

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

AUG 2 1 00 PM '95

USE FEC MARKING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) NATIONAL ASSOCIATION OF CHAIN DRUG STORES POLITICAL ACTION COMMITTEE	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 CITY, STATE and ZIP CODE ALEXANDRIA, VA 22313-1417	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 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 <u>1/1/95</u> through <u>6/30/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 3,065.07
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,065.07	
(c) Total Receipts (from Line 19)	\$32,198.95	\$ 32,198.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$35,264.02	\$ 35,264.02
7. Total Disbursements (from Line 30)	\$12,608.03	\$ 12,608.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$22,655.99	\$ 22,655.99
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 20463 Toll Free 800-424-9530 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	Date 7/28/95
Signature of Treasurer 	

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

2 5 0 3 9 3 1 4 3 0

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

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
NATIONAL ASSOCIATION OF CHAIN DRUG STORES POLITICAL ACTION COMMITTEE		FROM	TO	
		1/1/95	6/30/95	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	25,000.00	25,000.00	11(a)(i)
ii.	Unitemized			11(a)(ii)
iii.	Total (add i and ii) >	25,000.00	25,000.00	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)	6,600.00	6,600.00	11(c)
d.	Total Contributions (add a iii, b and c) >	31,600.00	31,600.00	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	500.00	500.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	98.95	98.95	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	32,198.95	32,198.95	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	32,198.95	32,198.95	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures (Taxes/Bank Fees)	108.03	108.03	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	108.03	108.03	21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	12,500.00	12,500.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	12,608.03	12,608.03	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	12,608.03	12,608.03	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	31,600.00	31,600.00	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	31,600.00	31,600.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	108.03	108.03	35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >	108.03	108.03	37

SCHEDULE A

ITEMIZED RECEIPTS

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 Walter Cohen 1605 Esclante, SW Albuquerque, NM 87104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 02/08/95	Amount of Each Receipt this Period 100.00
	Occupation Retired	Aggregate Year-to-Date \$ 100.00	
B. Full Name, Mailing Address and ZIP Code James LeBlanc 5104 Tartan Drive Metairie, LA 70003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer K&B Services, Inc.	Date (month, day, year) 04/27/95	Amount of Each Receipt this Period 300.00
	Occupation Executive	Aggregate Year-to-Date \$ 300.00	
C. Full Name, Mailing Address and ZIP Code Henry Parasci, Jr. 7245 Henry Clay Blvd. Liverpool, NY 13088 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fay's Incorporated	Date (month, day, year) 04/27/95	Amount of Each Receipt this Period 1,250.00
	Occupation Executive	Aggregate Year-to-Date \$ 1,250.00	
D. Full Name, Mailing Address and ZIP Code Nathan Lypsic 4507 Clark Ave. Cleveland, OH 44102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Medic Discount Drug	Date (month, day, year) 04/27/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
E. Full Name, Mailing Address and ZIP Code Sydney Basthoff, III K&B Plaza, Lee Circle New Orleans, LA 70130 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer K&B Services, Inc.	Date (month, day, year) 05/05/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
F. Full Name, Mailing Address and ZIP Code Manny Goldberg 605 S. 94th Ave. Omaha, NE 68114 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Keystone Drug	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 400.00
	Occupation Executive	Aggregate Year-to-Date \$ 400.00	
G. Full Name, Mailing Address and ZIP Code Jerry Levin 625 Madison Ave. New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Revlon	Date (month, day, year) 06/10/95	Amount of Each Receipt this Period 1,000.00
	Occupation Executive	Aggregate Year-to-Date \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2 3 0 3 9 5 1 0 8 5 2

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 17
FOR LINE NUMBER 11, 12, 13

