

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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Oct 10 11 49 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) C00022368                      082796                      P 209 R JAMES HUBER NATIONAL ASSOCIATION OF CHAIN DRUG STORES, INC. POLITICAL AC P O BOX 1417-D49 ALEXANDRIA                      VA 22313	2. FEC IDENTIFICATION NUMBER C-000-22-368
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report                      Monthly Report Due On:
- February 20     June 20                       October 20  
 July 15 Quarterly Report                       March 20     July 20                       November 20  
 October 15 Quarterly Report                       April 20                       August 20                       December 20  
 January 31 Year End Report                       May 20                       September 20                       January 31
- July 31 Mid Year Report (Non-election Year Only)                       Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Termination Report                       Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>July 1, 1996</u> through <u>September 30, 1996</u>		
6. (a) Cash on Hand January 1, 1996		\$ 9,385.59
(b) Cash on Hand at Beginning of Reporting Period	\$ 27,815.77	
(c) Total Receipts (from Line 19)	\$ 1,221.97	\$ 35,745.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 29,037.74	\$ 45,131.44
7. Total Disbursements (from Line 30)	\$ 24,500.00	\$ 40,593.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4,537.74	\$ 4,537.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-5420
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		Date 10/2/96
Signature of Treasurer 		Date 10/2/96

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

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

(revised 1/1/91)

NAME OF COMMITTEE Natl Assn Chain Drug Stores Political Action		REPORT COVERING PERIOD FROM 7/1/96 TO 9/30/96	
Committee		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,000.00	21,350.00	11(a)
ii. Unitemized	100.00	1,100.00	11(a)
<b>ii. Total</b> (add i and ii) >	<b>1,100.00</b>	<b>22,450.00</b>	11(a)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	0.00	13,000.00	11(c)
<b>d. Total Contributions</b> (add a ii, b and c) >	<b>1,100.00</b>	<b>35,450.00</b>	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	121.97	295.85	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<b>1,221.97</b>	<b>35,745.85</b>	19
20. Total Federal Receipts (subtract line 18 from line 19) >	<b>1,221.97</b>	<b>35,745.85</b>	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)
i. Federal Share			21(a)
ii. Non-Federal Share			21(a)
b. Other Federal Operating Expenditures (taxes)	0.00	93.70	21(c)
<b>c. Total Operating Expenditures</b> (add a ii, b and c) >	<b>0.00</b>	<b>93.70</b>	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	24,500.00	40,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
<b>d. Total Contribution Refunds</b> (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<b>24,500.00</b>	<b>40,593.70</b>	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	<b>24,500.00</b>	<b>40,593.70</b>	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11a)	1,100.00	35,450.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,100.00	35,450.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	93.70	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	93.70	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

11 a. i.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Gerald Heller</b> <b>1845 Forest Boulevard</b> <b>Tulsa, OK 74114</b>	<b>May's Drug Stores</b>	<b>09/13/96</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date \$ <b>2,000.00</b>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

1,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 14 OF 23  
FOR LINE NUMBER 73

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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
<b>Friends of Connie Morella</b> P.O. Box 5945 Bethesda, MD 20824	<b>R-MD-8</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>7/24/96</b>	<b>500.00</b>
<b>Davis for Congress Committee</b> 980 South 72nd Street Omaha, NE 68114	<b>D-NE-2</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>7/24/96</b>	<b>500.00</b>
<b>Crapo for Congress</b> 108 North 6th Street Boise, ID 83702	<b>R-ID-2</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>7/24/96</b>	<b>1,000.00</b>
<b>Hobson for Congress</b> 82 West Columbia Street Springfield, OH 45502	<b>R-OH-7</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>7/25/96</b>	<b>500.00</b>
<b>Stupak for Congress</b> P.O. Box 143 Menominee, MI 49858	<b>D-MI-1</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>7/25/96</b>	<b>500.00</b>
<b>Friends of Max Cleland</b> P.O. Box 7843 Atlanta, GA 30357	<b>D-GA</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>7/25/96</b>	<b>1,000.00</b>
<b>Luther for Congress</b> 1399 Geneva Avenue North, Suite 103 Oakdale, MN 55128	<b>D-MN-6</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>7/25/96</b>	<b>500.00</b>
<b>Democratic Senatorial Campaign</b> 440 North Capitol Street Washington, DC	<b>DEMOCRATIC SENATORS</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>7/31/96</b>	<b>2,000.00</b>
<b>Stenholm for Congress</b> P.O. Box 1032 Stanford, TX 79553	<b>D-TX-17</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>7/31/96</b>	<b>500.00</b>

SUBTOTAL of Disbursements This Page (optional) .....

