

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 14
			FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

Full Name, Mailing Address, and ZIP Code Mr. Manny Goldberg, RPh 605 SO. 94th Avenue Omaha NE 68114 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Keystone - Medicine Chest	Date (month, day, year) 07/12/2001	Amount of Each Receipt this Period 500.00
	Occupation Chairman and CEO		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mr. Alan Levin 315 Rulher Drive Newark DE 19711 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Happy Harry's, Inc.	Date (month, day, year) 07/12/2001	Amount of Each Receipt this Period 5000.00
	Occupation Chairman, President and CEO		
	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Mr. Robert Hannan 7330 Sawgrass Point Dr. Pinellas Park FL 33762 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer National Association of Chain Drug Sto	Date (month, day, year) 07/12/2001	Amount of Each Receipt this Period 500.00
	Occupation Interim President		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Joseph Conda 29717 Sussex Road Perrysburg OH 43551 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Owens-Brockway Prescripti- on Products	Date (month, day, year) 07/12/2001	Amount of Each Receipt this Period 1000.00
	Occupation VP & GM, Prescription Products		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Dr. Robert Ibsen P.O. Box 1729 Santa Maria CA 93456-1729 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Rembrandt Division of Dan- Mat	Date (month, day, year) 07/30/2001	Amount of Each Receipt this Period 1000.00
	Occupation President		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Kevin Tripp 15100 N. 50th Street Scottsdale AZ 85260 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Albertson's, Inc.	Date (month, day, year) 07/30/2001	Amount of Each Receipt this Period 500.00
	Occupation President, Drug Region		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mr. Gary Charboneau 440 Ninth Avenue Floor 6 New York NY 10001-1620 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Duane Reade	Date (month, day, year) 09/05/2001	Amount of Each Receipt this Period 1000.00
	Occupation Sr VP, Sales and Marketing		
	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)