

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 25 2 27 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Nonprescription Drug Manufacturers Association Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1150 Connecticut Avenue, N.W.	2. FEC IDENTIFICATION NUMBER C00040584
CITY, STATE and ZIP CODE Washington, D.C. 20036	3. <input checked="" 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>1/1/97</u> through <u>6/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 289.91
(b) Cash on Hand at Beginning of Reporting Period	\$ 289.91	
(c) Total Receipts (from Line 19)	\$ 34,275.84	\$ 34,275.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 34,565.75	\$ 34,565.75
7. Total Disbursements (from Line 30)	\$ 17,128.37	\$ 17,128.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 17,437.38	\$ 17,437.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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 J. Robert Brouse	Date
Signature of Treasurer 	7. 27 - 97

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		
Nonprescription Drug Manufacturers Assn, PAC	FROM 7/1/97	TO: 6/30/97	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$ 29,050.00	\$ 29,050.00	11(a)(i)
ii. Unitemized	\$ 4,160.00	\$ 4,160.00	11(a)(ii)
iii. Total (add i and ii) >	\$ 33,210.00	\$ 33,210.00	11(a)(iii)
b. Political Party Committees	\$ 0.00	\$ 0.00	11(b)
c. Other Political Committees (such as PACs)	\$ 1,000.00	\$ 1,000.00	11(c)
d. Total Contributions (add a ii, b and c) >	\$ 34,210.00	\$ 34,210.00	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.)	\$ 65.84	\$ 65.84	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	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) >	\$ 34,275.84	\$ 34,275.84	19
20. Total Federal Receipts (subtract line 18 from line 19) >	\$ 34,275.84	\$ 34,275.84	20
II. Disbursements			
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	\$ 28.37	\$ 28.37	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	\$ 28.37	\$ 28.37	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$ 17,100.00	\$ 17,100.00	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	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$ 17,128.37	\$ 17,128.37	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	\$ 17,128.37	\$ 17,128.37	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	\$ 34,210.00	\$ 34,210.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$ 34,210.00	\$ 34,210.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	\$ 28.37	\$ 28.37	35
36. Offsets to Operating Expenditures (from line 15)	\$ 65.84	\$ 65.84	36
37. Net Operating Expenditures (subtract line 36 from 35) >	\$ - 37.47	\$ - 37.47	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 10
FOR LINE NUMBER 11 a.d.

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)

Nonprescription Drug Manufacturers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel F. O'Keefe, Jr. 5901 Mt. Eagle Drive, #1618 Alexandria, VA 22303	Nonprescription Drug Manufacturers Assn.	1/9/97	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior vice Pres. Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James D. Cope 5916 Halpine Road Rockville, MD 20851	Nonprescription Drug Manufacturers Assn.	1/14/97	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President 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
James T. Lenehan 206 Holmcrest Road Jenkintown, PA 19046-3818	Johnson & Johnson	1/23/97	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Worldwide Chairman 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
Terrence L. Stecz 77 Meeker Road Basking Ridge, NJ 07920	American Home Products	1/23/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President 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
Jean Claude LeRoux 439 Ioveraray Villanova, PA 19085-1139	American Home Products	1/23/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President; Whitehall 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
John Schmitt 1833 bodfield Road Martinsville, NJ 08836	American Home Products	1/13/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President 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
Roger Berlin 136 Terrace Drive Chatham, NJ 07928	American Home Products	1/23/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	\$3,800.00
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 110
FOR LINE NUMBER 11 a i.

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NAME OF COMMITTEE (in Full)

