

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 JUL 15 A 11:02

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

|  |   |   |
|--|---|---|
| 1. NAME OF COMMITTEE (In full)<br>National Association of Chain Drug Stores Political Action Committee                   |   | 2. FEC IDENTIFICATION NUMBER<br>C00022368 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported<br>413 North Lee Street | 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) |   |
| CITY, STATE and ZIP CODE<br>Alexandria, VA 22314   |   |   |

## 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<br>This Period | COLUMN B<br>Calendar Year-to-Date   |
|---|-------------------------|---|
| 6. Covering Period <u>04/01/00</u> through <u>06/30/00</u>                                    |                         | \$ 42,898.74  |
| 6(a) Cash on Hand January 1, 2000   |                         |   |
| 6(b) Cash on Hand at Beginning of Reporting Period  | \$ 32,705.13            |   |
| 6(c) Total Receipts (from Line 19)  | \$ 40,957.24            | \$ 68,137.45  |
| 6(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)     | \$ 73,662.37            | \$ 108,024.19   |
| 7. Total Disbursements (from Line 30)   | \$ 34,746.60            | \$ 70,108.42  |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                 | \$ 38,915.77            | \$ 38,915.77  |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)  | \$ 0.00                 | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-426-9920<br>Local 202-694-1100 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00                 |   |

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<br>R. James Huber | Date<br>7/13/00 |
| Signature of Treasurer<br><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.

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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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   | REPORT COVERING PERIOD   |                      |            |
|---|--------------------------|----------------------|------------|
|   | FROM                     | TO                   |            |
| National Association of Chain Drug Stores Political Action Committee                      | 04/01/00                 | 06/30/00             |            |
|   | <b>COLUMN A</b>          | <b>COLUMN B</b>      |            |
|   | <b>Total This Period</b> | <b>Calendar Year</b> |            |
| <b>I. Receipts</b>  |                          |                      |            |
| 11. Contributions (other than loans) From:  |                          |                      |            |
| a. Individual/Persons Other Than Political Committees                                     |                          |                      |            |
| i. Itemized (use Schedule A)  | 24,880.02                | 47,804.74            | 11(a)(i)   |
| ii. Unitemized  | 3,875.30                 | 5,848.88             | 11(a)(ii)  |
| iii. Total (add i and ii) >   | 28,705.30                | 53,448.62            | 11(a)(iii) |
| b. Political Party Committees   | 0.00                     | 0.00                 | 11(b)      |
| c. Other Political Committees (such as PACs)  | 11,000.00                | 11,000.00            | 11(c)      |
| d. Total Contributions (add a iii, b and c) >   | 39,705.30                | 64,448.62            | 11(d)      |
| 12. Transfers From Affiliated/Other Party Committees                                      | 0.00                     | 0.00                 | 12         |
| 13. All Loans Received  | 0.00                     | 0.00                 | 13         |
| 14. Loan Repayments Received  | 0.00                     | 0.00                 | 14         |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)                            | 0.00                     | 0.00                 | 15         |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees    | 1,000.00                 | 1,000.00             | 16         |
| 17. Other Federal Receipts (Dividends, Interest, etc.)                                    | 251.54                   | 588.83               | 17         |
| 18. Transfers from Nonfederal Account for Joint Activity                                  | 0.00                     | 0.00                 | 18         |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >                            | 40,957.24                | 66,137.45            | 19         |
| 20. Total Federal Receipts (subtract line 18 from line 19) >                              | 40,957.24                | 66,137.45            | 20         |
| <b>II. Disbursements</b>  |                          |                      |            |
| 21. Operating Expenditures:   |                          |                      |            |
| a. Shared Federal/Non-Federal Activity (from Schedule H4)                                 |                          |                      |            |
| i. Federal Share  | 0.00                     | 0.00                 | 21(a)(i)   |
| ii. Non-Federal Share   | 0.00                     | 0.00                 | 21(a)(ii)  |
| b. Other Federal Operating Expenditures   | 0.00                     | 351.82               | 21(b)      |
| c. Total Operating Expenditures (add a i, a ii, and b) >                                  | 0.00                     | 351.82               | 21(c)      |
| 22. Transfers to Affiliated/Other Party Committees  | 0.00                     | 0.00                 | 22         |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees         | 34,000.00                | 69,000.00            | 23         |
| 24. Independent Expenditures (use Schedule E)   | 0.00                     | 0.00                 | 24         |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00                     | 0.00                 | 25         |
| 26. Loan Repayments Made  | 0.00                     | 0.00                 | 26         |
| 27. Loans Made  | 0.00                     | 0.00                 | 27         |
| 28. Refunds of Contributions To:  |                          |                      |            |
| a. Individual/Persons Other Than Political Committees                                     | 0.00                     | 0.00                 | 28(a)      |
| b. Political Party Committees   | 0.00                     | 0.00                 | 28(b)      |
| c. Other Political Committees (such as PACs)  | 0.00                     | 0.00                 | 28(c)      |
| d. Total Contribution Refunds (add a, b and c) >  | 0.00                     | 0.00                 | 28(d)      |
| 29. Other Disbursements   | 746.60                   | 746.60               | 29         |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >                  | 34,746.60                | 70,108.42            | 30         |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) >                    | 34,746.60                | 70,108.42            | 31         |
| <b>III. Net Contributions/Operating Expenditures</b>                                      |                          |                      |            |
| 32. Total Contributions (other than loans)(from line 11d)                                 | 39,705.30                | 64,448.62            | 32         |
| 33. Total Contribution Refunds (from line 28d)  | 0.00                     | 0.00                 | 33         |
| 34. Net Contributions (other than loans)(subtract line 33 from 32)                        | 39,705.30                | 64,448.62            | 34         |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) >                          | 0.00                     | 361.82               | 35         |
| 36. Offsets to Operating Expenditures (from line 15)                                      | 0.00                     | 0.00                 | 36         |
| 37. Net Operating Expenditures (subtract line 36 from 35) >                               | 0.00                     | 361.82               | 37         |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 5  
FOR LINE NUMBER 11 a

