

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 15 1 27 PM '96

1. NAME OF COMMITTEE (in full) C00022368 R JAMES HUBER NATIONAL ASSOCIATION OF CHAIN DRUG STORES, INC. POLITICAL AC P O BOX 1417-D47 ALEXANDRIA VA 22313	052996	P 209	reported	2. FEC IDENTIFICATION NUMBER C-000-22-368
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:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 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>4/1/96</u> through <u>6/30/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ <u>9,385.59</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>6,442.19</u>	
(c) Total Receipts (from Line 19)	\$ <u>34,373.58</u>	\$ <u>34,523.88</u>
(d) Subtotal (add Line 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>40,815.77</u>	\$ <u>43,909.47</u>
7. Total Disbursements (from Line 20)	\$ <u>13,000.00</u>	\$ <u>16,093.70</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>27,815.77</u>	\$ <u>27,815.77</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 833 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
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 <u>R. James Huber</u>	Date <u>7/12/96</u>
Signature of Treasurer <i>R. James Huber</i>	

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

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
National Association of Chain Drug Stores Political Action Committee		FROM 4/1/96	TO 6/30/96
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		20,250.00	20,350.00
ii. Unitemized		1,000.00	1,000.00
iii. Total (add i and ii) >		21,250.00	21,350.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)		13,000.00	13,000.00
d. Total Contributions (add a ii, b and c) >		34,250.00	34,350.00
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.)		123.58	173.88
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		34,373.58	34,523.88
20. Total Federal Receipts (subtract line 18 from line 19) >		34,373.58	34,523.88
<b>II. Disbursements</b>			
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)		0.00	93.70
c. Total Operating Expenditures (add a i, a ii, and b) >		0.00	93.70
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		13,000.00	16,000.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committee (2 U.S.C. 441e(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		13,000.00	16,093.70
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		13,000.00	16,093.70
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		34,250.00	34,350.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)		34,250.00	34,350.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0.00	93.70
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >		0.00	93.70

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **5**  
FOR LINE NUMBER **11a.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
<b>Markus M. Ernst</b> <b>1756 Alexander Dr.</b> <b>Bloomfield Hills, MI 48302</b>	<b>Arbor Drugs, Inc.</b>	<b>04/16/96</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date \$ <b>500.00</b>	
<b>Eugene Applebaum</b> <b>P.O. Box 2510</b> <b>Troy, MI 48007-2510</b>	<b>Arbor Drugs, Inc.</b>	<b>4/16/96</b>	<b>2,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date \$ <b>2,000.00</b>	
<b>James J. Leblanc</b> <b>5104 Tartan Dr.</b> <b>Metairie, LA 70003</b>	<b>K &amp; B Services, Inc.</b>	<b>4/24/96</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date \$ <b>500.00</b>	
<b>Lance R. Clark</b> <b>3219 Octavia St.</b> <b>New Orleans, LA 70125</b>	<b>K &amp; B Services, Inc.</b>	<b>4/24/96</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date \$ <b>500.00</b>	
<b>Frank A. Newman</b> <b>820 S. Bayside Dr.</b> <b>Tampa, FL 33609</b>	<b>Eckerd Corporation</b>	<b>5/8/96</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date \$ <b>1,000.00</b>	
<b>Michael J. Jandemba</b> <b>2431 Belleglade</b> <b>Grand Rapids, MI 49546</b>	<b>Ferrigo, Inc.</b>	<b>5/8/96</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date \$ <b>1,000.00</b>	
<b>G.T. Hilden</b> <b>1630 Sheridan Rd.</b> <b>Wilmette, IL 60091</b>	<b>Retired</b>	<b>5/8/96</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ <b>250.00</b>	

SUBTOTAL of Receipts This Page (optional) ..... **5,750.00**

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 **5**  
FOR LINE NUMBER **11a1**

