

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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 C00022308
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>11/28/2000</u> through <u>12/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		42886.74
(b) Cash on Hand at Beginning of Reporting Period	21289.18	
(c) Total Receipts (from line 19)	3318.37	98181.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24617.55	141068.55
7. Total Disbursements (from line 30)	4000.00	120451.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20617.55	20617.55
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 989 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 04/02/2001

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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**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 11/28/2000 TO: 12/31/2000	
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)	2923.56	89451.82	11.a.i.
ii. Unitemized	335.28	7354.57	11.a.ii.
iii. Total	3258.84	76816.39	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	19000.00	11.c.
d. Total Contributions	3258.84	95816.39	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	1000.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	59.53	1365.42	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	3318.37	98181.81	19.
20. Total Federal Receipts	3318.37	98181.81	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	361.82	21.b.
c. Total Operating Expenditures	0.00	361.82	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	4000.00	117750.00	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	2339.18	29.
30. Total Disbursements	4000.00	120451.00	30.
31. Total Federal Disbursements	4000.00	120451.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	3258.84	95816.39	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	3258.84	95816.39	34.
35. Total Federal Operating Expenditures	0.00	361.82	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	361.82	37.

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 8
				FOR LINE NUMBER 11a	
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 Mr. Brian Agor 15270 Lodge Terrace 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 Occupation Manager Aggregate Year-to-Date > \$ 280.00	Date (month, day, year) Payroll Deduction (\$80.00 Bi-weekly)	Amount of Each Receipt this Period 80.00		
Full Name, Mailing Address, and ZIP Code Mr. Luther Bailey 5748 Governors Pond Circle Alexandria VA 22310 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 > \$ 800.02	Date (month, day, year) Payroll Deduction (\$189.48 Bi-weekly)	Amount of Each Receipt this Period 189.48		
Full Name, Mailing Address, and ZIP Code Mr. Don Bell 5800 Magnolia Lane Falls Church VA 22041 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 > \$ 800.08	Date (month, day, year) Payroll Deduction (\$138.48 Bi-weekly)	Amount of Each Receipt this Period 138.48		
Full Name, Mailing Address, and ZIP Code Mr. Tim Bam 3117 Circle Hill Road Alexandria VA 22305 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 > \$ 250.12	Date (month, day, year) Payroll Deduction (\$57.72 Bi-weekly)	Amount of Each Receipt this Period 57.72		
Full Name, Mailing Address, and ZIP Code Mr. John Coster 918 Rolfe Place 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 Manager Aggregate Year-to-Date > \$ 1000.04	Date (month, day, year) Payroll Deduction (\$280.88 Bi-weekly)	Amount of Each Receipt this Period 280.88		
Full Name, Mailing Address, and ZIP Code Mr. John Coverl 7631 Holmes Run Drive Falls Church VA 22042 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 > \$ 360.00	Date (month, day, year) Payroll Deduction (\$120.00 Bi-weekly)	Amount of Each Receipt this Period 120.00		
Full Name, Mailing Address, and ZIP Code Ms. Diane Darvey 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 Occupation Manager Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) Payroll Deduction (\$90.00 Bi-weekly)	Amount of Each Receipt this Period 90.00		
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	4 / 8
				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. Fitzhugh Elder 5274 Morning Mist Lane Alexandria VA 22312 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 > \$ 250.12	Date (month, day, year) Payroll Deduction (\$57.72 Bi-weekly)	Amount of Each Receipt this Period 57.72		
Full Name, Mailing Address, and ZIP Code Mr. David Fitzsimmons 6315 Fitt 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 Occupation Executive Aggregate Year-to-Date > \$ 1040.00	Date (month, day, year) Payroll Deduction (\$240.00 Bi-weekly)	Amount of Each Receipt this Period 240.00		
Full Name, Mailing Address, and ZIP Code Mr. Brian Gallagher P.O. Box 1099 Alexandria VA 22313 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 (\$75.00 Bi-weekly)	Amount of Each Receipt this Period 75.00		
Full Name, Mailing Address, and ZIP Code Mr. Todd Grover 15733 Edgewood Drive Dumfries VA 22026 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 (\$120.00 Bi-weekly)	Amount of Each Receipt this Period 120.00		
Full Name, Mailing Address, and ZIP Code Ms. Susan Guterman 409 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 Occupation Executive Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) Payroll Deduction (\$50.00 Bi-weekly)	Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code Mr. Ben Jackson 1710 Gunwood Place Crofton MD 21114 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 > \$ 230.00	Date (month, day, year) Payroll Deduction (\$30.00 Bi-weekly)	Amount of Each Receipt this Period 30.00		
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 (\$120.00 Bi-weekly)	Amount of Each Receipt this Period 120.00		
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 / 8
				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. Rhoda Kelly 7817 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 > \$ 250.00	Date (month, day, year) Payroll Deduction (\$80.00 Bi-weekly)	Amount of Each Receipt this Period 80.00		
Full Name, Mailing Address, and ZIP Code Mr. David Lambert 1014 N. Terri 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 > \$ 1000.22	Date (month, day, year) Payroll Deduction (\$230.82 Bi-weekly)	Amount of Each Receipt this Period 230.82		
Full Name, Mailing Address, and ZIP Code Ms. Laura Miller 515 Janney'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 > \$ 238.13	Date (month, day, year) Payroll Deduction (\$83.34 Bi-weekly)	Amount of Each Receipt this Period 83.34		
Full Name, Mailing Address, and ZIP Code Mr. Stephen Perkowski 2889 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 > \$ 250.12	Date (month, day, year) Payroll Deduction (\$57.72 Bi-weekly)	Amount of Each Receipt this Period 57.72		
Full Name, Mailing Address, and ZIP Code Ms. Nancy Riegle 1808 Fallbrook Lane Vienna VA 22182 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 > \$ 380.00	Date (month, day, year) Payroll Deduction (\$80.00 Bi-weekly)	Amount of Each Receipt this Period 80.00		
Full Name, Mailing Address, and ZIP Code Ms. Mary Ann Wagner 1605 B Hunting Creek Drive 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 > \$ 2000.18	Date (month, day, year) Payroll Deduction (\$481.58 Bi-weekly)	Amount of Each Receipt this Period 481.58		
Full Name, Mailing Address, and ZIP Code Mr. James Whitman 7982 Foxmoor Drive Dunn Loring VA 22027 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 > \$ 1000.22	Date (month, day, year) Payroll Deduction (\$230.82 Bi-weekly)	Amount of Each Receipt this Period 230.82		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	6 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page
		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. Kevin Whorton 605 Tazewell Road, NW Vienna VA 22180	Name of Employer National Association of Chain Drug Sto Occupation Manager	Date (month, day, year) Payroll Deduction (\$80.00 Bi-weekly) Amount of Each Receipt this Period 80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date 5 280.00	
SUBTOTALS of Receipts This Page (Optional)		
TOTALS This Period (last page this line number only)		2923.56

