

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -3 P 1:24

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
C00022368 121499
P 268R JAMES HUBER
NATIONAL ASSOCIATION OF CHAIN
DRUG STORES, INC. POLITICAL AC
P O BOX 1417-049
ALEXANDRIA VA 22313

2. FEC IDENTIFICATION NUMBER
C00022368

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:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for line _____
(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 This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	July 1, 1999 through December 31, 1999		
6. (a)	Cash on Hand January 1, 1999		\$ 15,182.48
6. (b)	Cash on Hand at Beginning of Reporting Period	\$ 39,461.71	
6. (c)	Total Receipts (from Line 18)	\$ 40,265.03	\$103,618.99
6. (d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 79,726.74	\$118,801.47
7.	Total Disbursements (from Line 30)	\$ 36,840.00	\$ 75,914.73
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 42,886.74	\$ 42,886.74
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 20483 Toll Free 800-424-9530 Local 202-694-1100
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

R. James Huber

Date

1/21/00

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

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FEC FORM 3X
(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
NACDS Political Action Committee	FROM	TO	Dec. 31, 1999
	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	27,366.83	69,124.61	11(a)(1)
i. Itemized (use Schedule A)	1,771.26	5,533.83	11(a)(1)(i)
ii. Unitemized	29,138.09	74,658.44	11(a)(1)(ii)
II. Total (add i and ii) >			11(b)
b. Political Party Committees	10,500.00	28,000.00	11(c)
c. Other Political Committees (such as PACs)	19,638.09	102,658.44	11(d)
d. Total Contributions (add a ii, b and c) >			12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	626.94	960.55	17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity	40,265.03	103,618.99	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	40,265.03	103,618.99	20
20. Total Federal Receipts (subtract line 16 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i. Federal Share			21(a)(1)(i)
ii. Non-Federal Share	90.00	914.65	21(b)
b. Other Federal Operating Expenditures Taxes, Bank Fees	90.00	914.65	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >			22
22. Transfers to Affiliated/Other Party Committees	36,750.00	75,000.08	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individual/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)	0.00	0.00	28(d)
d. Total Contribution Refunds (add a, b and c) >			29
29. Other Disbursements	36,840.00	75,914.73	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	36,840.00	75,914.73	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	39,638.09	102,658.44	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	39,638.09	102,658.44	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	90.00	914.65	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	90.00	914.65	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
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
Donald D. Beeler 5357 Ashcroft Road Minnetonka, MN 55345	Snyders Drug Stores	08/10/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 1,000.00	
Michael J. Gattis 8041 Bay Brook Drive Indianapolis, IN 46256	Bindley Western Drug	08/10/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 300.00	
Gerald M. Zlotnik 4507 Clark Avenue Cleveland, OH 44102	Medic Drug Inc.	08/10/99	900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 900.00	
Edward Doty P.O. Box 685 Redding, CT 06896	Tristar Products	08/10/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 500.00	
Arthur R. Schwalb 52 Brandywine Road Stamford, CT 06905	New Product Reports	08/10/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 300.00	
Alan B. Levin 315 Ruthar Drive Newark, DE 19711	Happy Harry's	08/10/99	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 2,500.00	
James McMichael 12600 Dusty Wheel Lane Fairfax, VA 22033	Pharmacia & UpJohn	08/12/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 300.00	

SUBTOTAL of Receipts This Page (optional)

5800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **2** OF **7**
FOR LINE NUMBER **11-A-L**

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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
Gerald Heller 1845 Forest Boulevard Tulsa, OK 74114	May's Drug Stores	08/12/99	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 2,000.00	
Ronald Hofmeister 587 Pinebrook Court Town & Country, MD 63017	Medicine Shoppe	08/25/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
Wayne Frenyea 181 Peabody Road Gouverneur, NY 13642	Kinney Drugs, Inc.	08/25/99	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 1,500.00	
David C. Carter 522 N. Union Avenue Margate, NJ 08402	Joseph Stamel & Sons	08/25/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 1,000.00	
Anthony N. Civallo 6337 Wakefalls Drive Wake Forest, NC 27587	Kerr Drug, Inc.	08/25/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 1,000.00	
Paul Kelly 1920 Griffith Road Falls Church, VA 22043	NACDS	08/25/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 250.00	
Charles Conaway 15 Signal Ridge Way East Greenwich, RI 02818	CVS Corporation	08/26/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)	6750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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11-a-6

