

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 21 9 18 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 C00022368 120597 P 231
 R JAMES HUBER
 NATIONAL ASSOCIATION OF CHAIN
 DRUG STORES, INC. POLITICAL AC
 P O BOX 1417-D49
 ALEXANDRIA VA 22313

2. FEC IDENTIFICATION NUMBER
 C 00022368

3. 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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- 12-Day Pre-Election Report for the _____
 (Type of Election)
 election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
 on _____ in the State of _____

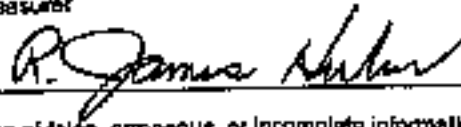
(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>7/1/97</u> through <u>12/31/97</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19_____		\$ 2,015.57
(b)	Cash on Hand at Beginning of Reporting Period _____	\$60,025.61	
(c)	Total Receipts (from Line 19) _____	\$ 8,914.81	\$ 79,583.98
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) _____	\$68,940.42	\$ 81,599.55
7.	Total Disbursements (from Line 20) _____	\$15,003.00	\$ 27,662.13
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) _____	\$53,937.42	\$ 53,937.42
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) _____	\$	For further information contact Federal Election Commission 888 E Street, NW Washington, DC 20460 Toll Free 800-424-9630 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) _____	\$	

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



Date

1/15/98

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

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE NACDS Political Action Committee	REPORT COVERING PERIOD	
	FROM	TO
	7/1/97	12/31/97
Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	4,801.00	59,689.25
ii. Unitemized		
b. Total	4,801.00	59,689.25
b. Political Party Committees		
c. Other Political Committees (such as PACs)	3,000.00	18,500.00
d. Total Contributions	7,801.00	78,189.25
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	1,113.81	1,394.75
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity	8,914.81	79,583.98
19. Total Receipts	8,914.81	79,583.98
20. Total Federal Receipts	8,914.81	79,583.98
Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures Bank Fees/Taxes	3.00	112.13
c. Total Operating Expenditures	3.00	112.13
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	15,000.00	27,550.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds	0	0
29. Other Disbursements		
30. Total Disbursements	15,003.00	27,662.13
31. Total Federal Disbursements	15,003.00	27,662.13
Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	7,801.00	78,189.25
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,801.00	78,189.25
35. Total Federal Operating Expenditures	3.00	112.13
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures	3.00	112.13

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **114** OF
FOR LINE NUMBER
11a.i

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

YTD TOTAL OF
\$ 200 OR MORE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Whitman 7982 Foxmoor Drive Dunn Loring, VA 22027	NACDS	payroll deduction	172.25
	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 238.50		
Steve Perlowski 2689 Hillsman Street Falls Church, VA 22043	NACDS	payroll deduction	172.25
	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.25		
John Coster 918 Rolfe Place Alexandria, VA 22314	NACDS	payroll deduction	50.00
	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
John Covert 7631 Holmes Run Drive Falls Church, VA 22042	NACDS	payroll deduction	140.00
	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
Laura Cranston 516 Janney's Lane Alexandria, VA 22302	NACDS	payroll deduction	455.00
	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 875.00		
Karen Disharoon 9592 Lagersfield Circle Vienna, VA 22181	NACDS	payroll deduction	260.00
	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Kendra Fernandez 5106 Wingfield Place Alexandria, VA 22308	NACDS	payroll deduction	130.00
	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

1,379.50

TOTAL This Period (last page this line number only)

1,379.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **2** OF **4**
FOR LINE NUMBER **11 a. i**

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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
David Fitzsimmons 8124 Summer Park Lane Alexandria, VA 22315	NACDS	payroll deduction	260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 500.00	
Susan Guiterman 409 Franklin Street Alexandria, VA 22314	NACDS	payroll deduction	195.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 345.00	
Sandra Jung 5990 Richmond Highway, Apt B1B Alexandria, VA 22303	NACDS	payroll deduction	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 250.00	
David Lambert 1014 N. Remill Street Alexandria, VA 22304	NACDS	payroll deduction	260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
Kathryn Lavriha 12014 Gatewater Drive Potomac, MD 20854	NACDS	payroll deduction	156.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 300.00	
Anne Lublinsky 6649 Antelope Court Waldorf, MD 20603	NACDS	payroll deduction	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Admin Assistant	Aggregate Year-to-Date > \$ 250.00	
Phillip Schnelder 18 S. Manchester Arlington, VA 22204	NACDS	payroll deduction	143.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) **1,274.00**

TOTAL This Period (last page this line number only)

