

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 14
01/22/2002 11 : 04

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 C00022388
CITY, STATE, and ZIP CODE Alexandria VA 22314	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly 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 |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report Twelfth day report preceding _____
(election type)
- July 31 Mid-Year Report (Non-election Year Only) election on _____ In the State of _____
- Termination report on _____ In the State of _____
- Thirtieth day report following the General Election
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/2001</u> through <u>12/31/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u>		20817.55
(b) Cash on Hand at Beginning of Reporting Period	60289.14	
(c) Total Receipts (from line 19)	32531.97	118049.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	92621.11	136667.06
7. Total Disbursements (from line 30)	24000.00	68045.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	68621.11	68621.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
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 Electronically Filed by R. James Huber		
Signature of Treasurer	Date 01/22/2002	

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE National Association of Chain Drug Stores Political Action Committee		REPORT COVERING PERIOD FROM 07/01/2001 TO: 12/31/2001	
I. 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)	25115.44	77103.68	11.a.i.
ii. Unitemized	1508.18	7810.67	11.a.ii.
iii. Total	26623.62	84914.35	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	5000.00	30000.00	11.c.
d. Total Contributions	31623.62	114014.35	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	708.35	1135.16	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	32331.97	116049.51	19.
20. Total Federal Receipts	32331.97	116049.51	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	519.00	21.b.
c. Total Operating Expenditures	0.00	519.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	24000.00	87500.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	26.95	29.
30. Total Disbursements	24000.00	88045.95	30.
31. Total Federal Disbursements	24000.00	88045.95	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	31623.62	114014.35	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	31623.62	114014.35	34.
35. Total Federal Operating Expenditures	0.00	519.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	519.00	37.

SCHEDULE A		ITEMIZED RECEIPTS		3 / 14
		Use separate schedule(s) for each category of the Detailed Summary Page		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				
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year) 07/12/2001	Amount of Each Receipt this Period 1000.00	
	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year) 07/12/2001	Amount of Each Receipt this Period 1000.00	
	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year) 12/05/2001	Amount of Each Receipt this Period 3000.00	
	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 3000.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				5000.00

