

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION COMMISSION  
WASHINGTON, DC 20543

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

NAME OF COMMITTEE (In full)  
 C00022368 060297 P 209  
 R JAMES HUBER  
 NATIONAL ASSOCIATION OF CHAIN  
 DRUG STORES, INC. POLITICAL AC  
 P O BOX 1417-D49  
 ALEXANDRIA VA 22313

JUL 14 12 23 10 '97

2. FEC IDENTIFICATION NUMBER  
000022368

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	01/01/97 through 06/30/97		
6. (a) Cash on Hand January 1, 1997			\$ 2,015.57
(b) Cash on Hand at Beginning of Reporting Period		\$ 2,015.57	
(c) Total Receipts (from Line 19)		\$ 70,669.17	\$ 70,669.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 72,684.74	\$ 72,684.74
7. Total Disbursements (from Line 30)		\$ 12,659.13	\$ 12,659.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 60,025.61	\$ 60,025.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20543 Toll Free 800-424-9533 Local 202-219-3420
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  
7/10/97

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 9/93)

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

(revised 1/1/81)

NAME OF COMMITTEE KACDS Political Action Committee		REPORT COVERING PERIOD FROM 01/01/97 TO 06/30/97	
		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)		54,888.25	54,888.25
ii. Unitemized			
iii. Total (add i and ii) >		54,888.25	54,888.25
b. Political Party Committees			
c. Other Political Committees (such as PACs)		15,500.00	15,500.00
d. Total Contributions (add a ii, b and c) >		70,388.25	70,388.25
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			
17. Other Federal Receipts (Dividends, Interest, etc.)		280.92	280.92
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		70,669.17	70,669.17
20. Total Federal Receipts (subtract line 18 from line 19) >		70,669.17	70,669.17
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		109.13	109.13
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b) >		109.13	109.13
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		12,550.00	12,550.00
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. Individual/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		12,659.13	12,659.13
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		12,659.13	12,659.13
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		70,388.25	70,388.25
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from line 32)		70,388.25	70,388.25
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		109.13	109.13
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from line 35) >		109.13	109.13

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 18  
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>John Shapherd</b> 7729 Lee Avenue Alexandria, VA 22308	<b>NACDS</b>	01/14/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>		
	Aggregate Year-to-Date > \$		1,000.00
<b>Walter E. Cohen</b> 1606 Escalante SW Albuquerque, NM 87104	<b>Retired</b>	1/16/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Retired</b>		
	Aggregate Year-to-Date > \$		100.00
<b>R. James Huber</b> 910 Danton Lane Alexandria, VA 22308	<b>NACDS</b>	1/17/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>		
	Aggregate Year-to-Date > \$		100.00
<b>Peter R. Lynn</b> 5980 Richmond Hwy., Apt 901 Alexandria, VA 22303	<b>NACDS</b>	1/23/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>		
	Aggregate Year-to-Date > \$		1,000.00
<b>William C. Bender</b> 328 N. Royal Street Alexandria, VA 22314	<b>Consultant - NACDS</b>	1/23/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Consultant</b>		
	Aggregate Year-to-Date > \$		1,000.00
<b>Kurt A. Proctor</b> 8617 Oak Chase Circle Fairfax, VA 22038	<b>NACDS</b>	1/28/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>		
	Aggregate Year-to-Date > \$		1,000.00
<b>Bryant Hughes</b> 9220 Santayana Drive Fairfax, VA 22031	<b>NACDS</b>	1/28/97	750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>		
	Aggregate Year-to-Date > \$		750.00

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

4950.00

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 18  
FOR LINE NUMBER 11 & 12

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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
<b>Carolyn Coffey</b> 7704 Mandan Road Greenbelt, MD 20770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	1/28/97	50.00
	Occupation: Admin Assistant	Aggregate Year-to-Date > \$	50.00
<b>Kellie R. Miller</b> 15106 Cardin Place Woodbridge, VA 22193 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	2/4/97	20.00
	Occupation: Admin Assistant	Aggregate Year-to-Date > \$	20.00
<b>Kristen J. LaRose</b> 106 N. Riverview DeWitt, MI 48820 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	2/4/97	25.00
	Occupation: Admin Assistant	Aggregate Year-to-Date > \$	25.00
<b>Ronald L. Ziegler</b> 2008 Fort Drive Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	2/11/97	1,500.00
	Occupation: Executive	Aggregate Year-to-Date > \$	1,500.00
<b>Roy J. Bussewitz</b> 1103 Potomac Lane Alexandria, VA 22308 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	2/19/97	250.00
	Occupation: Executive	Aggregate Year-to-Date > \$	250.00
<b>H. Coleman Jackson III</b> 3729 Corey Place, N.W. Washington, DC 20016 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hynes Dowell	3/14/97	1,000.00
	Occupation: Executive	Aggregate Year-to-Date > \$	1,000.00
<b>Lisa Cambell-Thornton</b> c/o 413 N. Lee St. Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	payroll deduction	10.00
	Occupation: Admin Assistant	Aggregate Year-to-Date > \$	10.00