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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
Daniel C. Nelson 26 Brookfield Road Dover, MA 02030	CVS Corporation	09/03/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 1,000.00	
Thomas H. Rogers 65 Foley Road Warwick, NY 10990	Barr Laboratories, Inc.	09/03/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 300.00	
Keith W. Burks 10606 Winterwood Drive Carmel, IN 46032	Bindley Western Drug	09/16/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 300.00	
Brian Agor 3745 Mazewood Lane Fairfax, VA 22033	NACDS	Payroll Dad	130.00 (9.29 BI-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 236.25	
Luther Bailey 5748 Governor's Pond Circle Alexandria, VA 22310	NACDS	Payroll Dad	282.62 (20.19 BI-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 586.98	
Don Bell, II 5800 Magnolia Lane Falls Church, VA 22041	NACDS	Payroll Dad	325.00 (23.22 BI-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 569.24	
Timothy Born 3117 Circle Hill Road Alexandria, VA 22305	NACDS	Payroll Dad	141.31 (10.10 BI-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 250.01	

SUBTOTAL of Receipts This Page (optional)

2478.93

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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11-a-c

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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 Lance Clark 224 N Union Street Alexandria, VA 22314	Name of Employer NACDS	Date (month, day, year) Payroll	Amount of Each Receipt this Period 260.00 (18.58 Bi-Weekly)
	Occupation Executive	Ded	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	455.00	
B. Full Name, Mailing Address and ZIP Code Laura Cranston 9687 South Run Oaks Drive Fairfax Station, VA 22039	Name of Employer NACDS	Date (month, day, year) Payroll	Amount of Each Receipt this Period 273.00 (19.50 Bi-Weekly)
	Occupation Executive	Ded	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	545.66	
C. Full Name, Mailing Address and ZIP Code David Fitzsimmons 8315 Fitt Court Lorton, VA 22079	Name of Employer NACDS	Date (month, day, year) Payroll	Amount of Each Receipt this Period 455.00 (32.50 Bi-Weekly)
	Occupation Manager	Ded	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	698.75	
D. Full Name, Mailing Address and ZIP Code Brian Gallagher 909 Franklin Street Alexandria, VA 22314	Name of Employer NACDS	Date (month, day, year) Payroll	Amount of Each Receipt this Period 156.00 (11.15 Bi-Weekly)
	Occupation Manager	Ded	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	228.00	
E. Full Name, Mailing Address and ZIP Code Susan Gulterman 409 Franklin Street Alexandria, VA 22314	Name of Employer NACDS	Date (month, day, year) Payroll	Amount of Each Receipt this Period 195.00 (13.93 Bi-Weekly)
	Occupation Executive	Ded	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	324.00	
F. Full Name, Mailing Address and ZIP Code Robert Hartwell 6715 Stonaybrooke Lane Alexandria, VA 22306	Name of Employer NACDS	Date (month, day, year) Payroll	Amount of Each Receipt this Period 1,083.29 (77.38 Bi-Weekly)
	Occupation Executive	Ded	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,166.58	
G. Full Name, Mailing Address and ZIP Code Ben Jackson 218 E. Mason Avenue, Apt. 28 Alexandria, VA 22301	Name of Employer NACDS	Date (month, day, year) Payroll	Amount of Each Receipt this Period 130.00 (9.29 Bi-Weekly)
	Occupation Manager	Ded	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	220.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2552.29

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **5** OF **7**
FOR LINE NUMBER **11. a-6**

