

**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 North Lee Street  
Check if different than previously reported. (ACC) Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00022368  
**CITY** **STATE** **ZIP CODE**

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

4. **TYPE OF REPORT (Choose One)**

|  |  |                  |               |  |
|--|--|------------------|---------------|--|
| (a) Quarterly Reports:                               | Feb 20 (M2)                                      | May 20 (M5)      | Aug 20 (M8)   | Nov 20 (M11)<br>(Non-Election Year Only) |
| X April 15 Quarterly Report(Q1)                      | Mar 20 (M3)                                      | Jun 20 (M6)      | Sep 20 (M9)   | Dec 20 (M12)<br>(Non-Election Year Only) |
| July 15 Quarterly Report(Q2)                         | Apr 20 (M4)                                      | Jul 20 (M7)      | Oct 20 (M10)  | Jan 31 (M13)                             |
| October 15 Quarterly Report(Q3)                      | (c) 12-Day <b>PRE</b> Election Report for the:   | Primary (12P)    | General (12G) | Runoff (12R)                             |
| January 31 Quarterly Report(YE)                      | Election on                                      | Convention (12C) | Special (12S) |  |
| July 31 Mid-Year Report(Non-election Year Only) (MY) | (d) 30-Day <b>Post</b> -Election Report for the: | General (30G)    | Runoff (30R)  | Special (30S)                            |
| Termination Report (TER)                             | Election on                                      |                  |               | in the State of                          |

5. Covering Period 01 01 2002 through 03 31 2002

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 08 09 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: <sup>h</sup> 0 1 <sup>d</sup> 0 1 <sup>y</sup> 2 0 0 2 To: <sup>h</sup> 0 3 <sup>d</sup> 3 1 <sup>y</sup> 2 0 0 2

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <sup>y</sup> 2 0 0 2   |                         | 68621.11                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 68621.11                |                                   |
| (c) Total Receipts (from Line 19) .....   | 20134.40                | 20134.40                          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 88755.51                | 88755.51                          |
| 7. Total Disbursements (from Line 30) .....   | 19947.10                | 19947.10                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 68808.41                | 68808.41                          |
| 9. Debts and Obligations owed TO<br>the committee (itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed BY<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 (Revised 1/2001)

Page 3

Write or Type Committee Name

National Association of Chain Drug Stores Political Action Committee

Report Covering the Period: From: <sup>MM</sup>01 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>03 <sup>DD</sup>31 <sup>YYYY</sup>2002

| 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) .....  | 16164.78                      |                                   |
| (ii) Unitemized .....  | 3726.55                       |                                   |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 19891.33                      | 19891.33                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....     | 19891.33                      | 19891.33                          |
| 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 36, page 4) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 243.07                        | 243.07                            |
| 18. Transfers from Nonfederal Account for Joint Activity .....   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....                             | 20134.40                      | 20134.40                          |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) .....                                       | 20134.40                      | 20134.40                          |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                               |                                   |
| (i) Federal Share.....   | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures.....  | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 19500.00                      | 19500.00                          |
| 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.....   | 447.10                        | 447.10                            |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶        | 19947.10                      | 19947.10                          |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶                  | 19947.10                      | 19947.10                          |
| <hr/>  |                               |                                   |
| <b>III. Net Contributions/Operating Expenditures</b>   |                               |                                   |
| 32. Total Contributions (other than loans) from Line 11(d), page 3).....                       | 19891.33                      | 19891.33                          |
| 33. Total Contribution Refunds (from Line 28(d)).....  | 0.00                          | 0.00                              |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....                  | 19891.33                      | 19891.33                          |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶             | 0.00                          | 0.00                              |
| 36. Offsets to Operating Expenditures (from Line 15, page 3).....                              | 0.00                          | 0.00                              |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶                          | 0.00                          | 0.00                              |

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

|  |   |                                    |                                    |                                   |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 5 / 18                        |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