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 |
|---|---|--------------------------------------|------------------------------------|
| Gerald Zlotnik<br>701 Beta Drive<br>Cleveland, OH 44143   | Medic Drug, Inc.                          | 04/10/00                             | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Exec. VP & VP, Purchasing   | 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 |
| Elizabeth Nigro<br>4100 Faith Court<br>Alexandria, VA 22311   | National Association of Chain Drug Stores | 04/12/00                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Manager                     | Aggregate Year-to-Date $\$$ 250.00   |                                    |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer                          | Date (month, day, year)              | Amount of Each Receipt This Period |
| Phillip Schneider<br>18 S. Manchester Street<br>Arlington, VA 22204   | National Association of Chain Drug Stores | 04/12/00                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Manager                     | 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 |
| Elizabeth Pujolas<br>4529 W Braddock Road, #202<br>Alexandria, VA 22311   | National Association of Chain Drug Stores | 04/20/00                             | 225.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Manager                     | Aggregate Year-to-Date $\$$ 225.00   |                                    |
| E. Full Name, Mailing Address and ZIP Code  | Name of Employer                          | Date (month, day, year)              | Amount of Each Receipt This Period |
| David Krieger<br>155 Hidden Raylinea Drive<br>Powell, OH 43085  | Drug Emporium, Inc.                       | 05/04/00                             | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Chairman and CEO            | Aggregate Year-to-Date $\$$ 1,000.00 |                                    |
| F. Full Name, Mailing Address and ZIP Code  | Name of Employer                          | Date (month, day, year)              | Amount of Each Receipt This Period |
| Manny Goldberg RPh<br>605 SO. 94th Avenue<br>Omaha, NE 68114  | Keystone - Medicine Chest                 | 05/11/00                             | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Chairman and CEO            | Aggregate Year-to-Date $\$$ 500.00   |                                    |
| G. Full Name, Mailing Address and ZIP Code  | Name of Employer                          | Date (month, day, year)              | Amount of Each Receipt This Period |
| Howard Sternheim<br>1020 Park Ave<br>New York City, NY 10028  | Thriftway Drugs                           | 05/11/00                             | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>President                   | Aggregate Year-to-Date $\$$ 500.00   |                                    |

