

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Association of Chain Drug Stores Political Action Committee		2. FEC IDENTIFICATION NUMBER C-000-22-368
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 1417-049		3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on 12/31/93 (date)
CITY, STATE and ZIP CODE Alexandria, VA 22313-1417		

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report      Monthly Report Due On:

July 15 Quarterly Report       February 20     June 20     October 20

October 15 Quarterly Report       March 20     July 20     November 20

January 31 Year End Report       April 20     August 20     December 20

July 31 Year End Report       May 20     September 20     January 31

July 31 Mid-Year Report (Non-election Year Only)      Two 15 day report preceding  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_ (Type of Election)

Termination Report      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
Covering Period 10/1/93 through 12/31/93		
(a) Cash on hand January 1, 19 <u>93</u>		\$ 48,927.36
(b) Cash on hand at Beginning of Reporting Period	\$ 47,287.90	
(c) Total Receipts (from line 12)	\$ 587.00	\$ 33,458.23
(d) Subtotal (add Lines (b) and (c) for Column A and Lines (a) and (c) for Column B)	\$ 47,874.90	\$ 82,385.59
Total Disbursements (from Line 30)	\$ 22,522.00	\$ 57,032.69
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line (d))	\$ 25,352.90	\$ 25,352.90
Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 399 E Street, NW Washington, DC 20543 Toll Free 800-421-9533 Fax: 202 713 3476
Debits and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

1/25/94

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 11/91)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <b>National Association of Chain Drug Stores</b>	REPORT COVERING PERIOD FROM <b>10/1/93</b>	TO <b>12/31/93</b>
<b>Political Action Committee</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year
<b>I. Receipts</b>		
1. Contributions (do not include from:		
a. Individual Persons Other Than Political Committees (for fees see Schedule A) .....	-0-	23,600.00
Employers .....		
Foreign .....	-0-	23,600.00
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		8,500.00
d. Total Contributions .....	-0-	32,100.00
2. Transfers from Affiliated Other Party Committees .....		
3. All Other Receipts .....		
4. Loan Repayments (see Schedule A) .....		
5. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....		
6. Refunds of Contributions Made to Federal Candidates and Other Federal Committees .....	380.00	380.00
7. Other Federal Refunds (Disbursements, interest, etc.) .....	207.00	978.23
8. Transfers from Non-Federal Account for Joint Activity .....		
9. Total Receipts .....	587.00	33,458.23
10. Total Federal Receipts .....	587.00	33,458.23
<b>II. Disbursements</b>		
11. Operating Expenditures:		
a. Shared Expenditures for Non-Federal Activity (from Schedule H4):		
Federal Share .....		
Non-Federal Share .....		
b. Other Federal Operating Expenditures Taxes/ Bank Fees .....	22.00	382.69
c. Total Operating Expenditures .....	-0-	-0-
12. Transfers to Affiliated Other Party Committees .....		
13. Contributions to Federal Candidates/Committees and Other Political Committees .....	22,500.00	56,500.00
14. Independent Expenditures (see Schedule E) .....		
15. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441(a)) (see Schedule H) .....		
16. Loan Repayments Made .....		
17. Loans Made .....		
18. Refunds of Contributions To:		
a. Individual Persons Other Than Political Committees .....	-0-	150.00
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contribution Refunds .....	-0-	150.00
19. Other Disbursements .....		
20. Total Disbursements .....	22,522.00	57,032.69
21. Total Federal Disbursements .....	22,522.00	57,032.69
<b>III. Net Contributions/Operating Expenditures</b>		
22. Total Contributions (see Column B in column (a) .....	-0-	32,100.00
23. Total Contributions Refunds (from line 18d) .....		150.00
24. Net Contributions (see the above; subtract line 23 from line 22) .....	-0-	31,950.00
25. Total Federal Operating Expenditures .....	22.00	382.69
26. Offsets to Operating Expenditures (from line 15) .....		
27. Net Operating Expenditures .....	22.00	382.69

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Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for any other purpose, 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