SUBTOTAL of Receipts This Page (optional):

2855.00

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 3 OF 18  
FOR LINE NUMBER 11a1

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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
<b>Shelagh Cooney</b> 2612 N. Dearing Street Alexandria, VA 22302	<b>NACDS</b> Occupation: <b>Admin Assistant</b>	<b>payroll deduction</b>	<b>30.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>90.00</b>
<b>John Coster</b> 918 Rolfe Place Alexandria, VA 22314	<b>NACDS</b> Occupation: <b>Manager</b>	<b>payroll deduction</b>	<b>150.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>150.00</b>
<b>John Covert</b> 7631 Holmes Run Drive Falls Church, VA 22042	<b>NACDS</b> Occupation: <b>Manager</b>	<b>payroll deduction</b>	<b>120.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>120.00</b>
<b>Laura Cranston</b> 515 Janney's Lane Alexandria, VA 22302	<b>NACDS</b> Occupation: <b>Executive</b>	<b>payroll deduction</b>	<b>420.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>420.00</b>
<b>Karen Disharoon</b> 9592 Lagersfield Circle Vienna, VA 22181	<b>NACDS</b> Occupation: <b>Manager</b>	<b>payroll deduction</b>	<b>240.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>240.00</b>
<b>Kendra Fernandez</b> 8106 Wingfield Place Alexandria, VA 22308	<b>NACDS</b> Occupation: <b>Manager</b>	<b>payroll deduction</b>	<b>120.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>120.00</b>
<b>David Fitzsimmons</b> 6124 Summer Park Lane Alexandria, VA 22315	<b>NACDS</b> Occupation: <b>Manager</b>	<b>payroll deduction</b>	<b>240.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>240.00</b>

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

1320.00

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

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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
<b>Susan Guiterman</b> 409 Franklin Street Alexandria, VA 22314	NACDS	payroll deduction	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Manager</b>		
	Aggregate Year-to-Date > \$		150.00
<b>Matthew Hay</b> 6506 Tenth Street Alexandria, VA 22308	NACDS	payroll deduction	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Manager</b>		
	Aggregate Year-to-Date > \$		45.00
<b>Sandra Jung</b> 5990 Richmond Highway, Apt 818 Alexandria, VA 22303	NACDS	payroll deduction	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Manager</b>		
	Aggregate Year-to-Date > \$		120.00
<b>Christine Klein</b> 1613 Mt. Eagle Place Alexandria, VA 22302	NACDS	payroll deduction	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Manager</b>		
	Aggregate Year-to-Date > \$		120.00
<b>David Lambert</b> 1014 N. Remill Street Alexandria, VA 22304	NACDS	payroll deduction	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		
	Aggregate Year-to-Date > \$		240.00
<b>Kathryn Lavriha</b> 12014 Gateway Drive Potomac, MD 20854	NACDS	payroll deduction	144.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Manager</b>		
	Aggregate Year-to-Date > \$		144.00
<b>Anne Lublinsky</b> 6649 Antelope Court Waldorf, MD 20603	NACDS	payroll deduction	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Admin Assistant</b>		
	Aggregate Year-to-Date > \$		120.00