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

3,225.00

**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 11

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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 |
|---|--|-------------------------|------------------------------------|
| Robert Kwalt<br>23230 Chagrin Boulevard<br>Suite 340<br>Cleveland, OH 44122-5467  | Robert J. Kwalt & Associates,<br><br>Occupation<br>President   | 05/11/00                | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | 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 |
| George Hilden<br>1630 Sheridan Road<br>Wilmette, IL 60091   | <br><br>Occupation<br>Ret. Chairman, Oaco Drug Inc.            | 05/11/00                | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250.00                             |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year) | Amount of Each Receipt This Period |
| Gary Michael<br>P.O. Box 20<br>250 Park Center Blvd.<br>Boise, ID 83725   | Albertson's, Inc.<br><br>Occupation<br>Chairman & CEO          | 05/11/00                | 2,500.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 2,500.00                           |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year) | Amount of Each Receipt This Period |
| Michel Coutu<br>50 Service Avenue<br>Warwick, RI 02888  | Brooks Pharmacy<br><br>Occupation<br>President and CEO         | 05/11/00                | 2,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 2,000.00                           |                         |                                    |
| E. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year) | Amount of Each Receipt This Period |
| Steven Oliva<br>915 W. 11th Street<br>Vancouver, WA 986803095   | Hi-School Pharmacy Inc.<br><br>Occupation<br>President and CEO | 05/11/00                | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000.00                           |                         |                                    |
| F. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year) | Amount of Each Receipt This Period |
| David Maher<br>1583 E. New Bedford Drive<br>Salt Lake City, UT 84103  | DMM Enterprises LLP<br><br>Occupation<br>President             | 05/11/00                | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000.00                           |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year) | Amount of Each Receipt This Period |
| Jerome Weinberger<br>28601 Chagrin Boulevard<br>Suite 430<br>Cleveland, OH 441224600  | JND Properties<br><br>Occupation<br>President                  | 05/24/00                | 300.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 300.00                             |                         |                                    |

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

8,050.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 3 OF 5  
FOR LINE NUMBER 11 a

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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 |
|---|---|--------------------------------------|------------------------------------|
| Charles Conway<br>One CVS Drive<br>Woonsocket, RI 028956185   | CVS Corporation                           | 05/24/00                             | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>President and COO           | 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 |
| Timothy McAleese<br>5614 Sturgeon Creek Pkwy<br>Midland, MI 48640   | Kmart Corporation                         | 05/24/00                             | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Operations VP, Pharmacy OPS | Aggregate Year-to-Date > \$ 1,000.00 |                                    |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer                          | Date (month, day, year)              | Amount of Each Receipt this Period |
| Ted Doty<br>4 Century Drive<br>Parsippany, NJ 070544605   | Tristar Products, Inc.                    | 05/30/00                             | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Sr VP, Retail Marketing     | Aggregate Year-to-Date > \$ 500.00   |                                    |
| D. Full Name, Mailing Address and ZIP Code  | Name of Employer                          | Date (month, day, year)              | Amount of Each Receipt this Period |
| Kevin Tripp<br>15100 N. 90th Street<br>Scottsdale, AZ 85260   | Albertson's, Inc.                         | 05/30/00                             | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>President, Drug Region      | Aggregate Year-to-Date > \$ 500.00   |                                    |
| E. Full Name, Mailing Address and ZIP Code  | Name of Employer                          | Date (month, day, year)              | Amount of Each Receipt this Period |
| Henry Parasol Jr.<br>100 East Washington Street<br>Suite 206<br>Syracuse, NY 13202  | Gygnus Management Group, LLC              | 06/01/00                             | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Chairman                    | Aggregate Year-to-Date > \$ 1,000.00 |                                    |
| F. Full Name, Mailing Address and ZIP Code  | Name of Employer                          | Date (month, day, year)              | Amount of Each Receipt this Period |
| Alan Levin<br>315 Ruthar Drive<br>Newark, DE 19711  | Happy Harry's, Inc.                       | 06/08/00                             | 3,500.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Chairman, President and CEO | Aggregate Year-to-Date > \$ 3,500.00 |                                    |
| G. Full Name, Mailing Address and ZIP Code  | Name of Employer                          | Date (month, day, year)              | Amount of Each Receipt this Period |
| Dan Wassong<br>178 EAB Plaza<br>Uniondale, NY 115680178   | Del Laboratories, Incorporated            | 08/08/00                             | 2,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Chairman, President and CEO | Aggregate Year-to-Date > \$ 2,000.00 |                                    |