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 8
			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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period -0.15
	Occupation Dividend Reinv.-Dreyfus		
	Aggregate Year-to-Date > \$ 1042.08		
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) 11/30/2000	Amount of Each Receipt this Period 11.57
	Occupation Interest Paid		
	Aggregate Year-to-Date > \$ 275.23		
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) 12/31/2000	Amount of Each Receipt this Period 31.53
	Occupation Dividend Reinv.-Dreyfus		
	Aggregate Year-to-Date > \$ 1073.61		
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) 12/31/2000	Amount of Each Receipt this Period 16.58
	Occupation Interest Paid		
	Aggregate Year-to-Date > \$ 291.81		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	59.53

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nelson For Senate 110-B East Broad St Falls Church VA 22046	Bill Nelson, U.S. SENATE FL (- FL -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	12/12/2000	1000.00
First State PAC 729 15th Street, NW Suite 300 Washington DC 20005	Tom Carper, U.S. SENATE DE (- DE -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	12/12/2000	1000.00
Hagel For Senate P.O. Box 241497 Omaha NE 68124	Chuck Hagel, U.S. SENATE NE (- NE -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	12/12/2000	1000.00
Friends Of Max Baucus 227 Massachusetts Ave NE, Ste 101 Washington DC 20002	Max Baucus, U.S. SENATE MT (Senate - MT -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	12/12/2000	1000.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only) **4000.00**