

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 14 3 36 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
C00112763 International Mass Retail Assn.
IMRA PAC

ADDRESS (number and street) Check if different than previously reported
1700 North Moore Street, Suite 2250

CITY, STATE and ZIP CODE
Arlington, VA 22209

2. FEC IDENTIFICATION NUMBER
C00112763

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

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>4/1/98</u> through <u>6/30/98</u>		
6.	(a) Cash on Hand January 1, 19____		\$ 3,213.48
	(b) Cash on Hand at Beginning of Reporting Period	\$ 1,712.70	
	(c) Total Receipts (from Line 19)	\$ 5,525.00	\$ 5,525.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 7,237.70	\$ 8,738.48
7.	Total Disbursements (from Line 30)	\$ 3,002.78	\$ 4,503.56
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4,234.92	\$ 4,234.92
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ ---0---	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-494-1100
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ ---0---	

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
Robin Lanier

Signature of Treasurer
Robin Lanier

Date
7/8/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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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 International Mass Retail Association PAC		REPORT COVERING PERIOD FROM 4/1/98 TO 6/30/98	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:		4,300.00	4,300.00
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		1,225.00	1,225.00
ii. Unitemized		5,525.00	5,525.00
iii. Total	(add i and ii) >	--0--	--0--
b. Political Party Committees		--0--	--0--
c. Other Political Committees (such as PACs)		5,525.00	5,525.00
d. Total Contributions	(add a iii, b and c) >	--0--	--0--
12. Transfers From Affiliated/Other Party Committees		--0--	--0--
13. All Loans Received		--0--	--0--
14. Loan Repayments Received		--0--	--0--
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		--0--	--0--
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		--0--	--0--
17. Other Federal Receipts (Dividends, Interest, etc.)		--0--	--0--
18. Transfers from Nonfederal Account for Joint Activity		5,525.00	5,525.00
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,525.00	5,525.00
20. Total Federal Receipts	(subtract line 18 from line 19) >	5,525.00	5,525.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		--0--	--0--
i. Federal Share		--0--	--0--
ii. Non-Federal Share		2.78	6.34
b. Other Federal Operating Expenditures		2.78	6.34
c. Total Operating Expenditures	(add a i, a ii, and b) >	--0--	--0--
22. Transfers to Affiliated/Other Party Committees		3,000.00	4,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		--0--	--0--
24. Independent Expenditures (use Schedule E)		--0--	--0--
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		--0--	--0--
26. Loan Repayments Made		--0--	--0--
27. Loans Made		--0--	--0--
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		--0--	--0--
b. Political Party Committees		--0--	--0--
c. Other Political Committees (such as PACs)		--0--	--0--
d. Total Contribution Refunds	(add a, b and c) >	--0--	--0--
29. Other Disbursements		3,002.78	4,506.34
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,002.78	4,506.34
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)		5,525.00	5,525.00
33. Total Contribution Refunds (from line 28d)		--0--	--0--
34. Net Contributions (other than loans)(subtract line 33 from 32)		2.78	6.34
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	2.78	6.34
36. Offsets to Operating Expenditures (from line 15)		--0--	--0--
37. Net Operating Expenditures	(subtract line 36 from 35) >	2.78	6.34

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **5**
FOR LINE NUMBER **11**

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)

International Mass Retail Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Black 20 Lincoln House Ave. Swampscott, MA 01907	Trend Lines, Inc.	4/7/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Jeffers 2340 Hale Ranch Road Fair Oaks, CA 95628	Price-Less Drug Stores, Inc.	4/7/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CKD	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gordon Hartunian 5081 Commerce Rd. Ochard Lake, MI 48324	Shorr Electronics	4/13/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dale Kramer 2532 Huntington Way South Suamico, WI 54173	Shopko Stores, Inc.	4/18/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Knutson 1722 S. 84th St. Omaha, NE 68124	Pamida, Inc.	4/20/98	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. V.P.	Aggregate Year-to-Date > \$ 200	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Hendrickson 16915 II Circle Omaha, NE 68135	Pamida, Inc.	4/22/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. V.P.	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Washburn 14104 Edna Cir. Omaha, NE 68138	Pamida, Inc.	4/23/98	\$400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive V.P.	Aggregate Year-to-Date > \$ 400	

SUBTOTAL of Receipts This Page (optional)

2,600.00

TOTAL This Period (last page this line number only)

4,300.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **4** OF **5**
FOR LINE NUMBER **11**

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NAME OF COMMITTEE (In Full)

International Mass Retail Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Hafner 1311 Lafayette Omaha, NE 68154	Pamida, Inc.	4/23/98	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Vice President	Aggregate Year-to-Date > \$ 200	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Fishman 616 North 164 Street Omaha, NE 68118	Pamida, Inc.	4/28/98	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chuck Siegel 1403 Fortune Hill San Antonio, TX 78258	Solo Serve Corp.	5/13/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	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
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)

1,700.00

TOTAL This Period (last page this line number only)

4,300.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **5** OF **5**
FOR LINE NUMBER **23**

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NAME OF COMMITTEE (In Full)

International Mass Retail Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Bilirakis for Congress c/o Suite 1010 1350 I Street, N.W. Washington, D.C. 20005	General Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/98	\$1,000
B. Full Name, Mailing Address and ZIP Code Porter for Congress Committee P.O. Box 7126 Deerfield, IL 60015	General Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/98	\$500.00
C. Full Name, Mailing Address and ZIP Code Ballenger for Congress P.O. Box 2552 Hickory, NC 28603	General Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/98	\$500.00
D. Full Name, Mailing Address and ZIP Code Citizens for Kasich 1303 East Abingdon Drive Alexandria, VA 22314	General Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/98	\$500.00
E. Full Name, Mailing Address and ZIP Code Largent for Congress Committee 2424 East 21st Street Suite B-100 Tulca, OK	General Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/98	\$500.00
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)

3,000.00

TOTAL This Period (last page this line number only)

3,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>7-14-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
<i>SEH</i> PREPARER	<i>7-14-98</i> DATE PREPARED