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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
Sandra Jung 5527 Holmes Run Parkway Alexandria, VA 22304	NACDS	Payroll Ded	130.00 (9.29)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager		Bi-Weekly
	Aggregate Year-to-Date > \$	270.00	
David Lambert 1014 N Terrill Street Alexandria, VA 22304	NACDS	Payroll Ded	270.79 (19.35)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		Bi-Weekly
	Aggregate Year-to-Date > \$	541.58	
Laura Miller 515 Janney's Lane Alexandria, VA 22302	NACDS	Payroll Ded	125.06 (8.94)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager		Bi-Weekly
	Aggregate Year-to-Date > \$	215.39	
Philip Schneider 18 S. Manchester Arlington, VA 22204	NACDS	Payroll Ded	130.00 (9.29)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager		Bi-Weekly
	Aggregate Year-to-Date > \$	261.26	
Mary Ann Wagner 1201 N Pitt Street, #2B Alexandria, VA 22314	NACDS	Payroll Ded	541.71 (38.70)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		Bi-Weekly
	Aggregate Year-to-Date > \$	1,083.42	
James Whitman 7982 Foxmoor Drive Dunn Loring, VA 22027	NACDS	Payroll Ded	258.05 (18.44)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		Bi-Weekly
	Aggregate Year-to-Date > \$	500.03	
Kevin Whorton 605 Tazewell Road, NW Vienna, VA 22180	NACDS	Payroll Ded	130.00 (9.29)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager		Bi-Weekly
	Aggregate Year-to-Date > \$	260.00	

SUBTOTAL of Receipts This Page (optional)

1585.61

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 6 OF 17
FOR LINE NUMBER
11-A-2

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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
Richard R. Powis 120 Baltic Circle Tampa, FL 33606	Eckard Corp.	11/10/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > \$		1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey E. Maldow 13 Lindsay Drive Morganville, NJ 07751	AstraZeneca	11/10/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > \$		300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kurt A. Proctor 8617 Oak Chase Circle Fairfax Station, VA 22039	NACDS	11/10/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > \$		500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry A. Panasci, Jr. 100 E. Washington St, Ste 208 Syracuse, NY 13202	Cygnus Mgmt Group	11/10/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > \$		1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Russell G. Smith 2602 E 13th Street Joplin, MO 64801	May's Drug Store	11/18/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > \$		200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas M. Ryan 280 Irving Ave. Providence, RI 02908	CVS Corporation	11/18/99	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > \$		2,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maurice M. Lucas 9301 Avenue D Brooklyn, NY 11236	L & R Distributors	11/18/99	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > \$		1,500.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **7** OF **17**
FOR LINE NUMBER **11-A-6**

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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
Michael T. McClorey 24 S. Rock Hill Road St. Louis, MO 63119	Health Resource Pub. Co.	11/30/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Andrew A. Giancamilli 582 Henretta Birmingham, MI 48009	Kmart Corporation	12/06/99	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 1,500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional)	1700.00
TOTAL This Period (last page this line number only)	27,366.83

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
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FOR LINE NUMBER
11-c

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dickstein, Shapiro & Morin - PAC 2101 L Street N.W. Washington, DC 20037 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation:	08/25/99	1,000.00
Aggregate Year-to-Date > \$ 1,000.00			
Owens-Illinois - PAC One Seagate Toledo, OH 43866 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation:	09/10/99	2,500.00
Aggregate Year-to-Date > \$ 2,500.00			
ECKPAC-Eckerd Corp - PAC P.O. Box 4689 Clearwater, FL 33758 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation:	11/10/99	5,000.00
Aggregate Year-to-Date > \$ 5,000.00			
CVS Corporation - PAC One CVS Drive Woonsocket, RI 02895 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation:	11/30/99	2,000.00
Aggregate Year-to-Date > \$ 2,000.00			
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:	Date (month, day, year)	Amount of Each Receipt this Period
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)

10,500.00

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

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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
Ashcroft For U.S. Senate 507 Capitol Court, Ste 900 Washington, DC 20002	R-MO	07/19/99	1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Roy Blunt P.O. Box 278 Strafford, MO 65757	R-MO-7	07/19/98	1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Gekas for Congress Committee 4451 Brookfield Corporate Dr, Ste 200 Chantilly, VA 20151-1652	R-PA-17	07/19/99	500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Friends of Patrick Kennedy P.O. Box 77047 Washington, DC 20013	D-RJ-1	07/19/99	1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Kerrey for US Senate Committee 301 4th St, NE, Ste 201 Washington, DC 20002	D-NE	07/19/99	1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Oxley For Congress P.O. Box 2000 Findlay, OH 45839	R-OH-4	07/19/99	500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Roth Senate Committee P.O. Box 105 Wilmington, DE 19899	R-DE	07/19/99	1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Santorum 2000 438 S. Main Street Pittsburgh, PA 15220	R-PA	07/19/99	1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Diana DeGette for Congress 770 Grant Street, Suite 218 Denver, CO 80203	D-CO-1	07/26/99	500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) **8500.00**

