

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FILED
OCT 13 12 00 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
National Association of Chain Drug Stores
Political Action Committee

ADDRESS (number and street) Check if different than previously reported
P.O. Box 1417-D49
CITY, STATE and ZIP CODE
Alexandria, VA 22313-1417

2. FEC IDENTIFICATION NUMBER
C-000-22-368

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
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- 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	7/1/94 through 9/30/94		
6. (a) Cash on Hand January 1, 1994			\$ 25,352.90
(b) Cash on Hand at Beginning of Reporting Period		\$ 23,612.99	
(c) Total Receipts (from Line 19)		\$ 9,033.64	\$ 42,373.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 32,646.63	\$ 67,726.50
7. Total Disbursements (from Line 30)		\$ 30,054.82	\$ 65,134.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 2,591.81	\$ 2,591.81
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 202-219-3420
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
R. James Huber

Signature of Treasurer *R. James Huber* Date *10/10/94*

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)

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NAME OF COMMITTEE National Association of Chain Drug Stores Political Action Committee		REPORT COVERING PERIOD FROM 7/1/94 TO: 9/30/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees	5,950.00	28,500.00
	i. Itemized (use Schedule A)		
	ii. Unitemized		
	ii. Total (add i and ii) >	5,950.00	28,500.00
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)	2,500.00	12,608.23
d.	Total Contributions (add a iii, b and c) >	8,450.00	41,108.23
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	500.00	1,000.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	83.64	265.37
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	9,033.64	42,373.60
20.	Total Federal Receipts (subtract line 16 from line 19) >	9,033.64	42,373.60
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
	i. Federal Share		
	ii. Non-Federal Share		
b.	Other Federal Operating Expenditures Taxes/Bank Fees	54.82	434.69
c.	Total Operating Expenditures (add a i, a ii, and b) >	54.82	434.69
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	30,000.00	64,700.00
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
	a. Individuals/Persons Other Than Political Committees		
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)		
	d. Total Contribution Refunds (add a, b and c) >		
29.	Other Disbursements		
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	30,054.82	65,134.69
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	30,054.82	65,134.69
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	8,450.00	41,108.23
33.	Total Contribution Refunds (from line 28d)	-0-	-0-
34.	Net Contributions (other than loans)(subtract line 33 from 32)	8,450.00	41,108.23
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	54.82	434.69
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-
37.	Net Operating Expenditures (subtract line 36 from 35) >	54.82	434.69

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of an listing contributions or for similar 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

94039264685

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
M.W. Simpson 2720 Pecan Drive Tyler, TX 75701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Drug-Sav Occupation: Executive Aggregate Year-to-Date > \$ 200.00	07/13/94	200.00
Keith Lumpkin 808 W. Bay Ave Balboa, CA 92861 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Horton and Converse Occupation: Executive Aggregate Year-to-Date > \$ 400.00	07/13/94	200.00
Bary Lucas 3146 N. Farmcrest Drive Cincinnati, OH 45213 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Superior Jewelry Occupation: Executive Aggregate Year-to-Date > \$ 200.00	07/13/94	200.00
Gary Rocheleau 27010 Big Horn Mountain Way Yorba Linda, CA 92687 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Thrifty Payless, Inc. Occupation: Executive Aggregate Year-to-Date > \$ 300.00	07/26/94	300.00
Joseph DeKama 105 Firestone Circle North Hills, NY 11576 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Designer Quality Occupation: Executive Aggregate Year-to-Date > \$ 500.00	07/26/94	500.00
Stewart Turley P.O. Box 4689 Clearwater, FL 34618 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Eckerd Corp. Occupation: Executive Aggregate Year-to-Date > \$ 700.00	08/19/94	500.00
William Cochran 9155 Rocky Cannon Cordova, TN 38018 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Cleo, Inc. Occupation: Executive Aggregate Year-to-Date > \$ 200.00	08/16/94	200.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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94039264686

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Ibsen 1571 East Main Santa Maria, CA 93454 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Rembrandt Div Occupation: Executive Aggregate Year-to-Date > \$ 1,000.00	08/16/94	1,000.00
Mark Winterhalter 2349 Keylon West Bloomfield, MI 48324 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Arbor Drugs Occupation: Executive Aggregate Year-to-Date > \$ 100.00	08/19/94	100.00
Jay Ed Guttman 24402 Holyoke Lane Novi, MI 48374 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Arbor Drugs Occupation: Executive Aggregate Year-to-Date > \$ 100.00	08/19/94	100.00
Marcus Ernst 1756 Alexander Drive Bloomfield, MI 48302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Arbor Drugs Occupation: Executive Aggregate Year-to-Date > \$ 500.00	08/19/94	250.00
John Enokian 6732 Vachon Drive Bloomfield Township, MI 48301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Arbor Drugs Occupation: Executive Aggregate Year-to-Date > \$ 100.00	08/19/94	100.00
Leonard Tempalski 1368 Kingspath Rochester Hills, MI 48306 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Arbor Drugs Occupation: Executive Aggregate Year-to-Date > \$ 100.00	08/19/94	100.00
David van Howe 39500 Schroeder Clinton Township, MI 48036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Arbor Drugs Occupation: Executive Aggregate Year-to-Date > \$ 100.00	08/18/94	100.00