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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
<b>John J. Lesko</b> 2027 Stillwater Dr. Gibsonia, PA 15044-6201	<b>Thrift Drug, Inc.</b>	<b>5/8/96</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	
<b>Manny Goldberg</b> 605 So. 94th Ave. Omaha, NE 68114	<b>Keystone Pharmacies</b>	<b>5/8/96</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	
<b>Leonard Genovese</b> 44 Eiderfields Rd. Manhasset, NY 11030	<b>Genovese Drug Stores</b>	<b>5/8/96</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	
<b>Howard Sternheim</b> 1020 Park Ave. New York, NY 10028	<b>Thriftway Drugs</b>	<b>5/8/96</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>1,000.00</b>	
<b>Robert Fiorilli</b> 4 Stagecoach Rd. Cumberland, RI 02864	<b>CVS Pharmacies</b>	<b>5/8/96</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	
<b>Donald D. Bealer</b> 5357 Ashcroft Rd. Minnetonka, MN 55345	<b>Snyder's Drug Stores</b>	<b>5/8/96</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	
<b>Thomas M. Ryan</b> 280 Irving Ave. Providence, RI 02908	<b>CVS Pharmacies</b>	<b>5/8/96</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>1,000.00</b>	

SUBTOTAL of Receipts This Page (optional) .....

**3,500.00**

TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **3** OF **5**  
FOR LINE NUMBER **11a1**

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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
<b>David L. Maher</b> <b>1583 E. New Bedford Dr.</b> <b>Salt Lake City, UT 84103</b>	<b>American Drug Stores</b>	<b>5/8/96</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>1,000.00</b>	
<b>Gerald Heller</b> <b>1846 Forest Blvd.</b> <b>Tulsa, OK 74114</b>	<b>May's Drug Stores</b>	<b>6/8/96</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>1,000.00</b>	
<b>Philip D. Perkins</b> <b>2 1/2 Webster Pl.</b> <b>Hopkins, MN 55305</b>	<b>Snyder's Drug Stores</b>	<b>5/8/96</b>	<b>200.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>200.00</b>	
<b>Michael J. Pan</b> <b>7942 Island Rd.</b> <b>Eden Prairie, MN 55347</b>	<b>Snyders's Drug Stores</b>	<b>5/8/96</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>300.00</b>	
<b>Gerald Zlotnik and Nathan Lipsyc</b> <b>4507 Clark Ave.</b> <b>Cleveland, OH 44102</b>	<b>Medic Discount Drug</b>	<b>5/17/96</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executives</b>	Aggregate Year-to-Date > \$ <b>1,000.00</b>	
<b>Robert Shapiro</b> <b>3001 Park Center Dr. #1020</b> <b>Alexandria, VA 22302</b>	<b>Nat'l Assn Chain Drug Stores</b>	<b>6/4/96</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	
<b>Thomas E. McGrath, Jr.</b> <b>12 Greenwood Ct.</b> <b>Briarcliff Manor, NY 10510</b>	<b>Fuji Photo Film, USA</b>	<b>6/12/96</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	