Nonprescription Drug Manufacturers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Olivier 1012 Mt. Pleasant Road Bryn Mawr, PA 19010	American Home Products	1/23/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior vice President	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Philip White 67 Tempe Wick Road Mendham, NJ 07945	Reheis, Inc.	1/27/97	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
Patrick Lonergan 76 Mayfield Avenue Edison, NJ 08837	Numark Laboratories	1/27/97	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
John Peters 59 Addison Drive Basking Ridge, NJ 07920	Block Drug Company	1/29/97	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	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
James A. Block 257 Cornelison Ave Jersey City, NJ 07302	Block Drug Company	1/29/97	\$ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	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
Thomas Block 247 Cornelison Avenue Jersey City, NJ 07302	Block Drug Company	1/29/97	\$ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
Gary Balkema 15 West Road Mahwah, NJ 07430	Bayer Corporation	2/5/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice Pres.	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$3,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Nonprescription Drug Manufacturers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Frank 32 Lenox Road Summit, N.J. 07901	Bayer Corporation	2/5/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior vice President Aggregate Year-to-Date: \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William VanderHaar P.O. Box 99 Brookside, NJ 07926	Bayer Corporation	2/5/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President 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
Stephen Donahoe 5 Colby Farm Road Chester, NJ 07930	Bayer Corporation	2/7/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President 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
Gary Downing 3510 N. Lake Creek Drive P.O. Box 1108 Jackson, WY 83001	Medtech	2/10/97	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President 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
W.D. Weiss P.O. Box 1108 Jackson, WY 83001	Medtech	2/10/97	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date: \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arturo Peralta-Pamos P.O. Box 1108 Jackson, WY 83001-1108	Medtech	2/10/97	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date: \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rodolfo Bryce 1 Charlotte Hill Drive Bernardsville, NJ 07924	Schering-Plough	2/18/97	\$ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date: \$		

SUBTOTAL of Receipts This Page (optional)	\$1,750.00
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 4 OF 10
FOR LINE NUMBER 11 a i.

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NAME OF COMMITTEE (in Full)

Nonprescription Drug Manufacturers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Olesnavage 2101 Blueberry Street Grand Rapids, MI 49504	Perrigo	2/24/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Robert Brouse 1299 Woodside Drive McLean, VA 22102-1528	Nonprescription Drug Manufacturers Assn.	2/28/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
	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
Peter Barton Hutt 5325 Chamberlin Ave Chevy Chase, MD 20815	Covington & Burling	2/28/97	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	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
Steve Neil 2541 Ashwood Ct. Ada, MI 49301	Perrigo	2/24/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Suzanne de Florez 62 River Road Grand View, NY 10960	Humphreys Pharmacal	2/28/97	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman & President		
	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
Craig Hammond 117 Water Street Allegan, MI 49010	Perrigo	3/7/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Bloem 2141 Negaunee Drive S.E. Grand Rapids, MI 49506-5318	Perrigo	3/7/97	\$ 200.00
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) \$ 3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 10
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NAME OF COMMITTEE (In Full)

Nonprescription Drug Manufacturers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Jandernoa 2431 Belleglade, S.E. Grand Rapids, MI 49546	Ferrigo	3/7/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eve E. Bachrach 3225 Grace Street, N.W. #213 Washington, D.C. 20007	Nonprescription Drug Manufacturers Assn.	3/12/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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
Patricia A. DeSouza 901 W. Nolcrest Drive Silver Spring, MD 20903	Nonprescription Drug Manufacturers Assn.	3/12/97	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ivan D. Combe 25 Wilshire Road Greenwich, CT 06831	Combe, Inc.	3/13/97	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Masashi Yoshida 34 Fox Meadow Williamsville, NY 14221	Mentholatum Company	3/14/97	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William W. Bailey 5206 Lawn Way Chevy Chase, MD 20815	Bailey & Dalrymple	3/18/97	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
R. William Soller 9008 Chickawane Ct. Alexandria, VA 22309	Nonprescription Drug Manufacturers Assn.	3/18/97	\$ 250.00
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) \$ 3,150.00

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 6 OF 10
FOR LINE NUMBER 1181.

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NAME OF COMMITTEE (In Full)

Nonprescription Drug Manufacturers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Curtis M. Selquist P.O. Box 950 New Brunswick, NJ 08901	Johnson & Johnson	3/18/97	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harlan Janes 128 Roth Ave Barrington, IL 60010	AC Nielsen	3/19/97	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President 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
Daniel Horwitz 1109 Marine Way E # L2R N. Palm Beach, FL 33408	Thompson Medical Co.	3/19/97	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & CEO 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
Bruce Kuhlik 4946 Rock Spring Rd. Arlington, VA 22207	Covington & Building	3/19/97	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney 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
Richard Green 350 Hampton Place Hinsdale, IL 60521	Blistex, Inc.	3/19/97	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & COO 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
David Arch B40 S. Bodin Hinsdale, IL 60521	Blistex, Inc.	3/19/97	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President 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
Charles Hinkaty 250 Southdown Road Lloyd Harbor, NY 11743	Del Pharmaceuticals	3/19/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$ 4,200.00

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 7 OF 10
FOR LINE NUMBER 11 a i.