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

9,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 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 |
|--|---|-------------------------------------|------------------------------------|
| Robert Ibsen<br>P.O. Box 1728<br>Santa Maria, CA 934561728   | Rembrandt Division of, Den-Mat            | 08/08/00                            | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: President                     | Aggregate Year-to-Date > 6 1,000.00 |                                    |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer                          | Date (month, day, year)             | Amount of Each Receipt this Period |
| Anthony Civello<br>2522 S. Tri-Center Blvd.<br>Durham, NC 277131852  | Kerr Drug, Inc.                           | 08/08/00                            | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Chairman, President, & CEO    | Aggregate Year-to-Date > 8 1,000.00 |                                    |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer                          | Date (month, day, year)             | Amount of Each Receipt this Period |
| Don Bell<br>5600 Magnolia Lane<br>Falls Church, VA 22041   | National Association of Chain Drug Stores | Payroll Deduction                   | 138.48 (\$23.08)                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Manager                       | Aggregate Year-to-Date > 8 300.04   | Biweekly                           |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer                          | Date (month, day, year)             | Amount of Each Receipt this Period |
| Lanca Clark<br>224 N. Union Street<br>Alexandria, VA 22314   | National Association of Chain Drug Stores | Payroll Deduction                   | 120.00 (\$20.00)                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Executive                     | Aggregate Year-to-Date > 8 280.00   | Biweekly                           |
| E. Full Name, Mailing Address and ZIP Code   | Name of Employer                          | Date (month, day, year)             | Amount of Each Receipt this Period |
| John Coster<br>918 Rolfe Place<br>Alexandria, VA 22314   | National Association of Chain Drug Stores | Payroll Deduction                   | 260.88 (\$43.48)                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Manager                       | Aggregate Year-to-Date > 9 434.80   | Biweekly                           |
| F. Full Name, Mailing Address and ZIP Code   | Name of Employer                          | Date (month, day, year)             | Amount of Each Receipt this Period |
| David Fitzsimmons<br>8315 Pitt Court<br>Lorton, VA 22079   | National Association of Chain Drug Stores | Payroll Deduction                   | 240.00 (\$40.00)                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Manager                       | Aggregate Year-to-Date > 8 520.00   | Biweekly                           |
| G. Full Name, Mailing Address and ZIP Code   | Name of Employer                          | Date (month, day, year)             | Amount of Each Receipt this Period |
| Todd Grover<br>15733 Edgewood Drive<br>Dumfries, VA 22028  | National Association of Chain Drug Stores | Payroll Deduction                   | 120.00 (\$20.00)                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Manager                       | Aggregate Year-to-Date > 8 280.00   | Biweekly                           |

**SUBTOTAL** of Receipts This Page (optional) ..... 2,878.36

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 6  
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>Robert Hartwell</b><br>6718 Stonybrooke Lane<br>Alexandria, VA 22306<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | National Association of Chain Drug Stores<br>Occupation: Executive | Payroll<br>Deduction    | 892.34<br>(\$115.38)<br>Biweekly   |
|   | Aggregate Year-to-Date > \$ 1,500.07                               |                         |                                    |
| <b>Sandra Jung</b><br>5527 Holmes Run Parkway<br>Alexandria, VA 22304<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | National Association of Chain Drug Stores<br>Occupation: Manager   | Payroll<br>Deduction    | 120.00<br>(\$20.00)<br>Biweekly    |
|   | Aggregate Year-to-Date > \$ 260.00                                 |                         |                                    |
| <b>David Lambert</b><br>1014 N. Terrill Street<br>Alexandria, VA 22304-1938<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | National Association of Chain Drug Stores<br>Occupation: Executive | Payroll<br>Deduction    | 230.82<br>(\$38.47)<br>Biweekly    |
|   | Aggregate Year-to-Date > \$ 500.11                                 |                         |                                    |
| <b>Mary Ann Wagner</b><br>1605 B Hunting Creek Drive<br>Alexandria, VA 22314<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | National Association of Chain Drug Stores<br>Occupation: Executive | Payroll<br>Deduction    | 481.58<br>(\$78.88)<br>Biweekly    |
|   | Aggregate Year-to-Date > \$ 1,000.09                               |                         |                                    |
| <b>James Whitman</b><br>7982 Foxmoor Drive<br>Dunn Loring, VA 22027<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | National Association of Chain Drug Stores<br>Occupation: Executive | Payroll<br>Deduction    | 230.82<br>(\$38.47)<br>Biweekly    |
|   | Aggregate Year-to-Date > \$ 500.11                                 |                         |                                    |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | Name of Employer<br>Occupation                                     | Date (month, day, year) | Amount of Each Receipt this Period |
|   | Aggregate Year-to-Date > \$  |                         |                                    |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | Name of Employer<br>Occupation                                     | Date (month, day, year) | Amount of Each Receipt this Period |
|   | Aggregate Year-to-Date > \$  |                         |                                    |