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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 James Harrison, Jr. 28 Arcadia Dr. Tuscaloosa, AL 35404	Name of Employer Harco Drug Occupation Executive	Date (month, day, year) 05/10/95 Aggregate Year-to-Date \$ 1,000.00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Eugene Applebaum PO Box 2510 Troy, MI 48007	Name of Employer Arbor Drugs Occupation Executive	Date (month, day, year) 05/10/95 Aggregate Year-to-Date \$ 1,000.00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code David L. Maher 2102 E. Green Oaks Lane Greenwood, CO 80121	Name of Employer American Stores Occupation Executive	Date (month, day, year) 05/10/95 Aggregate Year-to-Date \$ 1,000.00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code D. Dwayne Hoven 111 Old Orchard Hudson, OH 44236	Name of Employer Ravco D.S. Occupation Executive	Date (month, day, year) 05/10/95 Aggregate Year-to-Date \$ 1,000.00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Jay Kessler 42 W. Broad St. Mt. Vernon, NY 10552	Name of Employer Ark Drugs Occupation Executive	Date (month, day, year) 06/10/95 Aggregate Year-to-Date \$ 1,000.00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Thomas Kutosky 10 Barrington Dr. Pittsburgh, PA 15209	Name of Employer Thrift Drug Occupation Executive	Date (month, day, year) 05/10/95 Aggregate Year-to-Date \$ 100.00	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Michael Jandamos 2431 Bellegrade Grand Rapids, MI 49546	Name of Employer Perrigo, Inc. Occupation Executive	Date (month, day, year) 05/10/95 Aggregate Year-to-Date \$ 1,000.00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (Use page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 11
FOR LINE NUMBER 11. a. i

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NAME OF COMMITTEE (in Full)

NATIONAL ASSOCIATION OF CHAIN DRUG STORES POLITICAL ACTION COMMITTEE

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Newman 820 Bayside Dr. Tampa, FL 33609	Eckerd Corp.	05/10/95	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Beeler 5530 Zumbra Lane Excelsior, MN 55331	Snyder Drug	05/10/95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G.T. Hilden 1630 Sheridan Road Wilmette, IL 60091	Retired	06/10/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard Genovese 44 Elderfields Rd. Manhasset, NY 11030	Genovese Drug	05/10/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leo Cavanagh Rt. 2, Box 4850 Santa Rosa Beach, FL 32459	Fuji	05/10/95	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date \$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Kwait 28325 Belcourt Pepper Pike, OH 44124	Kwait Associates	05/10/95	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Zlotnick 4507 Clark Ave. Cleveland, OH 44102	Medic Drug	05/10/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date \$ 200.00	

SUBTOTAL of Receipts This Page (optional)

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

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FOR LINE NUMBER 11.g.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 Sheldon Fante 3 Bethesda Metro Center, Suite 820 Bethesda, MD 20814	Name of Employer Fante Enterprises	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date \$ 200.00			
B. Full Name, Mailing Address and ZIP Code Gerald Heller 1845 Forest Blvd. Tulsa, OK 74114	Name of Employer May's Drug Store	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date \$ 200.00			
C. Full Name, Mailing Address and ZIP Code William H. Harrison, Jr. PO Box 1884 Louisville, KY 40201	Name of Employer Taylor Drug Stores	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date \$ 200.00			
D. Full Name, Mailing Address and ZIP Code Stewart Turley PO Box 4689 Clearwater, FL 34618	Name of Employer Eckerd Corp.	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date \$ 200.00			
E. Full Name, Mailing Address and ZIP Code Earl Weissart 47 Warner Gross Pointe Farms, MI 48238	Name of Employer F&M Distributors	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date \$ 200.00			
F. Full Name, Mailing Address and ZIP Code Ivan Combe 1101 Westchester Ave. White Plains, NY 10604	Name of Employer Combe, Inc.	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date \$ 200.00			
G. Full Name, Mailing Address and ZIP Code Markus Ernst 1756 Alexander Dr. Bloomfield Hills, MI 48302	Name of Employer Arbor Drugs	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date \$ 200.00			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **5** OF **11**
FOR LINE NUMBER **11.0.1**

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NAME OF COMMITTEE (in Full)