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	4 / 14
					FOR LINE NUMBER 11a
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NAME OF COMMITTEE (In Full) National Association of Chain Drug Stores Political Action Committee					
Full Name, Mailing Address, and ZIP Code Mr. Manny Goldberg, RPh 605 SO. 94th Avenue Omaha NE 68114		Name of Employer Keystone - Medicine Chest		Date (month, day, year) 07/12/2001	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Chairman and CEO			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Mr. Alan Levin 315 Rulher Drive Newark DE 19711		Name of Employer Happy Harry's, Inc.		Date (month, day, year) 07/12/2001	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Chairman, President and CEO			
		Aggregate Year-to-Date > \$ 5000.00			
Full Name, Mailing Address, and ZIP Code Mr. Robert Hannan 7330 Sawgrass Point Dr. Pinellas Park FL 33762		Name of Employer National Association of Chain Drug Sto		Date (month, day, year) 07/12/2001	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Interim President			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Joseph Conda 29717 Sussex Road Perrysburg OH 43551		Name of Employer Owens-Brockway Prescripti- on Products		Date (month, day, year) 07/12/2001	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP & GM, Prescription Products			
		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Dr. Robert Ibsen P.O. Box 1729 Santa Maria CA 93456-1729		Name of Employer Rembrandt Division of Dan- Mat		Date (month, day, year) 07/30/2001	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation President			
		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. Kevin Tripp 15100 N. 50th Street Scottsdale AZ 85260		Name of Employer Albertson's, Inc.		Date (month, day, year) 07/30/2001	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation President, Drug Region			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Mr. Gary Charbonneau 440 Ninth Avenue Floor 6 New York NY 10001-1620		Name of Employer Duane Reade		Date (month, day, year) 09/05/2001	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr VP, Sales and Marketing			
		Aggregate Year-to-Date > \$ 1000.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	5 / 14
					FOR LINE NUMBER 11a
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NAME OF COMMITTEE (In Full) National Association of Chain Drug Stores Political Action Committee					
Full Name, Mailing Address, and ZIP Code Mr. Steven Oliva 915 W. 11th Street Vancouver WA 98660-3095		Name of Employer S.J. Oliva Investment		Date (month, day, year) 11/27/2001	Amount of Each Receipt this Period 3000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation President and CEO			
		Aggregate Year-to-Date > \$ 4000.00			
Full Name, Mailing Address, and ZIP Code Ms. Catherine Polley, RPh 413 N. Lee Street Alexandria VA 22314		Name of Employer National Association of Chain Drug Sto		Date (month, day, year)	Amount of Each Receipt this Period 937.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Executive		Payroll Deduction (\$82.50 Biweekly)	
		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. Terry Arth 21141 Stonecrop Place Ashburn VA 20147		Name of Employer National Association of Chain Drug Sto		Date (month, day, year)	Amount of Each Receipt this Period 180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Executive		Payroll Deduction (\$10.00 Biweekly)	
		Aggregate Year-to-Date > \$ 280.00			
Full Name, Mailing Address, and ZIP Code Mr. Luther Bailey 5748 Governors Pond Circle Alexandria VA 22310		Name of Employer National Association of Chain Drug Sto		Date (month, day, year)	Amount of Each Receipt this Period 374.94
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Executive		Payroll Deduction (\$20.83 Biweekly)	
		Aggregate Year-to-Date > \$ 498.92			
Full Name, Mailing Address, and ZIP Code Mr. Don Bell 5800 Magnolia Lane Falls Church VA 22041		Name of Employer National Association of Chain Drug Sto		Date (month, day, year)	Amount of Each Receipt this Period 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Executive		Payroll Deduction (\$25.00 Biweekly)	
		Aggregate Year-to-Date > \$ 650.00			
Full Name, Mailing Address, and ZIP Code Mr. John Coster 918 Rolfe Place Alexandria VA 22314		Name of Employer National Association of Chain Drug Sto		Date (month, day, year)	Amount of Each Receipt this Period 652.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Manager		Payroll Deduction (\$38.46 Biweekly)	
		Aggregate Year-to-Date > \$ 898.96			
Full Name, Mailing Address, and ZIP Code Mr. John Coverl 7631 Holmes Run Drive Falls Church VA 22042		Name of Employer National Association of Chain Drug Sto		Date (month, day, year)	Amount of Each Receipt this Period 234.45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Manager		Payroll Deduction (\$15.63 Biweekly)	
		Aggregate Year-to-Date > \$ 250.08			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 14
			FOR LINE NUMBER 11a

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

Full Name, Mailing Address, and ZIP Code Mrs. Diane Danvey 801 15th Street S, #202 Arlington VA 22202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer National Association of Chain Drug Sto	Date (month, day, year)	Amount of Each Receipt this Period 180.00
	Occupation Manager	Payroll Deduction (\$10.00 Biweekly)	
	Aggregate Year-to-Date > \$ 280.00		
Full Name, Mailing Address, and ZIP Code Joshua Ellis 413 N. Lee Street Alexandria VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer National Association of Chain Drug Sto	Date (month, day, year)	Amount of Each Receipt this Period 207.09
	Occupation Manager	Payroll Deduction (\$0.00 Biweekly)	
	Aggregate Year-to-Date > \$ 223.02		
Full Name, Mailing Address, and ZIP Code Matthew Erick 421 N. King Street, 3rd Floor Alexandria VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Chaindrugstore.net	Date (month, day, year)	Amount of Each Receipt this Period 220.00
	Occupation Executive	Payroll Deduction (\$0.00 Biweekly)	
	Aggregate Year-to-Date > \$ 280.00		
Full Name, Mailing Address, and ZIP Code Mr. David Fitzsimmons 8515 Pitt Court Lorton VA 22079 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer National Association of Chain Drug Sto	Date (month, day, year)	Amount of Each Receipt this Period 720.00
	Occupation Executive	Payroll Deduction (\$40.00 Biweekly)	
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Todd Grover 421 King Street, 3rd Floor Alexandria VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Chaindrugstore.net	Date (month, day, year)	Amount of Each Receipt this Period 375.57
	Occupation Executive	Payroll Deduction (\$28.89 Biweekly)	
	Aggregate Year-to-Date > \$ 520.02		
Full Name, Mailing Address, and ZIP Code Ms. Marilyn Guerrero 2621 Miranda Ct. Woodbridge VA 22191 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer National Association of Chain Drug Sto	Date (month, day, year)	Amount of Each Receipt this Period 173.16
	Occupation Manager	Payroll Deduction (\$9.62 Biweekly)	
	Aggregate Year-to-Date > \$ 250.12		
Full Name, Mailing Address, and ZIP Code Ms. Susan Guterman 408 Franklin Street Alexandria VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer National Association of Chain Drug Sto	Date (month, day, year)	Amount of Each Receipt this Period 947.34
	Occupation Executive	Payroll Deduction (\$52.63 Biweekly)	
	Aggregate Year-to-Date > \$ 999.97		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 14
			FOR LINE NUMBER 11a