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

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

Mailing Address  
2049 Greenwich Street

City State Zip Code  
Falls Church VA 22043

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Chain Drug Sto Manager

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000204800002

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

Mailing Address  
4100 Faith Court

City State Zip Code  
Alexandria VA 22311

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Chain Drug Sto Manager

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000205800003

Full Name (Last, First, Middle Initial)  
**C. Mr. S. Lawrence Kocot**

Mailing Address  
2417 Cameron Mills Road

City State Zip Code  
Alexandria VA 22302

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

Amount of Each Receipt this Period  
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Chain Drug Sto Executive

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2000.00

Transaction ID: 10000000205700004

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(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. Edith Rosato

Mailing Address  
9762 Viewcrest Drive

City State Zip Code  
Fairfax Station VA 22039

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 06 / 2002

FEC ID number of contributing federal political committee.

Name of Employer  
National Association of Chain Drug Sto

Occupation  
Executive

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

Amount of Each Receipt this Period  
2000.00

Transaction ID: 10000000206400005

**B.** Full Name (Last, First, Middle Initial)  
Ms. Laura Cranston

Mailing Address  
9887 S. Run Oaks Drive

City State Zip Code  
Fairfax Station VA 22039

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 06 / 2002

FEC ID number of contributing federal political committee.

Name of Employer  
National Association of Chain Drug Sto

Occupation  
Executive

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

Amount of Each Receipt this Period  
500.00

Transaction ID: 10000000205900008

**C.** Full Name (Last, First, Middle Initial)  
Mr. Roy Bussewitz

Mailing Address  
1103 Potomac Lane

City State Zip Code  
Alexandria VA 22306

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 07 / 2002

FEC ID number of contributing federal political committee.

Name of Employer  
National Association of Chain Drug Sto

Occupation  
Executive

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

Amount of Each Receipt this Period  
250.00

Transaction ID: 10000000206500007

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2750.00**

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

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

|  |   |                                    |                                    |                                   |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 7 / 18                        |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Steve Coon**

Mailing Address  
205 Moncure Drive

City State Zip Code  
Alexandria VA 22314

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 07 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Chain Drug Sto Manager

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000206600008

Full Name (Last, First, Middle Initial)  
**B. Mr. John Shepherd**

Mailing Address  
7729 Lea Avenue

City State Zip Code  
Alexandria VA 22308

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 08 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Chain Drug Sto Executive

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

Transaction ID: 10000000207400009

Full Name (Last, First, Middle Initial)  
**C. Ms. Mathyn Guerrero**

Mailing Address  
3060 S. Buchanan St.

City State Zip Code  
Arlington VA 22206

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Chain Drug Sto Manager

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000207800010

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

|  |   |                                    |                                    |                                   |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 8 / 18                        |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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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. Craig Fuller

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 12 / 2002

Mailing Address  
8518 Old Dominion Dr

City State Zip Code  
McLean VA 22102-1214

Amount of Each Receipt this Period  
5000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Chain Drug Sto President and CEO

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 5000.00

Transaction ID: 10000000207600011

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

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 15 / 2002

Mailing Address  
P.O. Box 871

City State Zip Code  
Alexandria VA 22313-0817

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Chain Drug Sto

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000208900012

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kurt Proctor

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 20 / 2002

Mailing Address  
8617 Oak Chase Circle

City State Zip Code  
Fairfax Station VA 22039

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Chain Drug Sto Executive

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

Transaction ID: 10000000214800013

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6250.00**

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



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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Deborah Faucette

Mailing Address  
8863 Bennington

City State Zip Code  
Lorton VA 22079

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Chain Drug Sto Manager

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000215000014

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gerald Heller

Mailing Address  
1845 Forest Blvd

City State Zip Code  
Tulsa OK 74114

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2002

Amount of Each Receipt this Period  
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
May's Drug Stores, Inc. President and CEO

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2000.00

Transaction ID: 10000000225500015

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mathyn Guerrero

Mailing Address  
3060 S. Buchanan St.