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

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ITEMIZED RECEIPTS

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

94039264687

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Todd Wyatt 825 Purdy Birmingham, MI 48009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Arbor Drugs Occupation: Executive Aggregate Year-to-Date > \$ 100.00	08/19/94	100.00
Gilbert Gerhard 1358 Chestnut Circle Rochester, MI 48309 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Arbor Drugs Occupation: Executive Aggregate Year-to-Date > \$ 100.00	08/19/94	100.00
Dennis Wozniak 4059 Parkstone Ct. Troy, MI 48098 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Arbor Drugs Occupation: Executive Aggregate Year-to-Date > \$ 100.00	08/19/94	100.00
Donald Stutrud 12010 Glenview Drive Plymouth, MI 48170 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Arbor Drugs Occupation: Executive Aggregate Year-to-Date > \$ 100.00	08/19/94	100.00
Eric Bolokofsky 3148 Salem Drive Rochester Hills, MI 48306 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Arbor Drugs Occupation: Executive Aggregate Year-to-Date > \$ 100.00	08/19/94	100.00
Thomas Gahan 7224 Peachtree Canton, MI 48187 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Arbor Drugs Occupation: Executive Aggregate Year-to-Date > \$ 100.00	08/19/94	100.00
Ronald Haase 20800 Indian Creek Drive Farmington Hills, MI 48335 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Arbor Drugs Occupation: Executive Aggregate Year-to-Date > \$ 100.00	08/19/94	100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

NATIONAL ASSOCIATION OF CHAIN DRUG STORES POLITICAL ACTION COMMITTEE

94039264688

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Beale 400 Manito Lane Lake Orion, MI 48362 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Arbor Drugs	08/19/94	100.00
Occupation: Executive		Aggregate Year-to-Date: 100.00	
Carol Bugdalski 3885-301 Lone Pine West Bloomfield, MI 48323 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Arbor Drugs	08/19/94	100.00
Occupation: Executive		Aggregate Year-to-Date: 100.00	
Eugene Applebaum P.O. Box 2510 Troy, MI 48007 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Arbor Drugs	08/19/94	500.00
Occupation: Executive		Aggregate Year-to-Date: 1,500.00	
Manny Goldberg 605 S. 94th Avenue Omaha, NE 68114 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Medicine Chest	09/16/94	200.00
Occupation: Executive		Aggregate Year-to-Date: 600.00	
Gerald Heller 1845 Forest Blvd. Tulsa, OK 74114 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	May's Drug	09/16/94	500.00
Occupation: Executive		Aggregate Year-to-Date: 700.00	
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	Date (month, day, year)	Amount of Each Receipt this Period
Occupation		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	Date (month, day, year)	Amount of Each Receipt this Period
Occupation		Aggregate Year-to-Date	

SUBTOTAL of Receipts This Page (optional):	
TOTAL This Period (last page this line number only):	5,950.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
 CON LINE NUMBER 11.C.

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NAME OF COMMITTEE (in Full)

NATIONAL ASSOCIATION OF CHAIN DRUG STORES POLITICAL ACTION COMMITTEE

94039204689

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eckpac P.O. Box 4689 Clearwater, FL 43618		08/19/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Parry Drug Stores, Inc. PAC 5400 Perry Dr. Pontiac, MI 48058		08/19/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	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
Thrft Drug, Inc. PAC P.O. Box 2459 Pittsburgh, PA 15230		09/29/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	2,000.00	
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 at Receipts This Page (optional):	
TOTAL This Period (last page this line number only):	2,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

NATIONAL ASSOCIATION OF CHAIN DRUG STORES POLITICAL ACTION COMMITTEE

94039264690

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (This Period)
Hall for Congress Committee 104 N. West Street Alexandria, VA 22314	D-TX-4th	08/24/94	500.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00
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 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 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 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 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 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 Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL (of Receipts This Page (optional))

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

500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 1 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF CHAIN STORES POLITICAL ACTION COMMITTEE