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

1,785.56

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

24,889.82

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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 |
|---|------------------|------------------------------------|------------------------------------|
| Longs Drug Stores<br>P.O. Box 5222<br>Walnut Creek, CA 94596-222  |                  | 04/19/00                           | 5,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation       | Aggregate Year-to-Date \$ 5,000.00 |                                    |
| B. Full Name, Mailing Address and ZIP Code  | Name of Employer | Date (month, day, year)            | Amount of Each Receipt this Period |
| Walgreen Co.<br>200 Wilmot Road<br>Dearfield, IL 60015-6200   |                  | 04/25/00                           | 5,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation       | Aggregate Year-to-Date \$ 5,000.00 |                                    |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer | Date (month, day, year)            | Amount of Each Receipt this Period |
| Target Citizens Federal Forum<br>777 Nicollet Mall<br>Minneapolis, MN 55402   |                  | 05/11/00                           | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation       | Aggregate Year-to-Date \$ 1,000.00 |                                    |
| 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<br><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<br><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<br><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<br><input type="checkbox"/> Other (specify): | Occupation       | Aggregate Year-to-Date \$          |                                    |

**SUBTOTAL** of Receipts This Page (optional) ..... 11,000.00

**TOTAL** This Period (last page this line number only) ..... 11,000.00



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 15

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 |
|---|------------------|--------------------------------------|------------------------------------|
| Kerry For US Senate Campaign Comm.<br>7502 Pacific Street<br>STE LL, North B<br>Omaha, NE 68114                             |                  | 04/28/00                             | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation       | 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 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br><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<br><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<br><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<br><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<br><input type="checkbox"/> Other (specify): | Occupation       | Aggregate Year-to-Date > \$          |                                    |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1,000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 1,000.00 |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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 |
|---|---------------------------------------|-------------------------|------------------------------------|
| Dreyfus Gov't Cash Mgmt<br>200 Park Ave.<br>8th Floor<br>New York, NY 10168   | Occupation<br>Dividend Reinv.-Dreyfus | 04/30/00                | \$1.43                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 474.08    |                         |                                    |
| B. Full Name, Mailing Address and ZIP Code  | Name of Employer                      | Date (month, day, year) | Amount of Each Receipt this Period |
| Dreyfus Gov't Cash Mgmt<br>200 Park Ave.<br>8th Floor<br>New York, NY 10168   | Occupation<br>Dividend Reinv.-Dreyfus | 05/31/00                | \$89.33                            |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 563.41    |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer                      | Date (month, day, year) | Amount of Each Receipt this Period |
|   | Occupation                            |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | 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 |
|   | Occupation                            |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | 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 |
|   | Occupation                            |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | 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 |
|   | Occupation                            |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | 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 |
|   | Occupation                            |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$           |                         |                                    |