SUBTOTAL of Receipts This Page (optional) ..... **4,000.00**

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 5  
FOR LINE NUMBER 11a-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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Leo J. Cavanaugh</b> Beachcrest Unit #406, Rt. 2 Box 4550 Santa Rosa Beach, CA 32459 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Fuji Photo Film, USA</b> Occupation: <b>Executive</b>	<b>6/12/96</b> Aggregate Year-to-Date > \$ <b>250.00</b>	<b>250.00</b>
<b>Michael L. Gentile</b> 35 Steeple Ridge Ct. Oak Brook, IL 60521 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Gentile, Inc.</b> Occupation: <b>Executive</b>	<b>6/12/96</b> Aggregate Year-to-Date > \$ <b>250.00</b>	<b>250.00</b>
<b>Jerry W. Levin</b> 15 E. 70th St. New York, NY 10021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Revlon, Inc.</b> Occupation: <b>Executive</b>	<b>6/12/96</b> Aggregate Year-to-Date > \$ <b>1,000.00</b>	<b>1,000.00</b>
<b>Barry R. Lucas</b> 3148 N. Farmcrest Dr. Cincinnati, OH 45213 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Superior Jewelry Co.</b> Occupation: <b>Executive</b>	<b>6/12/96</b> Aggregate Year-to-Date > \$ <b>250.00</b>	<b>250.00</b>
<b>Daniel C. Nelson</b> 26 Brookfield Rd. Dover, MA 02030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>CVS Pharmacies</b> Occupation: <b>Executive</b>	<b>6/12/96</b> Aggregate Year-to-Date > \$ <b>250.00</b>	<b>250.00</b>
<b>Henry A. Panasci, Jr.</b> 7245 Henry Clay Blvd. Liverpool, NY 13088 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Fay's, Inc.</b> Occupation: <b>Executive</b>	<b>6/12/96</b> Aggregate Year-to-Date > \$ <b>1,000.00</b>	<b>1,000.00</b>
<b>Jack A. Robinson</b> 1589 Kirkway Bloomfield Hills, MI 48302-1323 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Rite Aid of Michigan</b> Occupation: <b>Executive</b>	<b>6/12/96</b> Aggregate Year-to-Date > \$ <b>250.00</b>	<b>250.00</b>

SUBTOTAL of Receipts This Page (optional) ..... 3,250.00

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 **5**  
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
<b>Stewart Turley</b> <b>P.O. Box 4839</b> <b>Clearwater, FL 34618</b>	<b>Eckard Corp.</b>	<b>6/12/96</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>1,000.00</b>	
<b>Gerald L. Wolken</b> <b>11595 Kelly Rd. #318</b> <b>Fort Myers, FL 33908</b>	<b>MLE Enterprises</b>	<b>6/12/96</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	
<b>Anthony N. Civeello</b> <b>5 Windsor Rd.</b> <b>Pittsburgh, PA 15215-1811</b>	<b>Thrift Drug, Inc.</b>	<b>6/19/96</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	
<b>James I. Harrison, Jr.</b> <b>29 Arcadia Dr.</b> <b>Tuscaloosa, AL 35404</b>	<b>Harco Drug, Inc.</b>	<b>6/19/96</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>1,000.00</b>	
<b>Sheldon W. Fantle</b> <b>3 Bethesda Metro Center, Suite 820</b> <b>Bethesda, MD 20814</b>	<b>Fantle Enterprises</b>	<b>6/19/96</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	
<b>Henry Burdick</b> <b>5525 Paradise Valley Dr.</b> <b>Hidden Hills, CA 91302</b>	<b>Pharmarx, Inc.</b>	<b>6/30/96</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ <b>1,000.00</b>	
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt This Period</b>
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) ..... **3,750.00**

TOTAL This Period (last page this line number only) ..... **20,250.00**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 11c

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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
<b>Walgreen Political Action Committee</b> 200 Wilmot Rd. Dearfield, IL 60015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4/9/96	2,500.00
	Occupation		
	Aggregate Year-to-Date > \$		2,500.00
<b>Rite Aid Political Action Committee</b> P.O. Box 3165 Harrisburg, PA 17105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		5/1/96	1,000.00
	Occupation		
	Aggregate Year-to-Date > \$		1,000.00
<b>Longs Drugs- Good Government Council</b> 141 N. Civic Drive Walnut Creek, CA 94596 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		6/8/96	2,000.00
	Occupation		
	Aggregate Year-to-Date > \$		2,000.00
<b>ECKPAC- Jack Eckerd Corp.</b> P.O. Box 4689 Clearwater, FL 34618 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		5/8/96	2,500.00
	Occupation		
	Aggregate Year-to-Date > \$		2,500.00
<b>Hy-Vee Food Stores Employee PAC</b> Chariton, IA 50049 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		5/8/96	500.00
	Occupation		
	Aggregate Year-to-Date > \$		500.00
<b>HALLPAC- FEDERAL</b> P.O. Box 419580 Kansas City, MO 64141 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		5/8/96	1,000.00
	Occupation		
	Aggregate Year-to-Date > \$		1,000.00
<b>Dickstein, Shapiro and Morin PAC</b> 2101 L St. NW Washington, DC 20037 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		5/17/96	1,000.00
	Occupation		
	Aggregate Year-to-Date > \$		1,000.00

SUBTOTAL of Receipts This Page (optional) ..... 10,500.00

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 2  
FOR LINE NUMBER 11c.