NATIONAL ASSOCIATION OF CHAIN DRUG STORES POLITICAL ACTION COMMITTEE

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Russell G. Smith, II 2602 E. 13th St. Joplin, MO 64801	May's Drug Stores	05/10/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Thomas Ryan 280 Irving Ave. Providence, RI 02906	CVS	05/10/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
David Panasci 6924 Kassonta Dr. Jamesville, NY 13078	Fay's Drugs	05/10/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Michael Pan 7982 Island Rd. Eden Prairie, MN	Snyder's Drug Stores	05/10/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Robert Myers 34 N. Pine Circle Belleair, FL 34616	Eckerd Corp.	05/10/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Robert Fiorelli 4 Stagacoach Rd. Cumberland, RI 02864	CVS	05/10/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Lence R. Clark 3219 Octavia St. New Orleans, LA 70125	K&B Services	05/10/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 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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PAGE **6** OF **11**
FOR LINE NUMBER **11-6.i**

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF CHAIN DRUG STORES POLITICAL ACTION COMMITTEE

7
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9
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1
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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Kahl 339 Brunswick Dr. Avon Lake, OH 44012	Manco Inc.	05/10/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Harvey Rosenthal 28 Round Hill Rd. Greenwich, CT 06830	Melville Corp.	05/10/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Ronald Hofmeister 587 Pinebrook Ct. Town and Country, MO 63017	Medicine Shoppe Int'l.	05/10/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Ralph Petri 5143 Prince Phillip Gibsonia, PA 15044	Thrift Drug	05/10/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Richard Glass 955 Cambridge SE Grand Rapids, MI 49506	Perrigo Inc.	05/10/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Howard Sternhalm 1020 Park Ave. New York, NY 10028	Thriftway Drugs	05/10/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Erwin Walss 11 Country lane Pepper Pike, OH 44124	American Greetings	05/10/95	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date \$ 100.00	

SUBTOTAL of Receipts This Page (optional)

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 7 OF 11
FOR LINE NUMBER 11, 2, 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 Morry Weiss 4500 University Parkway University Heights, OH 44118	Name of Employer American Greetings Occupation Executive	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 100.00		
B. Full Name, Mailing Address and ZIP Code George Wenz 34550 Forest Lane Solon, OH 44139	Name of Employer American Greetings Occupation Executive	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 100.00		
C. Full Name, Mailing Address and ZIP Code Ronald Peer 936 Beechwood Dr. Madina, OH 44258	Name of Employer American Greetings Occupation Executive	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 100.00		
D. Full Name, Mailing Address and ZIP Code Jack Rosen 3918 E. Ash Lane Orange Village, OH 44122	Name of Employer American Greetings Occupation Executive	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 100.00		
E. Full Name, Mailing Address and ZIP Code Irving Stone 27500 Cedar Rd., 205 Beachwood, OH 44122	Name of Employer American Greetings Occupation Executive	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 100.00		
F. Full Name, Mailing Address and ZIP Code Michael Nyman 2662 Riviera Manor Ft. Lauderdale, FL 33332	Name of Employer American Greetings Occupation Executive	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 100.00		
G. Full Name, Mailing Address and ZIP Code Morton Nyman 1500 SW 66 Ave. Pembroke Pines, FL 33023	Name of Employer Magnivision, Inc. Occupation Executive	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 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)

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 5 OF 11
FOR LINE NUMBER 11, A, 1

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 William Parsons 17879 Saratoga Trail Strongsville, OH 44136	Name of Employer American Greetings	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 100.00
	Occupation Executive	Aggregate Year-to-Date > \$ 100.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
B. Full Name, Mailing Address and ZIP Code William Mason 1350 Timberlea Ct. Westlake, OH 44145	Name of Employer American Greetings	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 100.00
	Occupation Executive	Aggregate Year-to-Date > \$ 100.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code Daniel Moraczewski 7493 Woodspring Lane Hudson, OH 44236	Name of Employer American Greetings	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 100.00
	Occupation Executive	Aggregate Year-to-Date > \$ 100.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code Packy Nespaca 1050 Creek Lane Rocky River, OH 44116	Name of Employer American Greetings	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 100.00
	Occupation Executive	Aggregate Year-to-Date > \$ 100.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code Phillip Beekman 2120 Greenbriar Ln. Palm City, FL 34990	Name of Employer Self-employed	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Aggregate Year-to-Date > \$ 200.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code Edward Fruchtenbaum 1 American Rd. Cleveland, OH 44144	Name of Employer American Greetings	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 100.00
	Occupation Executive	Aggregate Year-to-Date > \$ 100.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code Gary Johnston 420 Darby's Run Bay Village, OH 44140	Name of Employer American Greetings	Date (month, day, year) 05/10/95	Amount of Each Receipt this Period 100.00
	Occupation Executive	Aggregate Year-to-Date > \$ 100.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2