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

Full Name, Mailing Address, and ZIP Code Ms. Sandra Jung 5527 Holmes Run Parkway Alexandria VA 22304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer National Association of Chain Drug Sto Occupation Manager Aggregate Year-to-Date > \$ 520.00	Date (month, day, year) Payroll Deduction (\$20.80 Biweekly)	Amount of Each Receipt this Period 374.40 Payroll Deduction (\$13.50 Biweekly)
Full Name, Mailing Address, and ZIP Code Ms. Rhoda Kelly 7617 Meadowgate Drive Manassas VA 20112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer National Association of Chain Drug Sto Occupation Manager Aggregate Year-to-Date > \$ 351.00	Date (month, day, year) Payroll Deduction (\$13.50 Biweekly)	Amount of Each Receipt this Period 243.00 Payroll Deduction (\$38.46 Biweekly)
Full Name, Mailing Address, and ZIP Code Mr. David Lambert 1014 N. Terill Street Alexandria VA 22304-1938 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer National Association of Chain Drug Sto Occupation Executive Aggregate Year-to-Date > \$ 999.98	Date (month, day, year) Payroll Deduction (\$50.00 Biweekly)	Amount of Each Receipt this Period 682.28 Payroll Deduction (\$50.00 Biweekly)
Full Name, Mailing Address, and ZIP Code Jim Link 413 N. Lee Street Alexandria VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer National Association of Chain Drug Sto Occupation Executive Aggregate Year-to-Date > \$ 950.00	Date (month, day, year) Payroll Deduction (\$15.63 Biweekly)	Amount of Each Receipt this Period 900.00 Payroll Deduction (\$15.63 Biweekly)
Full Name, Mailing Address, and ZIP Code Ms. Laura Miller 515 Jarney's Lane Alexandria VA 22302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer National Association of Chain Drug Sto Occupation Manager Aggregate Year-to-Date > \$ 250.08	Date (month, day, year) Payroll Deduction (\$28.00 Biweekly)	Amount of Each Receipt this Period 234.45 Payroll Deduction (\$28.00 Biweekly)
Full Name, Mailing Address, and ZIP Code Bradley Mitchell 421 King Street, 3rd Floor Alexandria VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Chaindrugstore.net Occupation Executive Aggregate Year-to-Date > \$ 448.00	Date (month, day, year) Payroll Deduction (\$12.00 Biweekly)	Amount of Each Receipt this Period 364.00 Payroll Deduction (\$12.00 Biweekly)
Full Name, Mailing Address, and ZIP Code Mr. Stephen Parkowski 2688 Hillsman Street Falls Church VA 22043 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer National Association of Chain Drug Sto Occupation Manager Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) Payroll Deduction (\$12.00 Biweekly)	Amount of Each Receipt this Period 216.00 Payroll Deduction (\$12.00 Biweekly)