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

939.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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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 or Period
<b>Denise MacIvor</b> <b>8364 Wagon Wheel Road</b> <b>Alexandria, VA 22309</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>NACDS</b> Occupation: <b>Manager</b> Aggregate Year-to-Date > \$ 30.00	payroll deduction	<b>30.00</b>
<b>Laura Miller</b> <b>615 Janney's Lane</b> <b>Alexandria, VA 22302</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>NACDS</b> Occupation: <b>Manager</b> Aggregate Year-to-Date > \$ 65.00	payroll deduction	<b>65.00</b>
<b>Stephen Poston</b> <b>4516 North 19th Road</b> <b>Arlington, VA 22207</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>NACDS</b> Occupation: <b>Manager</b> Aggregate Year-to-Date > \$ 11.00	payroll deduction	<b>11.00</b>
<b>Phillip Schneider</b> <b>18 S. Manchester</b> <b>Arlington, VA 22204</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>NACDS</b> Occupation: <b>Manager</b> Aggregate Year-to-Date > \$ 110.00	payroll deduction	<b>110.00</b>
<b>Robert Shapiro</b> <b>7566 Chrisland Cove</b> <b>Falls Church, VA 22042</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>NACDS</b> Occupation: <b>Executive</b> Aggregate Year-to-Date > \$ 480.00	payroll deduction	<b>480.00</b>
<b>Mary Ann Wagner</b> <b>1201 N. Pitt Street #2B</b> <b>Alexandria, VA 22314</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>NACDS</b> Occupation: <b>Manager</b> Aggregate Year-to-Date > \$ 360.00	payroll deduction	<b>360.00</b>
<b>Steven Zabriski</b> <b>7718 Saratoga Ridge Court, #304</b> <b>Springfield, VA 22153</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>NACDS</b> Occupation: <b>Executive</b> Aggregate Year-to-Date > \$ 100.00	payroll deduction	<b>100.00</b>

SUBTOTAL of Receipts This Page (optional)	1146.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 18

FOR LINE NUMBER 11a.i

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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
Wayne Zussman 720 Owens Street Rockville, MD 20850	NACDS Occupation: Manager	payroll deduction	12.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	12.00	
Ermin Apollnario 413 N. Lee Street Alexandria, VA 22313	NACDS Occupation: Manager	payroll deduction	2.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2.00	
Denise Al-Nawasreh 2023 Edgar Court Falls Church, VA 22043	NACDS Occupation: Admin Assistant	payroll deduction	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	120.00	
James I Harrison, Jr. 29 Arcadia Drive Tuscaloosa, AL 35404	Harco Drug Occupation: Executive	4/17/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	
Howard Sternheim 1020 Park Avenue New York, NY 10026	NACDS Occupation: Executive	5/8/96	260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	
Leonard Genovese 44 Eldersfield Road Manhasset, NY 11030	Genevese Drugs Occupation: Executive	4/17/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	
Fitzhugh Elder III 14 West Custis Avenue Alexandria, VA 22301	NACDS Occupation: Executive	4/22/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	100.00	

SUBTOTAL of Receipts This Page (optional)

2484.00

TOTAL This Period (last page this line number only)



SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 7 OF 18  
FOR LINE NUMBER 110-1

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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
<b>Melinda Mercer Ray</b> 4412 18th Street North Arlington, VA 22207	<b>NACDS</b>	4/22/97	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Manager</b>		
	Aggregate Year-to-Date > \$		25.00
<b>Jackie A. Green</b> 3159 North Quincy Street Arlington, VA 22207	<b>NACDS</b>	4/22/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Manager</b>		
	Aggregate Year-to-Date > \$		100.00
<b>Markus M. Ernst</b> 1756 Alexander Drive Bloomfield Hills, MI 48302	<b>Arbor Drugs</b>	4/23/97	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		
	Aggregate Year-to-Date > \$		500.00
<b>Leonard J. DeMino</b> 11712 Dinwiddle Drive Rockville, MD 20852	<b>NACDS- Consultant</b>	4/23/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Consultant</b>		
	Aggregate Year-to-Date > \$		100.00
<b>Lance R. Clark</b> 3219 Octavia Street New Orleans, LA 70125	<b>K&amp;B Services</b>	4/23/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		
	Aggregate Year-to-Date > \$		500.00
<b>James A. LeBlanc</b> 5104 Tartan Drive Metairie, LA 70003	<b>K&amp;B Services</b>	4/23/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		
	Aggregate Year-to-Date > \$		500.00
<b>Eugene &amp; Marcia Applebaum</b> PO Box 2510 Troy, MI 48007-2510	<b>Arbor Drugs</b>	4/23/97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		
	Aggregate Year-to-Date > \$		2,000.00

SUBTOTAL of Receipts This Page (optional)

