

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)
National Association of Chain Drug Stores, Inc.
Political Action Committee

ADDRESS (number and street) Check if different than previously reported
P.O. Box 1417-D49

CITY, STATE and ZIP CODE
Alexandria, VA 22313

FEDERAL ELECTION
COMMISSION

2. FEC IDENTIFICATION NUMBER (if any)
000022308

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	December 4, 1998 through December 31, 1998		
6. (a)	Cash on Hand January 1, 1998		\$ 53,937.42
(b)	Cash on Hand at Beginning of Reporting Period	\$ 18,377.76	
(c)	Total Receipts (from Line 19)	\$ 3,804.72	\$ 100,955.84
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 22,182.48	\$ 154,893.26
7.	Total Disbursements (from Line 30)	\$ 7,000.00	\$ 139,710.78
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,182.48	\$ 15,182.48
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ None	For further information contact: Federal Election Commission 988 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ None	
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
Signature of Treasurer <i>R. James Huber</i>			1/15/99

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 1/1/91)

NAME OF COMMITTEE NACDS Political Action Committee		REPORT COVERING PERIOD FROM 12/4/98 TO: 12/31/98	
		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)		3,454.76	61,509.23
ii. Unitemized		281.63	7,849.91
iii. Total (add i and ii) >		3,736.39	69,359.14
b. Political Party Committees			
c. Other Political Committees (such as PACs)		0.00	29,500.00
d. Total Contributions (add a ii, b and c) >		3,736.39	98,859.14
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.)		68.33	2,096.70
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		3,804.72	100,955.84
20. Total Federal Receipts (subtract line 18 from line 19) >		3,804.72	100,955.84
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		0.00	542.95
b. Other Federal Operating Expenditures		0.00	542.95
c. Total Operating Expenditures (add a i, a ii, and b) >		0.00	542.95
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		7,000.00	139,167.83
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contribution Refunds (add a, b and c) >		0.00	0.00
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		7,000.00	139,710.78
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		7,000.00	139,710.78
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		3,736.39	98,859.14
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		3,736.39	98,859.14
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0.00	542.95
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >		0.00	542.95

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
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
Luther Bailey 413 N. Lee Street Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	Payroll Ded.	130.44
	Occupation Manager		
	Aggregate Year-to-Date > \$ 478.28		
(Bi-weekly - 18.84)			
Lauren Baldwin 3518 Winterset Drive Annandale, VA 22003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	Payroll Ded.	62.52
	Occupation Manager		
	Aggregate Year-to-Date > \$ 239.66		
(Bi-weekly - 8.94)			
Roy Bussewitz 1103 Potomac Lance Alexandria, VA 22308 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	12/30/98	20.00
	Occupation Executive		
	Aggregate Year-to-Date > \$ 270.00		
(Bi-weekly - 42.50)			
Lance Clark 5990 Richmond Hwy. #711 Alexandria, VA 22303 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	Payroll Ded.	297.60
	Occupation Executive		
	Aggregate Year-to-Date > \$ 1,020.00		
(Bi-weekly - 9.29)			
John Covert 7631 Holmes Run Drive Falls Church, VA 22042 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	Payroll Ded.	64.98
	Occupation Manager		
	Aggregate Year-to-Date > \$ 259.09		
(Bi-weekly - 20.83)			
Laura Cranston 9687 South Run Oaks Drive Fairfax Station, VA 22039 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	Payroll Ded.	145.81
	Occupation Executive		
	Aggregate Year-to-Date > \$ 534.92		
(Bi-weekly - 18.57)			
Karen Disharoon 8592 Lagersfield Circle Vienna, VA 22181 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	Payroll Ded.	129.96
	Occupation Manager		
	Aggregate Year-to-Date > \$ 518.10		
(Bi-weekly - 18.57)			

SUBTOTAL of Receipts This Page (optional)

851.21

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 14
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
David Fitzsimmons 6124 Summer Park Lane Alexandria, VA 22316	NACDS	Payroll Ded.	187.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager		(Bi-weekly - 26.79)
	Aggregate Year-to-Date > \$	738.75	
J. Eric Gould 5 Fourth Street, N.E. Washington, D.C. 20002	NACDS	Payroll Ded.	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager		(Bi-weekly - 21.43)
	Aggregate Year-to-Date > \$	475.00	
Susan Guiterman 409 Franklin Street Alexandria, VA 22314	NACDS	Payroll Ded.	84.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		(Bi-weekly - 12.00)
	Aggregate Year-to-Date > \$	281.00	
Robert Hartwell 8718 Stonebrooke Lane Alexandria, VA 22306	NACDS	Payroll Ded & Check	563.31
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		250.00
	Aggregate Year-to-Date > \$	2,326.92	(Bi-weekly - 83.33)
Sandra Jung 5990 Richmond Hwy. #818 Alexandria, VA 22303	NACDS	Payroll Ded.	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager		(Bi-weekly - 8.58)
	Aggregate Year-to-Date > \$	250.00	
S. Lawrence Kocot 2417 Cameron Mills Road Alexandria, VA 22302	NACDS	12/30/96	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > \$	1,020.00	
David Lambert 1014 N. Rarill Street Alexandria, VA 22304	NACDS	Payroll Ded.	146.81
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		(Bi-weekly - 20.83)
	Aggregate Year-to-Date > \$	549.92	

