

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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

Full Name (Last, First, Middle Initial) <b>A. Mr. Mark Cleavage</b>		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 2101 Blueberry St., NW		Transaction ID: 15700515
City Grand Rapids	State MI	Zip Code 49504
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Parrigo Company	Occupation President, Customer Bus Dvlpmt	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael Jandemos</b>		Date of Receipt M / D / Y 08 / 06 / 2003
Mailing Address 2431 Belleglade SE		Transaction ID: 15758911
City Grand Rapids	State MI	Zip Code 49546
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3000.00
Name of Employer Parrigo Company	Occupation Chairman of the Board & CEO	Aggregate Year-to-Date ▼ 3000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Edward W. Doty</b>		Date of Receipt M / D / Y 08 / 14 / 2003
Mailing Address P.O. Box 665		Transaction ID: 15832529
City Redding	State CT	Zip Code 06896
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Tristar Products, Inc.	Occupation Sr. VP Retail Marketing	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>4300.00</b>
TOTAL This Period (last page this line number only) .....	▶	