3725.00

TOTAL This Period (last page has line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 18  
FOR LINE NUMBER 11a, 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>Edward Fruchtenbaum</b> One American Road Cleveland, OH 44144	<b>American Greetings</b>	<b>4/24/97</b>	<b>100.00</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>100.00</b>
<b>Timothy R. Malarky</b> 36383 Derby Downs Drive Solon, OH 44139	<b>American Greetings</b>	<b>4/24/97</b>	<b>100.00</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>100.00</b>
<b>William R. Mason</b> 1350 Timberlea Court Westlake, OH 44145	<b>American Greetings</b>	<b>4/24/97</b>	<b>100.00</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>100.00</b>
<b>Daniel Moraczewski</b> 7493 Woodspring Lane Hudson, OH 44236	<b>American Greetings</b>	<b>4/24/97</b>	<b>100.00</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>100.00</b>
<b>Packy Nespaca</b> 1050 Creek Lane Rocky River, OH 44116	<b>American Greetings</b>	<b>4/24/97</b>	<b>100.00</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>100.00</b>
<b>William R. Parsons</b> 17879 Saratoga Trail Strongsville, OH 44138	<b>American Greetings</b>	<b>4/24/97</b>	<b>300.00</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>300.00</b>
<b>Erwin Weiss</b> 11 Country Lane Pepper Pike, OH 44124	<b>American Greetings</b>	<b>4/24/97</b>	<b>100.00</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>100.00</b>

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

900.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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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
<b>George A. Wenz</b> <b>34550 Forest Lane</b> <b>Solon, OH 44139</b>	<b>American Greetings</b>	<b>4/24/97</b>	<b>100.00</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>100.00</b>	
<b>Ivan D. Combe</b> <b>1101 Westchester Avenue</b> <b>White Plains, NY 10604</b>	<b>Combe Inc.</b>	<b>6/1/97</b>	<b>200.00</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>200.00</b>	
<b>Steven I. Riley</b> <b>902 Mansfield Drive</b> <b>Moorestown, NJ 08057</b>	<b>Carter-Wallace</b>	<b>5/1/97</b>	<b>200.00</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>200.00</b>	
<b>Donald D. Beeler</b> <b>5357 Ashcroft Road</b> <b>Minnetonka, MN 55345</b>	<b>Synder Drug Stores</b>	<b>5/1/97</b>	<b>500.00</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>500.00</b>	
<b>Clayton K. Whitehead</b> <b>5428 Glen Avon Avenue</b> <b>Minnetonka, MN 55345</b>	<b>Synder Drug Stores</b>	<b>5/1/97</b>	<b>160.00</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>160.00</b>	
<b>Judith &amp; Gary Anderson</b> <b>16979 Stodola Road</b> <b>Minnetonka, MN 55345</b>	<b>Bayer Corp</b>	<b>5/1/97</b>	<b>50.00</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>50.00</b>	
<b>Mr. &amp; Mrs. Michael J. Pan</b> <b>7982 Island Road</b> <b>Eden Prairie, MN 55347</b>	<b>Synder Drugs Stores</b>	<b>5/1/97</b>	<b>300.00</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>300.00</b>	

SUBTOTAL of Receipts This Page (optional)	<b>1500.00</b>
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 10 OF 18