City State Zip Code  
Arlington VA 22206

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period  
0.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Chain Drug Sto Manager

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Payroll Deduction (\$0.00 Biweekly)

Transaction ID: 10000000201700016

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2250.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial)  
**A. Ms. Sandra Jung**

Date of Receipt  
M / D / Y Y Y Y

Mailing Address  
P.O. Box 871

City State Zip Code  
Alexandria VA 22313-0817

Amount of Each Receipt this Period  
0.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Chain Drug Sto

Receipt For: Aggregate Year-to-Date Payroll Deduction (\$0.00 Biweekly)  
Primary General Other (specify) ▼ 250.00

Transaction ID: 10000000201800017

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

Date of Receipt  
M / D / Y Y Y Y

Mailing Address  
7566 Christland Cove

City State Zip Code  
Falls Church VA 22042

Amount of Each Receipt this Period  
586.95

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Chain Drug Sto Executive

Receipt For: Aggregate Year-to-Date Payroll Deduction (\$195.65 Biweekly)  
Primary General Other (specify) ▼ 586.95

Transaction ID: 10000000210800018

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

Date of Receipt  
M / D / Y Y Y Y

Mailing Address  
7729 Lee Avenue

City State Zip Code  
Alexandria VA 22308

Amount of Each Receipt this Period  
0.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Chain Drug Sto Executive

Receipt For: Aggregate Year-to-Date Payroll Deduction (\$0.00 Biweekly)  
Primary General Other (specify) ▼ 1000.00

Transaction ID: 10000000220800019

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **586.95**

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

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

|  |   |                              |                              |                             |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:                        |                              | PAGE 11 / 18                 |                             |
|  | (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

Full Name (Last, First, Middle Initial)  
A. Ms. Mary Ann Wagner

Mailing Address  
1805 B Hunting Creek Drive

City State Zip Code  
Alexandria VA 22314

Date of Receipt  
M / D / Y Y Y Y

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
327.83

|  |                         |
|--|-------------------------|
| Name of Employer<br>National Association of Chain Drug Sto | Occupation<br>Executive |
|--|-------------------------|

Receipt For: Aggregate Year-to-Date ▼ Payroll Deduction (583.61 Biweekly)

Primary General Other (specify) ▼ 327.83

Transaction ID: 10000000202500020

B.

C.

|  |   |                 |
|--|---|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | <b>327.83</b>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | <b>16164.78</b> |

**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 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  |                             |  |                              |                              |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. DAK PAC</b>                       |  | Date of Disbursement<br>01 / 25 / 2002             |
| Mailing Address<br>420 C St., NE, LL<br>City: Washington State: DC Zip Code: 20002 |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Earmarked for Kent Conrad,                |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Kent Conrad  |  |  |
| Office Sought: House<br><input checked="" type="checkbox"/> Senate<br>President    | Disbursement For: 2002<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000204900002                  |
| State: ND District:  |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. TEAM EMERSON</b>                              |  | Date of Disbursement<br>02 / 01 / 2002             |
| Mailing Address<br>1331 H. Street, NW 12th Floor<br>City: Washington State: DC Zip Code: 20006 |  | Amount of Each Disbursement this Period<br>2000.00 |
| Purpose of Disbursement<br>YTD:\$2000.00 JoAnn Emerson, U.S. HOUSE 8                           |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>JoAnn Emerson  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President                | Disbursement For: 2002<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000205000003                  |
| State: MD District: 8  |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Berry for Congress</b>                              |  | Date of Disbursement<br>02 / 14 / 2002             |
| Mailing Address<br>227 Massachusetts Ave NE, Suite 101<br>City: Washington State: DC Zip Code: 20002 |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Marion Berry, U.S. HOUSE 1s                                 |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Marion Berry   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President                      | Disbursement For: 2002<br>Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼ | Transaction ID: 10000000208400004                  |
| State: AR District: 1  |  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4000.00</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 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  |                             |  |                              |                              |