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	8 / 14
				FOR LINE NUMBER	11a
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NAME OF COMMITTEE (In Full) National Association of Chain Drug Stores Political Action Committee					
Full Name, Mailing Address, and ZIP Code Mrs. Nancy Riegle 1808 Fallbrook Lane Vienna VA 22182	Name of Employer National Association of Chain Drug Sto	Date (month, day, year) Payroll Deduction (\$25.00 Bi-weekly)	Amount of Each Receipt this Period 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Manager	Aggregate Year-to-Date > \$ 650.00			
Full Name, Mailing Address, and ZIP Code Mr. Philip Schneider 16 S. Manchester Street Arlington VA 22204	Name of Employer National Association of Chain Drug Sto	Date (month, day, year) Payroll Deduction (\$20.00 Bi-weekly)	Amount of Each Receipt this Period 560.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive	Aggregate Year-to-Date > \$ 520.00			
Full Name, Mailing Address, and ZIP Code Mr. John Shepherd 7729 Lee Avenue Alexandria VA 22308	Name of Employer National Association of Chain Drug Sto	Date (month, day, year) Payroll Deduction (\$38.46 Bi-weekly)	Amount of Each Receipt this Period 682.28		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive	Aggregate Year-to-Date > \$ 999.98			
Full Name, Mailing Address, and ZIP Code Mr. Edward Staffa 3001 Regina Drive Silver Spring MD 20806	Name of Employer National Association of Chain Drug Sto	Date (month, day, year) Payroll Deduction (\$10.00 Bi-weekly)	Amount of Each Receipt this Period 180.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Manager	Aggregate Year-to-Date > \$ 260.00			
Full Name, Mailing Address, and ZIP Code Ms. Mary Ann Wagner 1605 B Hunting Creek Drive Alexandria VA 22314	Name of Employer National Association of Chain Drug Sto	Date (month, day, year) Payroll Deduction (\$77.00 Bi-weekly)	Amount of Each Receipt this Period 1386.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive	Aggregate Year-to-Date > \$ 2002.00			
Full Name, Mailing Address, and ZIP Code Mr. James Whitman 7982 Foxmoor Drive Dunn Loring VA 22027	Name of Employer National Association of Chain Drug Sto	Date (month, day, year) Payroll Deduction (\$46.15 Bi-weekly)	Amount of Each Receipt this Period 630.70		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive	Aggregate Year-to-Date > \$ 1188.80			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					25115.44

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 14
			FOR LINE NUMBER 17

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

Full Name, Mailing Address, and ZIP Code Dreyfus Govt Cash Mgmt 200 Park Ave. 8th Floor New York NY 10166	Name of Employer	Date (month, day, year) 07/31/2001	Amount of Each Receipt this Period 29.17
	Occupation Dividend Reinv.-Dreyfus		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 257.98		
Full Name, Mailing Address, and ZIP Code Crestar Business Money Market P.O. Box 85024 Richmond VA 23285-5024	Name of Employer	Date (month, day, year) 07/31/2001	Amount of Each Receipt this Period 110.53
	Occupation Interest Paid		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 345.75		
Full Name, Mailing Address, and ZIP Code Dreyfus Govt Cash Mgmt 200 Park Ave. 8th Floor New York NY 10166	Name of Employer	Date (month, day, year) 08/31/2001	Amount of Each Receipt this Period 86.00
	Occupation Dividend Reinv.-Dreyfus		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 353.98		
Full Name, Mailing Address, and ZIP Code Crestar Business Money Market P.O. Box 85024 Richmond VA 23285-5024	Name of Employer	Date (month, day, year) 08/31/2001	Amount of Each Receipt this Period 56.80
	Occupation Interest Paid		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 402.55		
Full Name, Mailing Address, and ZIP Code Dreyfus Govt Cash Mgmt 200 Park Ave. 8th Floor New York NY 10166	Name of Employer	Date (month, day, year) 09/30/2001	Amount of Each Receipt this Period 83.45
	Occupation Dividend Reinv.-Dreyfus		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 437.43		
Full Name, Mailing Address, and ZIP Code Crestar Business Money Market P.O. Box 85024 Richmond VA 23285-5024	Name of Employer	Date (month, day, year) 09/30/2001	Amount of Each Receipt this Period 42.02
	Occupation Interest Paid		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 444.57		
Full Name, Mailing Address, and ZIP Code Dreyfus Govt Cash Mgmt 200 Park Ave. 8th Floor New York NY 10166	Name of Employer	Date (month, day, year) 10/31/2001	Amount of Each Receipt this Period 81.51
	Occupation Dividend Reinv.-Dreyfus		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 518.94		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 14
			FOR LINE NUMBER 17