FOR LINE NUMBER

11001

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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
<b>Richard F. Oorlog</b> 1068 Loma Linda Avenue Orone, MN 55347	<b>Synder Drugs Stores</b>	5/1/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		Aggregate Year-to-Date > \$ 100.00
<b>M. Anthony Bron</b> 3717 W. 103rd Street Bloomington, MN 55431	<b>Synder Drugs Stores</b>	5/1/97	76.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		Aggregate Year-to-Date > \$ 76.00
<b>John H. Stubstad</b> 4112 Thomas Avenue Minnetonka, MN 55345	<b>Thriftway Drugs</b>	5/1/97	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		Aggregate Year-to-Date > \$ 25.00
<b>Phillip D. Perkins</b> 21/2 Webster Place Hopkins, MN 55305	<b>Synder Drugs Stores</b>	5/1/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		Aggregate Year-to-Date > \$ 200.00
<b>Robert &amp; Bonnie Fiorelli</b> 4 Stagecoach Road Cumberland, RI 02864	<b>CVS Pharmacy</b>	5/1/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		Aggregate Year-to-Date > \$ 300.00
<b>Leo Paul Koulos</b> 323 59th Street Dale City, CA 94015	<b>National Coupon Rede</b>	5/1/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		Aggregate Year-to-Date > \$ 100.00
<b>Irvin Livon</b> 30 Marcal Drive Melville, NY 11721	<b>Genovese Drug</b>	5/1/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		Aggregate Year-to-Date > \$ 500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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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
<b>Gary L. Hawley</b> 12916 34th Avenue, N. Plymouth, MN 55441	<b>Synder Drugs</b>	<b>5/1/97</b>	<b>100.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		
	Aggregate Year-to-Date > \$		<b>100.00</b>
<b>William J. Vidmar</b> 1221 Bliss Lane Bloomington, MN 55431	<b>Synder Drugs</b>	<b>5/1/97</b>	<b>100.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		
	Aggregate Year-to-Date > \$		<b>100.00</b>
<b>Lisa &amp; Charles Conaway</b> 15 Signal Ridge Way East Greenwich, RI 02818	<b>CVS</b>	<b>5/1/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		
	Aggregate Year-to-Date > \$		<b>300.00</b>
<b>Edward W. Kelly</b> 1872 McCauley Road Clearwater, FL 34625	<b>Eckerd Corp</b>	<b>5/1/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		
	Aggregate Year-to-Date > \$		<b>300.00</b>
<b>G. T. Hidden</b> 1630 Sheridan Road Wilmette, IL 60091	<b>Hallmark Cards</b>	<b>5/1/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		
	Aggregate Year-to-Date > \$		<b>300.00</b>
<b>Manny Goldberg</b> 605 South 94th Avenue Omaha, NE 68114	<b>Keystone Medicine</b>	<b>5/1/97</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		
	Aggregate Year-to-Date > \$		<b>500.00</b>
<b>Allen &amp; Kathleen Patrick</b> 37 Abbot Road Smithtown, NY 11787	<b>Genovese Drug Co.</b>	<b>5/1/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: <b>Executive</b>		
	Aggregate Year-to-Date > \$		<b>300.00</b>

SUBTOTAL of Receipts This Page (optional)	<b>1900.00</b>
TOTAL This Period (last page this line number only)	

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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
<b>Maurice Wolf</b> <b>6240 S. Knoxville</b> <b>Tulsa, OK 74136</b>	<b>Med-X</b>	<b>05/01/97</b>	<b>100.00</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>100.00</b>
<b>Michael J. Jandarnoa</b> <b>2431 Belleglade</b> <b>Grand Rapids, MI 49646</b>	<b>Perrigo Company</b>	<b>05/01/97</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>1,000.00</b>
<b>Dave &amp; Marilyn Maher</b> <b>1683 New Bedford Drive</b> <b>Salt Lake City, UT 84103</b>	<b>American Drugs Store</b>	<b>05/01/97</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>1,000.00</b>
<b>Richard C. Clayton</b> <b>P.O. Box 2404</b> <b>Pace, FL 32571-0980</b>	<b>City Drugs</b>	<b>05/01/97</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>1,000.00</b>
<b>Stewart Turley</b> <b>P.O. Box 4689</b> <b>Clearwater, FL 34618</b>	<b>Eckerd Corp.</b>	<b>05/01/97</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>1,000.00</b>
<b>Robert &amp; Elayne Kwait</b> <b>28325 Belcourt</b> <b>Pepper Pike, OH 44124</b>	<b>Robert J. Kwait, Inc.</b>	<b>5/1/97</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>1,000.00</b>
<b>Frank A. Newman</b> <b>820 South Bay Drive</b> <b>Tampa, FL 33609</b>	<b>Eckerd Corp.</b>	<b>05/01/97</b>	<b>3,000.00</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>3,000.00</b>

SUBTOTAL of Receipts This Page (optional)

8100.00

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 13 OF 18  
FOR LINE NUMBER 11a.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
<b>Gerald &amp; Sharon Heller</b> 1845 Forest Blvd. Tulsa, OK 74114	<b>May's Drug Stores</b>	<b>05/01/97</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>1,000.00</b>
<b>Thomas &amp; Cathy Ryan</b> 280 Irving Avenue Providence, RI 02906	<b>CVS Pharmacy</b>	<b>05/01/97</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>1,000.00</b>
<b>Michel &amp; Manon Coutu</b> 8 Tamarack Drive East Greenwich, RI 02818	<b>Brooks Pharmacy</b>	<b>05/08/97</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>1,000.00</b>
<b>Gerald &amp; Sharon Heller</b> 1845 Forest Blvd. Tulsa, OK 74114	<b>Mays Drugs Store</b>	<b>05/09/97</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>William M. Eames</b> P.O. Box 608 Lafayette, CA 94549	<b>Bills Drugs</b>	<b>05/16/97</b>	<b>200.00</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>200.00</b>
<b>Steven J. Oliva</b> 915 West 11th Street Vanouver, WA 98660	<b>S.J. Oliva Investments</b>	<b>05/16/97</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>1,000.00</b>
<b>Henry A. Panasci</b> 7245 Henry Clay Blvd. Liverpool, NY 13088	<b>Fay's Inc.</b>	<b>05/16/97</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>1,000.00</b>