2

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 17
FOR LINE NUMBER 11.4.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 Barry Lucas 3146 N. Farmcrest Dr. Cincinnati, OH 45213	Name of Employer Superior Jewelry Co.	Date (month, day, year) 05/23/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code James Hynes PO Box 220948 Charlotte, NC 28222	Name of Employer Hynes Sales Co.	Date (month, day, year) 05/23/95	Amount of Each Receipt this Period 800.00
	Occupation Executive	Aggregate Year-to-Date \$ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Herbert Kett 452D Heritage Hills Somers, NY 10589	Name of Employer Genovese Drug Stores	Date (month, day, year) 05/23/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Arthur Schwalb 52 Brandywine Rd. Stamford, CT 06905	Name of Employer New Products Report	Date (month, day, year) 05/23/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Michel Coutu 8 Tamarack Dr. E. Greenwich, CT 02619	Name of Employer Brooks Pharmacy	Date (month, day, year) 05/23/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Mark Olesnavage 2101 Blueberry St., NW Grand Rapids, MI 49504	Name of Employer Perrigo Co.	Date (month, day, year) 05/23/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Christopher Combe 51 Sawmill Ln. Greenwich, CT 06830	Name of Employer Combe Inc.	Date (month, day, year) 05/23/95	Amount of Each Receipt this Period 200.00
	Occupation Executive	Aggregate Year-to-Date \$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

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 11
FOR LINE NUMBER 11-2, 1

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

<p>A. Full Name, Mailing Address and ZIP Code Jerry Gilbert 9461 E. Becker Ln., No B-2006 Scottsdale, AZ 85260</p>	<p>Name of Employer Johnson & Johnson</p>	<p>Date (month, day, year) 06/05/95</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Executive</p>	<p>Aggregate Year-to-Date \$ 200.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Robert Hannan 9367 N. Florence Rd. Pittsburgh, PA 15237</p>	<p>Name of Employer Thrift Drug</p>	<p>Date (month, day, year) 06/05/95</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Executive</p>	<p>Aggregate Year-to-Date \$ 250.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code William Stoffregen 8385 Old Stable Rd. Cincinnati, OH 45243</p>	<p>Name of Employer Superior Jewelry Co.</p>	<p>Date (month, day, year) 06/05/95</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Executive</p>	<p>Aggregate Year-to-Date \$ 200.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Robert Ibsen 1571 East Main Santa Maria, CA 93454</p>	<p>Name of Employer Dan-Mat Corp.</p>	<p>Date (month, day, year) 06/05/95</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Executive</p>	<p>Aggregate Year-to-Date \$ 1,000.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code Jack Futterman 301 Blair Rd. Woodbridge, NJ 07905</p>	<p>Name of Employer Pathmark</p>	<p>Date (month, day, year) 06/05/95</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Executive</p>	<p>Aggregate Year-to-Date \$ 1,000.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code James Gope 5916 Halpine Rd. Rockville, MD 20851</p>	<p>Name of Employer NDNA</p>	<p>Date (month, day, year) 06/05/95</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Executive</p>	<p>Aggregate Year-to-Date \$ 200.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code David Eisenberg 5200 Keller Springs Rd., Apt. 930 Dallas, TX 75248</p>	<p>Name of Employer Eisenberg & Assoc.</p>	<p>Date (month, day, year) 06/05/96</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Executive</p>	<p>Aggregate Year-to-Date \$ 200.00</p>	