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Candice Miller for Congress</b>            |   | Date of Disbursement<br>02 / 14 / 2002             |
| Mailing Address<br>70 Macomb Place Suite 310<br>City State Zip Code<br>Mt. Clemens MI 48043 |   | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Candice Miller, U.S. HOUSE                         |   | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Candice Miller  |   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President             | Disbursement For: 2002<br>Primary <input type="checkbox"/> General <input checked="" type="checkbox"/><br>Other (specify) ▼ | Transaction ID: 10000000208500005                  |
| State: MI District: 10  |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Roy B Fund</b>                                      |   | Date of Disbursement<br>02 / 14 / 2002             |
| Mailing Address<br>1300 Pennsylvania Ave, NW Suite 700<br>City State Zip Code<br>Washington DC 20004 |   | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Earmarked for Roy Blunt, U.                                 |   | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Roy Blunt  |   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President                      | Disbursement For: 2002<br>Primary <input type="checkbox"/> General <input checked="" type="checkbox"/><br>Other (specify) ▼ | Transaction ID: 10000000208600006                  |
| State: MO District: 7  |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Devin Nunes for Congress</b>   |   | Date of Disbursement<br>02 / 21 / 2002             |
| Mailing Address<br>P. o. Box 891<br>City State Zip Code<br>Pixley CA 93256      |   | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Devin Nunes, U.S. HOUSE 21s            |   | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Devin Nunes   |   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President | Disbursement For: 2002<br>Primary <input type="checkbox"/> General <input checked="" type="checkbox"/><br>Other (specify) ▼ | Transaction ID: 10000000214700007                  |
| State: CA District: 21  |   |  |

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br>A. Dave Camp for Congress            |  | Date of Disbursement<br>03 / 01 / 2002             |
| Mailing Address<br>P.O. Box 423<br>City: Midland State: MI Zip Code: 48640      |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Dave Camp, U.S. HOUSE 4th M            |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Dave Camp   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President | Disbursement For: 2002<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000215100008                  |
| State: MI District: 4   |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br>B. Friends of Sherrod Brown          |  | Date of Disbursement<br>03 / 01 / 2002             |
| Mailing Address<br>P.O. Box 2884<br>City: Washington State: DC Zip Code: 20013  |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Sherrod Brown, U.S. HOUSE 1            |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Sherrod Brown   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President | Disbursement For: 2002<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000215200009                  |
| State: OH District: 13  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br>C. Stupak For Congress               |  | Date of Disbursement<br>03 / 01 / 2002             |
| Mailing Address<br>P.O. Box 143<br>City: Menominee State: MI Zip Code: 49858    |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Bart Stupak, U.S. HOUSE 1st            |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Bart Stupak   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President | Disbursement For: 2002<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000215300010                  |
| State: MI District: 1   |  |  |

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Re-Elect McGovern Committee</b>  |   | Date of Disbursement<br>03 / 07 / 2002             |  |
| Mailing Address<br>P.O. Box 60405<br>City Worcester State MA Zip Code 01606-0405  |   | Amount of Each Disbursement this Period<br>1000.00 |  |
| Purpose of Disbursement<br>YTD:\$1000.00 James P. McGovern, U.S. HOU  |   | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>James P. McGovern   |   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2002<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ | Transaction ID: 10000000219800011                  |  |
| State: MA      District: 3  |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends Of Max Baucus</b>                                    |   | Date of Disbursement<br>03 / 14 / 2002             |  |
| Mailing Address<br>203 C Street NE<br>City Washington State DC Zip Code 20002                                 |   | Amount of Each Disbursement this Period<br>2000.00 |  |
| Purpose of Disbursement<br>YTD:\$2000.00 Max Baucus, U.S. SENATE MT   |   | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Max Baucus  |   |  |  |
| Office Sought:      House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2002<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ | Transaction ID: 10000000219800012                  |  |
| State: MT      District:  |   |  |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. People For English</b>   |  | Date of Disbursement<br>03 / 20 / 2002            |  |
| Mailing Address<br>P.O. Box 1940<br>City Erie State PA Zip Code 16507   |  | Amount of Each Disbursement this Period<br>500.00 |  |
| Purpose of Disbursement<br>YTD:\$500.00 Phil English, U.S. HOUSE 21s  |  | 24K<br>Category/<br>Type                          |  |
| Candidate Name<br>Phil English  |  |   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2002<br>Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼ | Transaction ID: 10000000225000013                 |  |
| State: PA      District: 21   |  |   |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3500.00</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<br>26 | <input type="checkbox"/> 22<br>27 | <input checked="" type="checkbox"/> 23<br>28a | <input type="checkbox"/> 24<br>28b | <input type="checkbox"/> 25<br>28c | <input type="checkbox"/> 29 |
|------------------------------------|-----------------------------------|---|------------------------------------|------------------------------------|-----------------------------|