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

6,200.00

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 14 OF 18

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
<b>R. E. &amp; Judy George</b> 311 Prospect Elmhurst, IL 60126	<b>Ultra3</b> Occupation: <b>Executive</b>	<b>5/16/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		<b>300.00</b>
<b>Joseph V. Conda</b> 5340 Clearwater Beach Manitou Beach, MI 49253	<b>Owens Brockway Pres</b> Occupation: <b>Executive</b>	<b>6/15/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>300.00</b>
<b>Jerry W. Levin</b> 16 E. 70th Street New York, NY 10021	<b>Revlon, Inc.</b> Occupation: <b>Executive</b>	<b>5/16/97</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		<b>1,000.00</b>
<b>Enzo &amp; Margaret Cerra</b> 50 Fox Pointe Drive Pittsburgh, PA 15238	<b>Eckerd Corp</b> Occupation: <b>Executive</b>	<b>05/16/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 3		<b>300.00</b>
<b>John C. &amp; Frances B. Kane</b> 2206 Wingata Drive Delaware, OH 43015	<b>Cardinal Health</b> Occupation: <b>Executive</b>	<b>05/16/97</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		<b>1,000.00</b>
<b>G. Lipsyc &amp; N. Zlotnik</b> 4507 Clark Avenue Cleveland, OH 44102	<b>Medic Drugs</b> Occupation: <b>Executive</b>	<b>05/16/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		<b>300.00</b>
<b>Jack Futterman</b> 16315 Vintage Oak Lane Delray, FL 33484	<b>Pathmark Inc.</b> Occupation: <b>Executive</b>	<b>05/16/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		<b>300.00</b>

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)



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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
<b>David C. Carter</b> 522 N. Union Avenue Margate, NJ 08402	<b>Rita Ann Distr</b>	<b>5/16/97</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>1,000.00</b>
<b>Henry Burdick</b> 6525 Paradise Valley Road Hidden Hills, CA 91302	<b>Pharmanex, Inc.</b>	<b>5/23/97</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>1,000.00</b>
<b>Christopher &amp; Courtney Combs</b> 61 Sawmill Lane Greenwich, CT 06830-4027	<b>Combs, Inc</b>	<b>5/23/97</b>	<b>150.00</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>150.00</b>
<b>Andrew &amp; Wanda Giancamilli</b> 682 Henrietta Birmingham, MI 48009	<b>Kmart Corp.</b>	<b>5/23/97</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>1,000.00</b>
<b>Jerry B. &amp; Susan E. Gilbert</b> 10646 E. Monument Drive Scottsdale, AZ 85262	<b>Johnson &amp; Johnson</b>	<b>5/23/97</b>	<b>200.00</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>200.00</b>
<b>Ron Hofmeister</b> 587 Pinebrook Court Town & Country, MO 63017	<b>Medicine Shoppe</b>	<b>6/23/97</b>	<b>300.00</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>300.00</b>
<b>Herbert J. Kett</b> 452 D Heritage Hills Somers, NY 10589	<b>Genovese Drugs</b>	<b>5/23/97</b>	<b>100.00</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>100.00</b>

SUBTOTAL of Receipts This Page (optional)

**3750.00**

TOTAL This Period (last page this line number only)