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

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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
Dreler for Congress P.O. Box 1110 Covina, CA 91772	R-CA-28 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/99	1,000.00
Steve Largent for Congress 2424 East 21st St, Suite B-100 Tulsa, OK 74119	R-OK-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/26/99	500.00
Lazlo 2000 1212 New York Ave, NW Suite 350 Washington, DC 20005	R-NY-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/26/99	1,000.00
Pete Stark For Re-Election Box 8331 Fremont, CA 94537	D-CA-13 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/28/99	1,000.00
Ashcroft For U.S. Senate 8229 Clayton Rd, Suite 200 St. Louis, MO 63117	R-MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/28/99	1,000.00
Gephardt-In-Congress Committee P.O. Box 15849 Washington, DC 20003	D-MO-3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/28/99	1,000.00
Celebration 2000 900 Second Street, NE, Suite 114 Washington, DC 20002	R-MS Sen. Trent Lott Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/18/99	1,000.00
Congressman Bill Young Campaign Ctte P.O. Box 103 Arlington, VA 22210	R-FL-10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/16/99	1,000.00
Texans for Henry Bonilla 4451 Brookfield Corp. Dr., Ste 200 Chantilly, VA 20151	R-TX-23 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/18/99	500.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE **315** OF
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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
Stupak for Congress Committee 817 Ninth Ave, P.O. Box 143 Menominee, MI 49858	D-MI-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/16/99	1,000.00
B. Full Name, Mailing Address and ZIP Code A Lot of People for Dave Obey P.O. Box 75214 Washington, DC 20013-5214	D-WI-7 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Bilirakis For Congress P.O. Box 1077 Tarpon Springs, FL 34888	R-FL-9 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/27/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Dave Camp For Congress 2000 5915 Eastman Ave, Suite 100 Midland, MI 48640	R-MI-4 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/27/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Snowe For Senate P.O. Box 2000 Portland, ME 04104	R-ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Sherrod Brown P.O. Box 2884 Washington, DC 20013	D-OH-13 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/99	500.00
G. Full Name, Mailing Address and ZIP Code Mike Ross For Congress P.O. Box 380 Prescott, AR 71857	D-AR-4 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Roth Senate Committee 425 Second Street, NE Washington, DC 20002	R-DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/99	2,500.00
I. Full Name, Mailing Address and ZIP Code Frist 2000 425 Second Street, NE Washington, DC 20002	R-TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)	10,000.00
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 **4** OF **5**
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
"Governor's Leadership Fund-Fed Acct" P.O. Box 12208 Lansing, MI 48910	R-MI Gov. John Engler Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>In-Kind Cont.</i>	10/22/99	1,000.00
Burr For Congress P.O. Box 5732 Winston-Salem, NC 27113	R-NC-5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/99	1,000.00
Leadership For America's Future 2300 Clarendon Blvd, Ste 401 Arlington, VA 22201	R-OK-1 Rep. Steve Largent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/99	1,000.00
Oter For Idaho P.O. Box 1456 Boise, ID 83701	R-ID-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/99	500.00
Friends of Kent Conrad 420 C Street, NE Washington, DC 20002	D-ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/99	1,000.00
Petar Deutsch For Congress P.O. Box 817689 Hollywood, FL 33201	D-FL-20 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/99	1,000.00
Billey For Congress P.O. Box 17095 Richmond, VA 23225	R-VA-7 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/99	750.00
Re-Elect James McGovern P.O. Box 60405 Worcester, MA 01606	D-MA-3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/99	500.00
J.D. Hayworth For Congress 10789 North 90th Street, Ste 102 Scottsdale, AZ 85260	R-AZ-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/5/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

7,750.00

TOTAL This Period (list page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **515** OF
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NAME OF COMMITTEE (in Full)
NATIONAL ASSOCIATION OF CHAIN DRUG STORES POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Max Baucus 203 C Street, NE Washington, DC 20002	D-MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/6/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Langevin For Congress P.O. Box 55 Providence, RI 02901	D-RI-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/99	500.00
C. Full Name, Mailing Address and ZIP Code Tom Davis For Congress P.O. Box 483 Dunn Loring, VA 22027	R-VA-11 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/22/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

36,750.00

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 1/24/00
<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	
 RB PREPARER	 2/3/00 DATE PREPARED