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends Of John Tanner</b>   |   | Date of Disbursement<br>03 / 20 / 2002             |  |
| Mailing Address<br>P.O. Box 3301<br>City State Zip Code<br>Alexandria VA 22302  |   | Amount of Each Disbursement this Period<br>1000.00 |  |
| Purpose of Disbursement<br>YTD:\$1000.00 John S. Tanner, U.S. HOUSE   |   | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>John S. Tanner  |   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2002<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼ |  |  |
| State: TN      District: 8  | Transaction ID: 10000000225100014   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends Of Ernest Istook</b>   |   | Date of Disbursement<br>03 / 20 / 2002             |  |
| Mailing Address<br>4451 Brookfield Corporate Dr. Suite 200<br>City State Zip Code<br>Chantilly VA 20151                           |   | Amount of Each Disbursement this Period<br>1000.00 |  |
| Purpose of Disbursement<br>YTD:\$1000.00 Ernest J. Istook, U.S. HOUSE   |   | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Ernest J. Istook Jr.  |   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2002<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼ |  |  |
| State: OK      District: 5  | Transaction ID: 10000000225200015   |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Gordon Smith For U.S. Senate 2002, Inc.</b>               |   | Date of Disbursement<br>03 / 21 / 2002             |  |
| Mailing Address<br>121 S W Salmon Street Suite 1137<br>City State Zip Code<br>Portland OR 97204            |   | Amount of Each Disbursement this Period<br>1000.00 |  |
| Purpose of Disbursement<br>YTD:\$1000.00 Smith, U.S. SENATE OR   |   | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Gordon Smith   |   |  |  |
| Office Sought:   House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2002<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼ |  |  |
| State: OR      District:   | Transaction ID: 10000000225400016   |  |  |

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bilirakis For Congress</b>   |   | Date of Disbursement<br>03 / 28 / 2002             |  |
| Mailing Address<br>P.O. Box 1077<br>City State Zip Code<br>Tarpon Springs FL 34688  |   | Amount of Each Disbursement this Period<br>1000.00 |  |
| Purpose of Disbursement<br>YTD:\$1000.00 Michael Bilirakis, U.S. HOU  |   | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Michael Bilirakis   |   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2002<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼ |  |  |
| State: FL      District: 8  | Transaction ID: 10000000225700017   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MANZULLO FOR CONGRESS COMMITTEE</b>  |   | Date of Disbursement<br>03 / 28 / 2002             |  |
| Mailing Address<br>P.O. Box 18021<br>City State Zip Code<br>Alexandria VA 22314   |   | Amount of Each Disbursement this Period<br>2000.00 |  |
| Purpose of Disbursement<br>YTD:\$2000.00 Don Manzullo, U.S. HOUSE 16  |   | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Don Manzullo  |   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2002<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼ |  |  |
| State: IL      District: 16   | Transaction ID: 10000000225800018   |  |  |

**C.**

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3000.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>19500.00</b> |

**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 checked="" type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores Political Action Committee

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address

1445 New York Ave, NW

City

Washington

State

DC

Zip Code

Purpose of Disbursement

Income Tax on Investment 2001

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

02 / 14 / 2002

Amount of Each Disbursement this Period

375.00

Transaction ID: 10000000208700019

B.

C.

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

**375.00**

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

**375.00**