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Dennis DeConcini</b> <b>5251 North 18th Street</b> <b>Phoenix, AZ 85016</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>DeConcini '94 Comm</b> Occupation: <b>Candidate</b> Aggregate Year-to-Date > \$ <b>380.00</b>	<b>11/17/93</b>	<b>380.00</b>
B. 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
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 (add small)	380.00
TOTAL This Period (last page this line number only)	380.00

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NAME OF COMMITTEE (in Full)

**NATIONAL ASSOCIATION OF CHAIN STORES POLITICAL ACTION COMMITTEE**

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<b>Friends of Patrick Kennedy</b> 12 Elmcroft Avenue Providence, RI 02908	(D-RI-1st) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/5/93	500.00
<b>Brown for Congress Committee</b> 230 3rd Street Elms, OH 44035	(D-OH-13th) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/5/93	500.00
<b>Kerry for U.S. Senate</b> 245 2nd Street N.E., Ste. 300 Washington, D.C. 20002	(D-NE) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/5/93	1,000.00
<b>Citizens for David Mann</b> 501 Capitol Court, N.E., Ste. 200 Washington, D.C. 20002	(D-OH-1st) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/17/93	5,000.00
<b>Trent Lott for Mississippi</b> Box 22824 Jackson, MS 39225	(R-MS) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/17/93	1,000.00
<b>Hatch Election Committee</b> 425 2nd Street, N.E. Washington, D.C. 20002	(R-UT) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/17/93	1,000.00
<b>Bill Thomas Campaign Committee</b> P.O. Box 395 Bakersville, CA 93302	(R-CA-21st) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/17/93	2,000.00
<b>Citizens for Candiss Collins</b> P.O. Box 556 Alexandria, VA 22313	(D-IL-7th) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/17/93	500.00
<b>Hoyer for Congress</b> 7805 Malcom Rd Clinton, MD 20736	(D-MD-5th) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/17/93	500.00

SUBTOTAL of Disbursements (This Page optional)

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

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NAME OF COMMITTEE (in Full)

**NATIONAL ASSOCIATION OF CHAIN STORES POLITICAL ACTION COMMITTEE**

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A Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<b>Rangel for Congress Committee</b> 2030 Allan Place N.W. Washington, D.C. 20009	Purpose of Disbursement: <b>(D-NY-15th)</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/17/93	1,000.00
<b>Hyatt for Senate Committee</b> 236 Massachusetts Ave. N.E., Ste. 200 Washington, D.C. 20002	Purpose of Disbursement: <b>(D-OH)</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/29/93	1,000.00
<b>Simon for Senate</b> P.O. Box 1243 Washington, D.C. 20013	Purpose of Disbursement: <b>(D-IL)</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/29/93	500.00
<b>Friends of Jim Sasser</b> 54 Rolling Meadows Drive Goodlettsville, TN 37072	Purpose of Disbursement: <b>(D-TN)</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/29/93	1,000.00
<b>Senate Victory '94</b> 21 East 40th Street, #2104 New York, NY 10016	Purpose of Disbursement: <b>(D-NY)</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	12/9/93	5,000.00
<b>Congressman Kildea Committee</b> 1201 Penn. Ave. N.W., #500 Washington, D.C. 20044	Purpose of Disbursement: <b>(D-MI-9th)</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	12/22/93	500.00
<b>Friends of Jon Delano</b> 254 Inglewood Drive Pittsburgh, PA 15228	Purpose of Disbursement: <b>(D-PA-18th)</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	12/22/93	500.00
<b>Senator Chafer Committee</b> P.O. Box 623 Providence, RI 02901	Purpose of Disbursement: <b>(R-RI)</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/17/93	1,000.00
(Empty row)	(Empty row)	(Empty row)	(Empty row)

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	22,500.00

**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
<input checked="" type="checkbox"/>	First Class Mail	POSTMARKED <i>1-26-94</i>
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED
<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
<input type="checkbox"/>	Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/>	Other (Specify):	POSTMARKED
		and/or DATE OF RECEIPT
<i>[Signature]</i>	PREPARER	<i>1-26-94</i> DATE PREPARED

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