**SUBTOTAL** of Receipts This Page (optional) ..... 180.76

**TOTAL** This Period (last page this line number only) ..... 180.76

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 33

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  | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Hastert For Congress Committee<br>7830a Rt 34<br>P O Box 386<br>Yorkville, IL 60580   | J. Dennis Hastert, U.S. HOUSE 14th IL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) 2000 Other | 04/10/00                | 1,500.00                                |
| B. Full Name, Mailing Address and ZIP Code<br>Moran For Congress<br>205 W Uhler Terrace<br>Alex, VA 22301                         | James P. Moran, U.S. HOUSE 8th VA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000           | 04/11/00                | 1,500.00                                |
| C. Full Name, Mailing Address and ZIP Code<br>Ehrlich For Congress Committee<br>1301 York Road Suite 705<br>Lutherville, MD 21093 | Robert L. Ehrlich, U.S. HOUSE 2nd MD<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 04/11/00                | 500.00                                  |
| D. Full Name, Mailing Address and ZIP Code<br>Friends Of Roy Blunt<br>Po Box 278<br>Strafford, MO 65757                           | Roy Blunt, U.S. HOUSE 7th MO<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                | 04/11/00                | 1,000.00                                |
| E. Full Name, Mailing Address and ZIP Code<br>Friends For Cliff Stearns<br>2071 Se 54th Terrace<br>Ocala, FL 34471                | Cliff Stearns, U.S. HOUSE 6th FL<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000            | 04/11/00                | 1,000.00                                |
| F. Full Name, Mailing Address and ZIP Code<br>Pete Stark Re-Election Comm.<br>Po Box 8331<br>Fremont, CA 94537                    | Fortney Pete Stark, U.S. HOUSE 13th CA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 04/11/00                | 1,000.00                                |
| G. Full Name, Mailing Address and ZIP Code<br>Bayou Leader PAC<br>624 Fort Williams Plwy<br>Alexandria, VA 22304                  | W.J. 'Billy' Tauzin, U.S. HOUSE 3rd LA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 05/09/00                | 1,000.00                                |
| H. Full Name, Mailing Address and ZIP Code<br>Friends Of Jennifer B Dunn<br>37 Tatoosh Key<br>Bellevue, WA 98006                  | Jennifer Dunn, U.S. HOUSE 8th WA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000            | 05/09/00                | 500.00                                  |
| I. Full Name, Mailing Address and ZIP Code<br>Lewis For Congress Committee<br>1294 W Sunset Drive<br>Redlands, CA 92375           | Jerry Lewis, U.S. HOUSE 40th CA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000             | 05/09/00                | 1,000.00                                |

**SUBTOTAL** of Disbursements This Page (optional) .....

9,000.00

**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 4  
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 |
|---|---|-------------------------|---|
| Comm. To Elect John H Lewis Sr<br>103 Sawannee Ave N W<br>Atlanta, GA 30314 | John Lewis, U.S. HOUSE 5th GA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                | 05/08/00                | 1,000.00                                |
| Anne Northup For Congress<br>3340 Lexington Road<br>Louisville, KY 40206    | Anna Meagher Northup, U.S. HOUSE 3rd KY<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 05/09/00                | 1,000.00                                |
| Nussle For Congress<br>Po Box 324<br>Manchester, IA 52057                   | Jim Nussle, U.S. HOUSE 2nd IA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                | 05/08/00                | 1,000.00                                |
| Pickering For Congress<br>Po Box 6440<br>Laurel, MS 39441                   | Charles W. 'Ch' Pickering, U.S. HOUSE 3rd MS<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 06/08/00                | 1,000.00                                |
| Ellen Tauscher For Congress<br>5611 Highland Road<br>Pleasanton, CA 94588   | Ellen O. Tauscher, U.S. HOUSE 10th CA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 05/09/00                | 1,000.00                                |
| Heather For Congress<br>P.O. Box 14070<br>Albuquerque, NM 87191             | Heather Wilson, U.S. HOUSE 1st NM<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000            | 05/18/00                | 1,000.00                                |
| David Vitter For Congress<br>2620 Metairie Road<br>Metairie, LA 70001       | David Vitter, U.S. HOUSE 1st LA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000              | 05/16/00                | 1,000.00                                |
| Stenholm For Congress Comm.<br>3 Cypress Point<br>Abilene, TX 79606         | Charles W. Stenholm, U.S. HOUSE 17th TX<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 05/18/00                | 1,000.00                                |
| Ben Cardin For Congress<br>9 Whitebridge Court<br>Baltimore, MD 21208       | Benjamin L. Cardin, U.S. HOUSE 3rd MD<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 05/16/00                | 1,000.00                                |

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

9,000.00

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 4  
FOR LINE NUMBER 22

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**NAME OF COMMITTEE (In Full)**