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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
<b>Thomas E. McGrath</b> <b>12 Greenwood Court</b> <b>Briarcliff Manor, NY 10510-2529</b>	<b>Fuji Photo Film</b> Occupation: <b>Executive</b>	<b>5/23/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>300.00</b>		
<b>Barry R. Lucas</b> <b>3148 N. Faircrest Drive</b> <b>Cincinnati, OH 45213</b>	<b>Superior Jewelry Co.</b> Occupation: <b>Executive</b>	<b>5/23/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>300.00</b>		
<b>Timothy J. &amp; Carol J. Noonan</b> <b>1022 N. Waterford Way</b> <b>Mechanicsburg, PA 17055-7632</b>	<b>Rite Aid Corp</b> Occupation: <b>Executive</b>	<b>5/23/97</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>1,000.00</b>		
<b>Jack A. Robinson</b> <b>1589 Kirkway</b> <b>Bloomfield Hills, MI 48302-1323</b>	<b>Rite Aid of Michigan</b> Occupation: <b>Executive</b>	<b>5/23/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>300.00</b>		
<b>Harvey Rosenthal</b> <b>175 Commonwealth Ave. Apt. B</b> <b>Boston, MA 02116</b>	<b>Melville Corp.</b> Occupation: <b>Executive</b>	<b>5/23/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>300.00</b>		
<b>Arthur R. &amp; Mae C. Schwalb</b> <b>52 Brandywine Road</b> <b>Stanford, CT 06905</b>	<b>New Products Report</b> Occupation: <b>Executive</b>	<b>5/23/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>300.00</b>		
<b>Robert C. Cartwright</b> <b>555 Texter Road</b> <b>Elmsford, NY 10523</b>	<b>Fuji Photo Film USA</b> Occupation: <b>Executive</b>	<b>5/23/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>300.00</b>		

SUBTOTAL of Receipts This Page (optional) ..... **2,800.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 17 OF 18  
FOR LINE NUMBER 11a.1.

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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
<b>Dan K. Wassong</b> 565 Broad Hollow Road Farmingdale, NY 11735	<b>Del Labs</b> Occupation: <b>Executive</b>	<b>6/23/97</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>1,000.00</b>
<b>James R. Baker, Jr.</b> 600 Eagle Drive Pinaville, LA 71360	<b>Baker APS</b> Occupation: <b>Executive</b>	<b>5/29/97</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>1,000.00</b>
<b>Martin &amp; Judy Grass</b> 3159 N. Quincy Street Arlington, VA 22207	<b>RiteAid Corp.</b> Occupation: <b>Executive</b>	<b>5/29/97</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>1,000.00</b>
<b>Mark &amp; Judy Olesnavage</b> 2101 Blueberry Street, N. W. Grand Rapids, MI 49504	<b>Perrigo Company</b> Occupation: <b>Executive</b>	<b>5/29/97</b>	<b>100.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>100.00</b>
<b>Edward &amp; Nancy Doty</b> P.O. Box 665 Redding, CT 06896	<b>Tristar Prod</b> Occupation: <b>Executive</b>	<b>5/29/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>300.00</b>
<b>David Pinto</b> 220 Fifth Avenue New York, NY 10001	<b>Rancher Press</b> Occupation: <b>Executive</b>	<b>5/30/97</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>1,000.00</b>
<b>Robert &amp; Barbara Hannan</b> 7330 Sawgrass Point Drive Pinellas Park, FL 33782	<b>Eckerd</b> Occupation: <b>Executive</b>	<b>6/9/97</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		<b>500</b>

SUBTOTAL of Receipts This Page (optional)

4900.00

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 18 OF 18

FOR LINE NUMBER 11a.1.

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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
<b>Lawrence S. Kocot</b> 2417 Cameron Mills Road Alexandria, VA 22302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS Occupation: <b>Executive</b> Aggregate Year-to-Date > \$ 1,000.00	6/9/97	1,000.00
<b>Anthony N. Civello</b> 5 Windsor Road Pittsburgh, PA 15215-1811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Kett Drugs Occupation: <b>Executive</b> Aggregate Year-to-Date > \$ 1,000.00	6/23/97	500.00
<b>Alan Bruce Levin</b> 315 Ruthar Drive Newark, DE 19711 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Happy Harry's Occupation: <b>Executive</b> Aggregate Year-to-Date > \$ 1,000.00	6/23/97	1,000.00
<b>Steve Perlowski</b> 2689 Hillsman Street Falls Church, VA 22043 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS Occupation: <b>Manager</b> Aggregate Year-to-Date > \$ 53.00	payroll deduction Date (month, day, year)	53.00
<b>James Whitman</b> 7982 Foxmoor Drive Dunn Loring, VA 22027 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS Occupation: <b>Executive</b> Aggregate Year-to-Date > \$ 66.25	payroll deduction Date (month, day, year)	66.25
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 Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
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 Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

2619.25

TOTAL This Period (year page the line number only)