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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
<b>Thrift Drug Political Action Committee P.O. Box 2459 Pittsburgh, PA 15230</b>		<b>8/12/98</b>	<b>1,500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	<b>1,500.00</b>
<b>B. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>MELPAC- Melville Corp. 1 Theall Rd. Rye, NY 10580</b>		<b>6/19/98</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	<b>1,000.00</b>
<b>C. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
<b>D. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
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) ..... **2,500.00**

TOTAL This Period (last page this line number only) ..... **13,000.00**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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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
<b>Watts for Congress '96</b> 1317 F St. N.W. Washington, DC	<b>R-OK-4</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>5/7/96</b>	<b>500.00</b>
<b>David Hughes for Congress</b> 3776 La Vista Rd., Suite 200 Tucker, GA 30084	<b>D-GA-4</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>5/7/96</b>	<b>500.00</b>
<b>Friends of Bob Livingston</b> 4010 Franconia Rd. Alexandria, VA 22310	<b>R-LA-1</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>5/28/96</b>	<b>1,000.00</b>
<b>Texans for Henry Bonilla</b> 4451 Brookfield Corp. Dr. Chantilly, VA 22021	<b>R-TX-23</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>6/28/96</b>	<b>500.00</b>
<b>Stevens for Senate Committee</b> P.O. Box 1788 Washington, DC 20013	<b>R-AK</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>5/28/96</b>	<b>1,000.00</b>
<b>Bill McCollum for Congress</b> 1850 Lee Rd., # 236 Winter Park, FL 32789	<b>R-FL-3</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>5/28/96</b>	<b>500.00</b>
<b>Friends of John Boehner</b> 7906-I Cincinnati-Dayton Rd. West Chester, OH 45069	<b>R-OH-3</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>6/5/96</b>	<b>500.00</b>
<b>Watts for Congress '96</b> 1317 F St. N.W. Washington, DC	<b>R-OK-4</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>6/5/96</b>	<b>2,500.00</b>
<b>North Carolina Victory Fund</b> 430 S. Capitol St. SE Washington, DC 20003	<b>D-NC</b> <b>HARVEY GANTT</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>6/19/96</b>	<b>1,000.00</b>

SUBTOTAL of Disbursements This Page (optional) ..... **3,000.00**

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
<b>Gutnecht for Congress</b> Box 25026 Washington, DC 20007	<b>R-MN-1</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>6/19/96</b>	<b>500.00</b>
<b>Tom Davis for Congress</b> Box 471 Annandale, VA 22003	<b>R-VA-11</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>6/19/96</b>	<b>500.00</b>
<b>Martin Frost Campaign Committee</b> Box 75214 Washington, DC 20013	<b>D-TX-24</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>6/19/96</b>	<b>500.00</b>
<b>Gephardt in Congress Committee</b> 535-B Pennsylvania Ave. SE Washington, DC 20003	<b>D-MO-3</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>6/19/96</b>	<b>1,000.00</b>
<b>Weygand Committee</b> P.O. Box 24805 Providence, RI	<b>D-RI-2</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>6/19/96</b>	<b>2,000.00</b>
<b>Levin for Congress</b> Box 990 Washington, DC 20003	<b>D-MI-12</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>6/27/96</b>	<b>500.00</b>
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)

**5,000.00**

TOTAL This Period (last page this line number only)

**13,000.00**

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.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-11-96
<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
MRT PREPARER	7-15-96 DATE PREPARED