTOTAL of Disbursements This Page (optional)

8,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 3 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Store Political Action Committees

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement J.C. Watts, U.S. HOUSE 4th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/21/00	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Mike Billralda For Congress 304 Driftwood Dr W Palm Harbor, FL 34683	Purpose of Disbursement Michael Billrakis, U.S. HOUSE 8th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/21/00	Amount of Each Disbursement This Period 2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)

13,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 30

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NAME OF COMMITTEE (in Full)

National Association of Chain Drug Stores Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement In-Kind Contribution for Mike Bilirakis Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>2000 Other</u>	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Bilirakis For Congress P.O. Box 1077 Tarpon Springs, FL 34685		09/27/00	1,567.58
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1,567.58

TOTAL This Period (last page this line number only)

1,567.58

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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