

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Committee National Association of Chain Drug Stores Political Action	2. FEC IDENTIFICATION NUMBER C-000-22-368
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 1417-D49	3. <input type="checkbox"/> This committee qualified as a non-candidate committee DURING THIS Reporting Period on _____ date.
CITY, STATE and ZIP CODE Alexandria, VA 22313-1417	

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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 21

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 <u>7/1/93</u> through <u>9/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 48,927.36
(b) Cash on Hand at Beginning of Reporting Period	\$ 48,872.61	
(c) Total Receipts (from Line 19)	\$ 415.29	\$ 32,871.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 49,287.90	\$ 81,748.59
7. Total Disbursements (from Line 30)	\$ 2,000.00	\$ 34,510.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 47,287.90	\$ 47,287.90
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 20541 Toll Free 800-424-9611 Local 202-219-3400
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 	Date 10/13/93

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. § 1920.

33038630773

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

Revised 11-91

93038630774

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	FROM	TO
I. Receipts		
11. Contributions (other than loans) From:	COLUMN A Total This Period	COLUMN B Calendar Year
a. Individual Persons Other Than Political Committees:		
i. Itemized (see Schedule A)	150.00	23,600.00
ii. Unitemized	-0-	-0-
iii. Total	150.00	23,600.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		8,500.00
d. Foreign Contributions	150.00	32,100.00
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.)	265.29	771.23
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts	415.29	32,871.23
20. Total Federal Receipts	415.29	32,871.23
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	-0-	360.69
c. Total Operating Expenditures	-0-	360.69
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	34,000.00
24. Independent Expenditures (see Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual Persons Other Than Political Committees	-0-	150.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds	-0-	150.00
29. Other Disbursements		
30. Total Disbursements	2,000.00	34,510.69
31. Total Federal Disbursements	2,000.00	34,510.69
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	150.00	32,100.00
33. Total Contribution Refunds (from line 28d)		150.00
34. Net Contributions (other than loans)(subtract line 33 from line 32)	150.00	31,950.00
35. Total Federal Operating Expenditures	-0-	360.69
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures	-0-	360.69

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1 FOR LINE NUMBER

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

93038630775

A. Full Name, Mailing Address and ZIP Code Douglas M. Long 75 Lynwood Rd. Verona, NJ 07044	Name of Employer IMS America, LTD. Occupation Executive	Date (month, day, year) 7/8/93	Amount of Each Receipt for this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 150.00	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
		Occupation	
		Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
		Occupation	
		Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
		Occupation	
		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
		Occupation	
		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
		Occupation	
		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
		Occupation	
		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	150.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

National Association of Chain Drug Stores Political Action Committee

93038630776

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement (D-OH-18th) 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
Applegate for Congress 7338 Mallory Circle Alexandria, VA 22310	(D-OH-18th) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/16/93	500.00
B. Full Name, Mailing Address and ZIP Code Senator Chafee Committee Box 623 Providence, RI 02901	Purpose of Disbursement (R-RI) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/16/93	1,000.00
C. Full Name, Mailing Address and ZIP Code Moran for Congress '94 P.O. Box 2518 Alexandria, VA 22301	Purpose of Disbursement (D-VA-8th) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/16/93	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	2,000.00

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

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

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED
10-13-93

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records DATE OF RECEIPT
and Registration

Received from the Senate Office of Public DATE OF RECEIPT
Records

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

J.S.
PREPARER

10-14-93
DATE PREPARED

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