54,888.25

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER 11c

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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
<b>Walgreen Political Action Committee 200 Wilmot Rd. Deerfield, IL 60015</b>		<b>3/4/97</b>	<b>2,500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	<b>2,500.00</b>
<b>Rite Aid Political Action Committee P. O. Box 3165 Harrisburg, PA 17105</b>		<b>3/11/97</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	<b>1,000.00</b>
<b>Longs Drugs - Good Government 141 N. Civic Drive Walnut Creek, CA 94596</b>		<b>3/24/97</b>	<b>2,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	<b>2,000.00</b>
<b>HALLPAC-FEDERAL P.O. Box 419680 Kansas City, MO 64141</b>		<b>05/01/97</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	<b>1,000.00</b>
<b>Rite Aid Political Action Comm. P.O. Box 3165 Harrisburg, PA 17105</b>		<b>05/01/97</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	<b>2,000.00</b>
<b>MELPAC-Melville Corp. 1 Theall Road Rye, NY 10580</b>		<b>05/06/97</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	<b>1,000.00</b>
<b>Dickstein, Shapiro &amp; Morin PAC 2101 L Street, N.W. Washington, DC 20037</b>		<b>05/23/97</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	<b>1,000.00</b>

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

**9500.00**

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 2

FOR LINE NUMBER 11c

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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 <b>ECKPAC-Jack Eckerd Corp. P.O. Box 4689 Clearwater, FL 34618</b>	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <b>05/30/97</b>	Amount of Each Receipt this Period <b>6,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <b>06/13/97</b>	Amount of Each Receipt this Period <b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	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):	Name of Employer  Occupation Aggregate Year-to-Date > \$	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):	Name of Employer  Occupation Aggregate Year-to-Date > \$	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):	Name of Employer  Occupation Aggregate Year-to-Date > \$	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):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... **6,000.00**

TOTAL This Period (last page this line number only) ..... **15,500.00**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
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>National Assoc of Chain Drug Stores, Inc.</b> 413 N. Lee St. Alexandria, VA 22314	R-TX (in kind contrib to Sen. Phil Gramm) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Reimb. Exp's</i>	2/7/97	50.00
<b>New Republican Majority Fund</b> 3001 Park Center Drive Arlington, VA 22302	R-MS (Sen. Trent Lott) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>fund raiser</i>	2/18/97	1,000.00
<b>Brian Bilbray for Congress</b> 4451 Brookfield Corp Dr. Suite 200 Chantilly, VA 20151	R-CA-49 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	500.00
<b>Schaefer for Congress</b> 4451 Brookfield Corp Dr. Suite 200 Chantilly, VA 20151	R-CO-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/97	500.00
<b>Lazio for Congress</b> 4451 Brookfield Corp Dr. Suite 200 Chantilly, VA 20151	R-NY-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/97	500.00
<b>A Lot of People Supp Tom Daschi</b> 424 C St. NE Washington, DC 20002	D-SD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/97	1,000.00
<b>Hobson for Congress Committee</b> 1212 N. Vernon St. Arlington, VA 22201	R-OH-7 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/97	1,000.00
<b>Shelby for Senate Committee</b> Box 1091 Tuscaloosa, AL 35403	R-AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/21/97	1,500.00
<b>Citizens for Arlen Specter</b> 900 Second St. NE Suite 306 Washington, DC 20002	R-PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/97	1,500.00

SUBTOTAL of Disbursements This Page (optional) ..... **7550.00**

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 2  
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
Friends of Chris Dodd 203 C St. NE Washington, DC 20002	D-CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/97	1,000.00
Friends of Sherrod Brown 111 Edgefield Dr. Elyria, OH 44035	D-OH-13 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/97	600.00
Ballenger for Congress P.O. Box 2552 Hickory, NC 28603	R-NC-10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/97	500.00
Mike Bilirakis for Congress 1350 Eye St. NW Suite 870 Washington, DC 20005	R-FL-9 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/97	500.00
Friends of George Nethercutt P.O. Box 1925 Spokane, WA 99210	R-WA-5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/97	500.00
Friends of Newt Gingrich P.O. Box 1399 Roswell, GA 30077	R-GA-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/97	1,000.00
Voinovich for Senate P.O. Box 21030 Alexandria, VA 22320	R-OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/17/97	1,000.00
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)

5,000.00

TOTAL This Period (last page this line number only)

12,550.00



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

7/10/97

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.P.  
PREPARER

7/14/97  
DATE PREPARED