SUBTOTAL of Receipts This Page (optional)

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 11 OF 11
FOR LINE NUMBER 11.6.1

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

<p>A. Full Name, Mailing Address and ZIP Code Gerald Wolken 11595 Kelly Rd., Ste. 318 Fort Myers, FL 33908</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MLE Enterprises</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date \rightarrow \$ 200.00</p>	<p>Date (month, day, year) 06/05/95</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Henry Burdick 6525 Paradise Valley Rd. Hidden Hills, CA 91302</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pharmavita Corp.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date \rightarrow \$ 1,000.00</p>	<p>Date (month, day, year) 06/15/95</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Anthony Civello 5 Windsor Rd. Pittsburgh, PA 15215</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Thrift Drug</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date \rightarrow \$ 200.00</p>	<p>Date (month, day, year) 06/20/95</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Alan Levin 315 Ruthar Drive Newark, DE 19711</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Happy Harry's</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date \rightarrow \$ 200.00</p>	<p>Date (month, day, year) 06/20/96</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Edward Kelly 1872 McCaulay Rd. Clearwater, FL</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Eckard Corp.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date \rightarrow \$ 200.00</p>	<p>Date (month, day, year) 05/10/95</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \rightarrow \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \rightarrow \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>25,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>25,000.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11-G

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 Perry Drug PAC 5400 Perry Dr., PO Box 1857 Pontiac, MI 48065 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) 04/27/95 500.00	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code HALLPAC - FEDERAL PO Box 419680, Mail Drop 288 Kansas City, MO 64141 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) 05/10/95 1,000.00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Longa Drugs Good Government Council 141 N. Civic Dr. Walnut Creek, CA 94596 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) 05/10/95 1,100.00	Amount of Each Receipt this Period 1,100.00
D. Full Name, Mailing Address and ZIP Code Rite Aid Political Action Committee PO Box 3165 Harrisburg, PA 17105 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) 05/10/95 1,000.00	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Eckpac PO Box 4689 Clearwater, FL 34618 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) 05/10/95 1,000.00	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Walgreen PAC 200 Wilmot Rd. Deerfield, IL 60015 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) 05/23/95 2,000.00	Amount of Each Receipt this Period 2,000.00
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)			*
TOTAL This Period (last page this line number only)			6,600.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 6

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

2503971084

A. Full Name, Mailing Address and ZIP Code Congressman Kildee Committee PO Box 990 Washington, DC 20044-0990		Name of Employer D-M-I-B	Date (month, day, year) 06/19/95	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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

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 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
Ray Thornton for Congress PO Box 828 Little Rock, AR 72203	D-AR-2 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/95	500.00
Friends of John Warner '96 Comm. 5736 Independence Ct. Alexandria, VA 22312	R-VA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/95	1,000.00
Pete Stark Re-election Committee 555 New Jersey Avenue, Suite 201 Washington, DC 20001	D-CA-13 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/95	500.00
Zimmer for Congress PO Box 6888 Lawrenceville, NJ 08648	R-NJ-12 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/95	500.00
Citizens for Mann 312 Oak St., Suite 1400 Cincinnati, OH 45202	D-OH-1 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>General, 1994</i>	5/24/95	1,500.00
Bilirakis for Congress PO Box 1077 Tarpon Springs, FL 34688	R-FL-9 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25/95	500.00
Wyden for Congress PO Box 12473 Portland, OR 97212	D-OR-3 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25/95	1,000.00
Dole for President 810 First St., N.E., Suite 300 Washington, DC 20002	R-Pres. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/95	5,000.00
Frisa for Congress 23 Canyon Lane Westbury, NY 11590	R-NY-4 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/22/95	1,000.00

SUBTOTAL of Disbursements This Page (optional)

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

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 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
John D. Dingell for Congress Comm. 555 New Jersey Avenue, Suite 201 Washington, DC 20001	Purpose of Disbursement: <u>Primary</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/22/95	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)

12,500.00

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

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

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

7-31-95

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

MRT

PREPARER

8-2-95

DATE PREPARED

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