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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
Robert Shapiro 7566 Chrisland Cove Falls Church, VA 22042 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS Occupation: Executive	payroll deduction 1,000.00	520.00
Aggregate Year-to-Date > \$			
Mary Ann Wagner 1201 N. Pitt Street #2B Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS Occupation: Manager	payroll deduction 750.00	390.00
Aggregate Year-to-Date > \$			
William H. Stoffregen 8395 Old Stable Road Cincinnati, OH 45243 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Superior Jewelry Occupation: Executive	Date: 7/23/97 300.00	300.00
Aggregate Year-to-Date > \$			
Daniel C. Nelson 26 Brookfield Road Dover, MA 02030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CVS Pharmacies Occupation: Executive	Date: 8/18/97 300.00	300.00
Aggregate Year-to-Date > \$			
Robert Hartwell 6715 Stoneybrooke Lane Alexandria, VA 22306 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS Occupation: Executive	payroll deduction 385.00	385.00
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

1,895.00

TOTAL This Period (last page this line number only)

45

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **4** OF **4**
FOR LINE NUMBER **11 a. i.**

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

YTD Total of
\$ 200 OR LESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shelagh Cooney 2612 N. Dearing Street Alexandria, VA 22302	NACDS	payroll deduction	32.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Admin Assistant	Aggregate Year-to-Date > \$	62.50
Matthew Hay 6506 Tenth Street Alexandria, VA 22308	NACDS	payroll deduction	65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$	110.00
Christine Klein 1613 Mt. Eagle Place Alexandria, VA 22302	NACDS	payroll deduction	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$	170.00
Laura Miller 515 Janney's Lane Alexandria, VA 22302	NACDS	payroll deduction	66.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$	120.00
Stephen Poston 4516 North 19th Road Arlington, VA 22207	NACDS	payroll deduction	13.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$	24.00
Wayne Zussman 720 Owens Street Rockville, MD 20850	NACDS	payroll deduction	7.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$	19.00
Denise Al-Nawasreh 2023 Edgar Court Falls Church, VA 22043	NACDS	payroll deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Admin Assistant	Aggregate Year-to-Date > \$	140.00

SUBTOTAL of Receipts This Page (optional)

252.50

TOTAL This Period (last page this line number only)

4,801.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11c

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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
Owens-Illinois, Inc.- PAC One Seagate Toledo, OH 43665		7/23/97	3000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000.00	
B. 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 > \$	
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)	3,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 112 OF 23 FOR LINE NUMBER 23

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bob Graham 233 Constitution Ave N. E. Washington, DC 20002	D-FL	7/9/97 9/19/97	1,000.00 2,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Evan Bayh Committee 427 Palm Tree Drive Gaithersburg, MD 20878	D-IN	7/11/97	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
J.D. Hayworth for Congress P. O. Box 14273 Scottsdale, AZ 85267	R-AZ-6	7/11/97	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Range for Congress Committee 530 7th Street SE 2nd Floor Washington, DC 20003	D-NY-15	7/11/97	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Nancy Johnson for Congress P.O. Box 1986 New Britain, CT 06050	CT-6	7/22/97	500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Hyde for Congress Committee P.O. Box 322 Des Plaines, IL 60016	R-IL-6	9/8/97	500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Becerra for Congress P. O. Box 75214 Washington, DC 20013-5214	D-CA-30	9/8/97	500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Friends of Jerry Kiaczka 44 Canal Center Plaza, Suite 400 Alexandria, VA 22314	D-WI-4	9/8/97	500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Keep McDade in Congress 4451 Brookfield Corporate Dr. Chantilly, VA 20151-1652	R-PA-10	9/8/97	500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

8,500.00

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 2
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
Bill Thomas Campaign Committee P.O. Box 395 Bakerfield, CA 93302	GA-21 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/97	1000.00
B. Full Name, Mailing Address and ZIP Code John Breaux Senate Committee 110 E. Broad St. Falls Church, VA. 22048	D-LA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97	1000.00
C. Full Name, Mailing Address and ZIP Code People for Ganske 4010 Franconia Rd. Alexandria, VA. 22310	R-IA-4 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97	500.00
D. Full Name, Mailing Address and ZIP Code Frank Riggs for Congress P.O. Box 16021 Alexandria, VA. 22302	R-CA-1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97	500.00
E. Full Name, Mailing Address and ZIP Code Missourians for Klt Bond 501 Capitol Court NE #100 Washington, DC 20002	R-MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/6/97	1,000.00
F. Full Name, Mailing Address and ZIP Code Hastert for Congress Committee 6344 Cavalier Corridor Falls Church, VA 22044	R-IL-14 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/6/97	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Byron Dorgan 420 C St NE Washington, DC 20002	D-ND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/6/97	500.00
H. Full Name, Mailing Address and ZIP Code Weygand Committee P.O. Box 28405 Providence, RI 02908	D-RI-2 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/9/97	1,000.00
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)

6,500.00

TOTAL This Period (last page this line number only)

15,000.00

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/15/98
<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
<input type="checkbox"/> Electronic Filing	
 J.A.Q. PREPARER	 1/21/98 DATE PREPARED