**7,000.00**

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 **2** OF **4**  
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
Arkansas Victory Fund 430 South Capitol Street, S.E. Washington, DC 20003	D-AK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/96	500.00
B. Full Name, Mailing Address and ZIP Code Rangle for Congress Committee 635B Pennsylvania Avenue, S.E. Washington, DC 20003	D-NY-15 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/96	500.00
C. Full Name, Mailing Address and ZIP Code Sessions for U.S. Senate P.O. Box 4278 Montgomery, AL 36103	R-AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/18/96	5,000.00
D. Full Name, Mailing Address and ZIP Code Palone for Congress P.O. Box 3176 Long Branch, NJ 07740	D-NJ-6 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/6/96	500.00
E. Full Name, Mailing Address and ZIP Code Chet Edwards for Congress P.O. Box 70528 Washington, DC 20024	D-TX-11 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/96	500.00
F. Full Name, Mailing Address and ZIP Code Porter for Congress P.O. Box 7126 Deerfield, IL 60015	R-IL-10 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/96	500.00
G. Full Name, Mailing Address and ZIP Code People for Ganske 5907 Grand Avenue Des Moines, IA 50312	R-IA-4 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/96	500.00
H. Full Name, Mailing Address and ZIP Code Cardin for Congress P.O. Box 65056 Baltimore, MD 21209	D-MD-3 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/96	1,000.00
I. Full Name, Mailing Address and ZIP Code Bilbray for Congress Committee 4202 Genesee Avenue, Suite 102 San Diego, CA 92117	R-CA-49 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/96	500.00

SUBTOTAL of Disbursements This Page (optional) .....

9,500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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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
<b>Wyden for Senate</b> P.O. Box 3498 Portland, OR 97208	<b>D-OR</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/12/96</b>	<b>1,000.00</b>
<b>The Reed Committee</b> P.O. Box 8628 Cranston, RI 02920	<b>D-RI</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/19/96</b>	<b>500.00</b>
<b>Glen D. Johnson for Congress</b> 323 West Broadway Muskogee, OK 74401	<b>D-OK-2</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/19/96</b>	<b>1,000.00</b>
<b>McConnell Senate Committee</b> P.O. Box 1496 Louisville, KY 40201	<b>R-KY</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/19/96</b>	<b>1,000.00</b>
<b>Congressman Joe Barton Committee</b> P.O. Box 1444 Ennis, TX 75120	<b>R-TX-6</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/24/96</b>	<b>500.00</b>
<b>Bill McCollum for Congress</b> 1212 North Vernon St. Arlington, VA 22201	<b>R-FL-6</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/24/96</b>	<b>500.00</b>
<b>Mike Bilirakis for Congress</b> 1350 I Street NW Suite 870 Washington, DC 20005	<b>R-FL-9</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/24/96</b>	<b>500.00</b>
<b>Dreier for Congress</b> 1560 Wilson Blvd. Suite 902 Arlington, VA 22209	<b>R-CA-28</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/24/96</b>	<b>500.00</b>
<b>Hyde for Congress Committee</b> P.O. Box 332 Des Plaines, IL 60016	<b>R-IL-6</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/24/96</b>	<b>500.00</b>

SUBTOTAL of Disbursements This Page (optional) .....

**6,000.00**

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 4  
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
<b>Bill Thomas Campaign Committee</b> P.O. Box 23175 Washington, DC 20026	<b>R-CA-21</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/24/96</b>	<b>500.00</b>
<b>Darlene Hooley for Congress</b> 1974 SW Willamette Falls Dr. West Linn, OR 97068	<b>D-OR-5</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/24/96</b>	<b>500.00</b>
<b>John Dingell for Congress Committee</b> 607 14th St. NW Washington, DC 20006	<b>D-MI-16</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/24/96</b>	<b>1,000.00</b>
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) .....

**2,000.00**

TOTAL This Period (last page this line number only) .....

**24,500.00**

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

10/18/96

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

E.S.  
PREPARER

10/12/96  
DATE PREPARED