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

Full Name, Mailing Address, and ZIP Code Crestar Business Money Market P.O. Box 85024 Richmond VA 23285-5024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/31/2001	Amount of Each Receipt this Period 31.86
	Occupation Interest Paid		
	Aggregate Year-to-Date > \$ 478.53		
Full Name, Mailing Address, and ZIP Code Dreyfus Govt 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	Date (month, day, year) 11/30/2001	Amount of Each Receipt this Period 74.41
	Occupation Dividend Reinv.-Dreyfus		
	Aggregate Year-to-Date > \$ 583.35		
Full Name, Mailing Address, and ZIP Code Crestar Business Money Market P.O. Box 85024 Richmond VA 23285-5024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/30/2001	Amount of Each Receipt this Period 14.89
	Occupation Interest Paid		
	Aggregate Year-to-Date > \$ 491.42		
Full Name, Mailing Address, and ZIP Code Dreyfus Govt 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	Date (month, day, year) 12/31/2001	Amount of Each Receipt this Period 66.06
	Occupation Dividend Reinv.-Dreyfus		
	Aggregate Year-to-Date > \$ 659.41		
Full Name, Mailing Address, and ZIP Code Crestar Business Money Market P.O. Box 85024 Richmond VA 23285-5024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 12/31/2001	Amount of Each Receipt this Period 21.55
	Occupation Interest Paid		
	Aggregate Year-to-Date > \$ 512.97		

SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			708.35

SCHEDULE B		ITEMIZED DISBURSEMENTS		11 / 14
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) National Association of Chain Drug Stores Political Action Committee				
Full Name, Mailing Address, and ZIP Code The Enzi Committee P.O. Box 2775 Cody WY 82414	Purpose of Disbursement Michael Enzi, U.S. SENATE WI (- WI -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 07/16/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Pryce For Congress 1200 Trinity Drive Alexandria VA 22314	Purpose of Disbursement Deborah Pryce, U.S. HOUSE 15th OH (House - OH - 15) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 07/16/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Congressman Waxman Campaign Ctte. 8665 Wilshire Blvd Suite 220 Los Angeles CA 90211	Purpose of Disbursement Henry A. Waxman, U.S. HOUSE 29th CA (House - CA - 29) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 07/16/2001	Amount of Each Disbursement This Period 0.00	
Full Name, Mailing Address, and ZIP Code Congressman Waxman Campaign Ctte. 8665 Wilshire Blvd Suite 220 Los Angeles CA 90211	Purpose of Disbursement Voided Check (House - CA - 29) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 07/16/2001	Amount of Each Disbursement This Period 0.00	
Full Name, Mailing Address, and ZIP Code Congressman Waxman Campaign Ctte. 8665 Wilshire Blvd Suite 220 Los Angeles CA 90211	Purpose of Disbursement Henry A. Waxman, U.S. HOUSE 29th CA (House - CA - 29) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 07/16/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Team Emerson, Attn: Anne Ekem 1212 New York Ave, NW Suite 350 Washington DC 20005	Purpose of Disbursement JoAnn Emerson, U.S. HOUSE 8th MO (- MO - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 07/18/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Crane For Congress P.O. Box 85324 Rolling Meadows IL 60008	Purpose of Disbursement Philip M. Crane, U.S. HOUSE 8th IL (House - IL - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 08/13/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Mike Ross For Congress 227 Massachusetts Avenue NE, Suite 101 Washington DC 20002	Purpose of Disbursement Mike Ross, U.S. HOUSE 4th AR (- AR - 4) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 08/13/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Collins For Congress 507 Capitol Court, NE Suite 100 Washington DC 20002	Purpose of Disbursement Mac Collins, U.S. HOUSE 3rd GA (House - GA - 3) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 08/13/2001	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		13 / 14
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) National Association of Chain Drug Stores Political Action Committee				
Full Name, Mailing Address, and ZIP Code People For English P.O. Box 1940 Erie PA 16507	Purpose of Disbursement Phil English, U.S. HOUSE 21st PA (House - PA - 21) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 10/18/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Dingell For Congress P.O. Box 75214 Washington DC 20013-5214	Purpose of Disbursement John D. Dingell, U.S. HOUSE 16-1h MI (House - MI - 16) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 10/18/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Senate Majority Fund P.O. Box 32025 Phoenix AZ 85064	Purpose of Disbursement Jon Kyl, U.S. SENATE AZ (- AZ -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 10/18/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Brady for Congress c/o The Nancy Boeskor Co. 3323 North Washington Blvd. Arlington VA 22201	Purpose of Disbursement Kevin Brady, U.S. HOUSE 8th TX (- TX - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 10/18/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Langevin for Congress 301 4th Street, NE Washington DC 20002	Purpose of Disbursement Jim Langevin, U.S. HOUSE 2nd RI (- RI - 2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 10/18/2001	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Virginia Victory Fund P.O. 94 Dunn Loring VA 22027	Purpose of Disbursement Thomas M. Davis, U.S. HOUSE 11-1h VA (House - VA - 11) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 10/18/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Berry for Congress 227 Massachusetts Ave NE, Suite 101 Washington DC 20002	Purpose of Disbursement Marion Berry, U.S. HOUSE 1st AR (House - AR - 1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 10/18/2001	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Mike Ross For Congress 227 Massachusetts Avenue NE, Suite 101 Washington DC 20002	Purpose of Disbursement Mike Ross, U.S. HOUSE 4th AR (- AR - 4) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 10/18/2001	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Lindsey Graham for US Senate 900 2nd Street NE Suite 114 Washington DC 20002	Purpose of Disbursement Lindsey Graham, U.S. HOUSE 3rd SC (- SC - 3) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 10/26/2001	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		14 / 14
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) National Association of Chain Drug Stores Political Action Committee				
Full Name, Mailing Address, and ZIP Code CONGRESSMAN JOE BARTON COMMITTEE 104 Hume Ave Alexandria VA 22301	Purpose of Disbursement Joe Barton, U.S. HOUSE 6th TX (- TX - 6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 11/02/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Norwood for Congress P.O. Box 499 Evans GA 30809	Purpose of Disbursement Charlie Norwood, U.S. HOUSE 10th GA (- GA - 10) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 11/02/2001	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Allen for Congress 6262 Occoquan Forest Dr. Manassas VA 20112	Purpose of Disbursement Tom Allen, U.S. HOUSE 1st ME (- ME - 1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 11/02/2001	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Friends of Bob Graham 227 South Calhoun St. Tallahassee FL 32301	Purpose of Disbursement Bob Graham, U.S. SENATE FL (- FL -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 11/09/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code CONGRESSMAN JOE BARTON COMMITTEE 104 Hume Ave Alexandria VA 22301	Purpose of Disbursement Voided Check (- TX - 6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 11/16/2001	Amount of Each Disbursement This Period -1000.00	
Full Name, Mailing Address, and ZIP Code Texas Freedom Fund c/o epihany productions 104 Hume Ave Alexandria VA 22301	Purpose of Disbursement Joe Barton, U.S. HOUSE 6th TX (- TX - 6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 11/20/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Rely on Your Beliefs Fund (Roy B Fund) 1300 Pennsylvania Ave, NW Suite 700 Washington DC 20004	Purpose of Disbursement Roy Blunt, U.S. HOUSE 7th MO (House - MO - 7) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 11/20/2001	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)			24000.00	