94039264691

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for David Mann 501 Capital Court, N.E. Washington, D.C. 20002	D-OH-1st Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/94	500.00
Holtinger for Congress Committee Box 3185 Mankato, MN 56002	D-MN-1st Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/94	600.00
The Effective Government Committee 507 Capital Court, N.E. Washington, D.C. 20002	D-MO-3rd Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/94	1,000.00
The Moynihan Committee 21 East 40th Street New York, NY 10018	D-NY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/94	2,000.00
Friends of Jim Sasser 54 Rolling Meadows Drive Goodlettsville, TN 37072	D-TN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/94	1,000.00
Bonior for Congress P.O. Box 65873 Washington, D.C. 20035	D-MI-10th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/94	1,000.00
Wyden for Congress 501 Capitol Court, NE, Ste 200 Washington, DC 20002	D-OR-3rd Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/94	1,000.00
Friends of Kent Conrad 112B East Broad Street Falls Church, VA 22046	D-ND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/94	1,000.00
Jeffords for Vermont 517 2nd Street, N.E. Washington, DC 20002	R-VT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/94	1,000.00

SUBTOTAL of Disbursements This Page (optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 2 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (to FNU)
NATIONAL ASSOCIATION OF CHAIN STORES POLITICAL ACTION COMMITTEE

94039204692

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Jim McDermott 555 New Jersey Ave., N.W., Ste. 201 Washington, DC 20001	D-WA-7th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/94	500.00
Trent Lott for Mississippi 3001 Park Center Drive, #1105 Alexandria, VA 22302	R-MS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/94	1,000.00
Luther for Congress 1399 Geneva Ave. N., Ste 103 Oakdale, MN 55128	MN-6th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/94	500.00
Friends of Mike DeWine 8 East Broad St., 15th Floor Columbus, OH 43215	R-OH Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/94	2,500.00
Blake for Congress P.O. Box 38173 Charlotte, N.C. 28235	D-NC-9th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/94	500.00
Committee for Sam Gibbons P.O. Box 2884 Washington, D.C. 20013	D-FL-11th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/94	1,000.00
Hall for Congress Committee 104 N. West Street Alexandria, VA 22314	D-TX-4th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/24/94	500.00
Bill Wheeler for Congress Box 343 New Albany, NY 38652	D-MS-1st Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/94	500.00
Watts for Congress Committee 710 Asp Avenue Norman, OK 73069	R-OK-4th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/94	500.00

SUBTOTAL of Disbursements This Page (optional)

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 3 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
NATIONAL ASSOCIATION OF CHAIN STORES POLITICAL ACTION COMMITTEE

9403264693

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for David Mann 501 Capital Court, Ste 200 Washington, D.C. 20002	D-OH-1st Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/94	2,500.00
Quillen for Congress Committee P.O. Box 2769 Washington, D.C. 20013	R-TN-1st Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/94	500.00
Brewster for Congress Committee P.O. Box 10 Madill, OK 73446	D-OK-3rd Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/94	1,000.00
Lewis for Congress Committee P.O. Box 247 Redlands, CA 92373	R-CA-40th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/94	500.00
Canady for Congress Committee 4451 Brookfield Corp Dr., Ste 200 Cantilly, VA 22021	R-FL-12th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/94	500.00
Pete Stark Re-Election Committee 555 New Jersey Ave., N.W. Ste 201 Washington, D.C. 20001	D-CA-13th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/94	1,000.00
People Who Support Jeff Bingaman 501 Capital Court, Ste 200 Washington, D.C. 20002	D-NM Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/94	1,000.00
Friends of Jim Sasser P.O. Box 24723 Nashville, TN 37202	D-TN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/94	1,000.00
Rangel for Congress Committee 2030 Allen Place, N.W. Washington, D.C. 20009	D-NY-15th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/94	1,000.00

SUBTOTAL of Disbursements This Page (optional)

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 STORES POLITICAL ACTION COMMITTEE

94039264694

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Reelect Tom Foley 555 New Jersey Ave., N.W. Ste 201 Washington Court Hotel	Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/94	1,000.00
Brown for Congress Committee 111 Edgefield Drive Elyria, OH 44035	Purpose of Disbursement: D-OH-13th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/94	500.00
C. Full Name, Mailing Address and ZIP Code Rostenkowski for Congress 555 New Jersey Ave., N.W. Ste 201 Washington, D.C. 20001	Purpose of Disbursement: D-IL-5th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/94	1,000.00
D. Full Name, Mailing Address and ZIP Code Congressman Kildee Committee P.O. Box 990 Washington, D.C. 20044	Purpose of Disbursement: D-MI-9th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/94	500.00
E. Full Name, Mailing Address and ZIP Code Friends of Jerry Kleczka 4200 Christine Place Alexandria, VA 22311	Purpose of Disbursement: D-WI-4th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/94	500.00
F. Full Name, Mailing Address and ZIP Code Kerry for U.S. Senate 245 2nd Street, N.E., Ste 300 Washington, D.C. 20002	Purpose of Disbursement: D-NE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/94	1,000.00
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)

TOTAL This Period (last page this line number only)

30,000.00

**Federal Election Commission
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JMH
 PREPARER

10-18-94
 DATE PREPARED

94039264695