SUBTOTAL of Receipts This Page (optional)

1,480.62

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 **14**
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)
Anne Lubinsky 13975 Wetherburn Street Waldorf, MD 20601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	Payroll Ded.	62.52
	Occupation Manager		
	Aggregate Year-to-Date > \$ 249.66		
(Bi-weekly - 9.94)			
Roy McGrath P.O. Box 1334 Waldorf, MD 20604 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	Payroll Ded.	62.52
	Occupation Manager		
	Aggregate Year-to-Date > \$ 239.66		
(Bi-weekly - 8.94)			
Laura Miller 615 Janney's Lane Alexandria, VA 22302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	Payroll Ded.	66.22
	Occupation Manager		
	Aggregate Year-to-Date > \$ 244.14		
(Bi-weekly - 9.32)			
Steve Perowski 2689 Hillsman Street Falls Church, VA 22043 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	Payroll Ded.	67.80
	Occupation Manager		
	Aggregate Year-to-Date > \$ 261.85		
(Bi-weekly - 9.69)			
Philip Schneider 18 S. Manchester Arlington, VA 22204 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	Payroll Ded.	62.52
	Occupation Manager		
	Aggregate Year-to-Date > \$ 250.66		
(Bi-weekly - 8.94)			
Robert Shapiro 7566 Christland Cove Falls Church, VA 22042 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	12/30/99	220.00
	Occupation Executive		
	Aggregate Year-to-Date > \$ 2,260.00		
Mary Ann Wagner 1201 N. Pitt Street #2B Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NACDS	Payroll Ded.	291.89
	Occupation Executive		
	Aggregate Year-to-Date > \$ 1,030.08		
(Bi-weekly - 41.67)			

SUBTOTAL of Receipts This Page (optional)

832.27

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 4 OF 4
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
James Whitman 7962 Foxmoor Drive Dunn Loring, VA 22027	NACDS	Payroll Ded.	152.18
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$	(Bi-weekly - 21.74)
			513.27
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Bell, II 413 N. Lee Street Alexandria, VA 22314	NACDS	Payroll Ded.	138.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$	(Bi-weekly - 19.79)
			276.96
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)

290.66

TOTAL This Period (last page this line number only)

3,454.76

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
Biggart for Congress 309 North Cass Avenue Westmont, IL 60659	R-IL-13 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	12/4/98	500.00
Friends of Roy Blunt P.O. Box 278 Strafford, MO 65757	R-MO-7 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/4/98	500.00
Fitzgerald for Senate 50 North Brockway Street Palatine, IL 60067	R-IL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	12/4/98	1,000.00
Friends of Blanche Lincoln P.O. Box 3197 Little Rock, AR 72203	D-AR Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	12/4/98	1,000.00
Ken Lucas for Congress 8100 Burlington Pike, Suite 334 Florence, KY 41042	D-KY-4 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	12/4/98	500.00
Friends of Dick Lugar 1100 West 42nd Street, Suite 336 Indianapolis, IN 46208	R-IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/4/98	1,000.00
Friends of John Peterson P.O. Box 296 Pleasantville, PA 16341-0296	R-PA-5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/4/98	500.00
Pickering for Congress P.O. Box 6440 Laural, MS 39440	R-MS-3 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/4/98	500.00
Friends for Harry Reid 245 2nd Street N.E., Suite 300 Washington, D.C. 20002	D-NV Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	12/4/98	2,000.00

SUBTOTAL of Disbursements This Page (optional)

7,500

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 Ronnie Shows P.O. Box 3862 Jackson, MS 39207	D-MS-4 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	12/4/98	500.00
Leafy for U.S. Senator 90 Main Street Burlington, VT 05401	D-VT (10/22/98 - Original donation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	12/22/98	(\$1,000)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General 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 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 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 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 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 Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

Check returned

SUBTOTAL of Disbursements This Page (optional)

(500)

TOTAL This Period (last page this line number only)

7,000

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-14-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMN</i> PREPARER	1-19-99 DATE PREPARED