National Association of Chain Drug Store Political Action Committee

| A. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Hutchinson For Senate<br>Po Box 998<br>Rogers, AR 72757  | Tim Hutchinson, U.S. SENATE AR<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                                  | 05/16/00                | 1,000.00                                |
| B. Full Name, Mailing Address and ZIP Code<br>The Mike Pence Committee<br>P.O Box 18021<br>Alexandria, VA 22302                                | Purpose of Disbursement<br>Pence, U.S. HOUSE 2nd IN<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000             | 05/16/00                | 500.00                                  |
| C. Full Name, Mailing Address and ZIP Code<br>Snyder For Congress Campaign Comm.<br>100 Morgan Keegan Drive Suite 410<br>Little Rock, AR 72202 | Purpose of Disbursement<br>Vic Snyder, U.S. HOUSE 2nd AR<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000        | 05/16/00                | 500.00                                  |
| D. Full Name, Mailing Address and ZIP Code<br>Henry J. Hyde For Congress Comm.<br>485 Dominion<br>Wood Dale, IL 60106                          | Purpose of Disbursement<br>Henry J. Hyde, U.S. HOUSE 6th IL<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000     | 05/16/00                | 1,000.00                                |
| E. Full Name, Mailing Address and ZIP Code<br>Nelson 2000<br>301 4th Street, NE<br>Suite 201<br>Washington, DC 20002                           | Purpose of Disbursement<br>Nelson, U.S. SENATE NE<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000               | 06/16/00                | 1,000.00                                |
| F. Full Name, Mailing Address and ZIP Code<br>Gordon Smith For U.S. Senate 2002, Inc.<br>920 SW Sixth Ave<br>Suite 1250<br>Portland, OR 97204  | Purpose of Disbursement<br>Smith, U.S. SENATE OR<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                | 06/16/00                | 500.00                                  |
| G. Full Name, Mailing Address and ZIP Code<br>Re-Elect McGovern Committee<br>393 Burncoat St<br>Worcester, MA 01606                            | Purpose of Disbursement<br>James P. McGovern, U.S. HOUSE 3rd MA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 05/31/00                | 1,000.00                                |
| H. Full Name, Mailing Address and ZIP Code<br>Bush For President, Inc.<br>P.O. Box 1902<br>Austin, TX 78767                                    | Purpose of Disbursement<br>Bush, PRESIDENT OF U.S.<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000              | 08/01/00                | 1,000.00                                |
| I. Full Name, Mailing Address and ZIP Code<br>Fund For A Free Market America<br>P.O. Box 2776<br>Arlington, VA 22202                           | Purpose of Disbursement<br>Philip M. Crane, U.S. HOUSE 6th IL<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 05/12/00                | 1,000.00                                |

**SUBTOTAL** of Disbursements This Page (optional) .....

7,600.00

**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 1 OF 4  
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 |
|---|---|-------------------------|---|
| Peter Deutsch For Congress<br>P.O. Box 817689<br>Hollywood, FL 33081                | Deutsch, U.S. HOUSE 20th FL<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000              | 05/12/00                | 1,000.00                                |
| B. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| People For English<br>530 West Sixth Street<br>Erie, PA                             | Phil English, U.S. HOUSE<br>21st PA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 06/12/00                | 1,000.00                                |
| C. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| Galleghy For Congress Committee<br>P.O. Box 940001<br>Simi Valley, CA 93094         | Galleghy, U.S. HOUSE 23rd<br>CA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000          | 06/12/00                | 500.00                                  |
| D. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| Grassley Committee<br>Po Box 1000<br>Des Moines, IA 50304                           | Charles E. Grassley, U.S.<br>SENATE IA<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 06/12/00                | 2,000.00                                |
| E. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| Largent For Congress 2000<br>8150 S Louisville<br>Tulsa, OK 74136                   | Steve Largent, U.S. HOUSE<br>1st OK<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000      | 06/12/00                | 500.00                                  |
| F. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| National Leadership PAC(Federal Fund)<br>40 West 135th Street<br>New York, NY 10037 | Charles B. Rangel, U.S.<br>HOUSE 15th NY<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000 | 06/12/00                | 1,000.00                                |
| G. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| Oxley For Congress<br>P.O. Box 2000<br>Findlay, OH 45839                            | Oxley, U.S. HOUSE 4th OH<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000                 | 06/12/00                | 1,000.00                                |
| H. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| Congressman Bill Young Campaign Comm.<br>P.O. Box 103<br>Alexandria, VA 22210       | C.W. Bill Young, U.S. HOUSE<br>10th FL<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 2000   | 06/15/00                | 1,500.00                                |
| I. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|   | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |                         |   |

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

\$,600.00

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

34,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE OF  
FOR LINE NUMBER

26

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              | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Paul Kelly<br>413 N. Lee Street<br>Alexandria, VA 22313 | Expenses Reimbursement<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 04/11/00                | 748.60                                  |
| B. Full Name, Mailing Address and ZIP Code              | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code              | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code              | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code              | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code              | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code              | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month, day, year) | Amount of Each Disbursement This Period |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 746.60 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 746.60 |