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NAME OF COMMITTEE (in Full)

Nonprescription Drug Manufacturers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J. Gary Shansby 250 Montgomery Street (11th Floor) San Francisco, CA 94104	The Shansby Group	4/3/97	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Partner	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald Dalrymple 2801 34th Place, N.W. Washington, D.C. 20007	Bailey & Dalrymple	4/3/97	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	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
Zan Guerry 503 Holly Hill Lookout Mountain, TN 37350	Chattem	4/8/97	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	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
Donald F. Farley 235 East 42nd Street New York, NY 10017	Pfizer Inc.	4/11/97	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
William Leonard 40 Hilcrest Ave. Philadelphia, PA 19118	Trident Group	4/18/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Managing Director	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
Stephen Chappell 509 Oak Grove Lane Radnor, PA 19087	Trident Group	4/18/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	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
Deborah Freisheim 838 Glen Road Jenkintown, PA 19046	Trident Group	4/18/97	\$ 200.00
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) \$2,600.00

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 8 OF 10
FOR LINE NUMBER 11 a i.

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NAME OF COMMITTEE (In Full)

Nonprescription Drug Manufacturers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter Witoshkin 351 Covered Bridge Road Newhope, PA 18938	Trident Group	4/18/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. Morgan Morton 106 Merwins Lane Fairfield, CT 06430	Warner-Lambert Company	4/25/97	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	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
Bruce Byrnes 3910 Inverrary Blvd. Lauderhill, FL 33319	Procter & Gamble	4/28/97	\$ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
Jack Anastasia 8557 Bagleridge Drive Westchester, OH 45060	Procter & Gamble	4/28/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Regulatory	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
Paul Franz 3423 Grace Avenue Cincinnati, OH 45208	Procter & Gamble	4/28/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assoc. Gen. Counsel	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
Randall Stolt 975 Laurel Ave Glendale, OH 45246	Procter & Gamble	4/28/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assoc. Dir., Regulatory	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
Sion Boney 345 Park Avenue New York, NY 10154	Bristol-Myers	4/28/97	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$ 2,700.00

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 9 OF 10
FOR LINE NUMBER 11 a i.

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NAME OF COMMITTEE (in Full)

Nonprescription Drug Manufacturers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Maskin, M.D. 196 E. 75th Street, #8C New York, NY 10021	Bristol-Myers	4/28/97	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Medical		
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Kardish 3735 Lancaster Drive Boylestown, PA 18901	Trident Group	5/6/97	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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
Jeffrey S. Himmel 450 Park Avenue, Suite 501 New York, NY 10022	Himmel Pharmaceuticals	5/7/97	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman & CEO		
	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
Rosie Albright 85 May Apple Road Stamford, CT 06903	Carter-Wallace	5/14/97	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	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
James Guidone 12 Buckthorn Run Victor, NY 14564	Bausch & Lomb	5/14/97	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, Healthcare		
	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
Kenneth Wallace 57 Pheasant Run Wilton, CT 06897	Prevention Magazine	5/14/97	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & Publisher		
	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
Tyler Young 192 North Road Hamden, MA 01036	N.F. Young, Inc.	5/19/97	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$4,250.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)
 Nonprescription Drug Manufacturers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Johnson 1 John Applegate Road West Hedding, CT 06896	Combe, Inc.	5/19/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Aggregate Year-to-Date > \$	
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 <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 <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	\$200.00
TOTAL This Period (last page this line number only)	\$29,050

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

Nonprescription Drug Manufacturers Association Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Warner Lambert Political Action Cmte 201 Tabor Road Morris Plains, NJ 07950</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>4/8/97</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$1,000.00</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 23

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)

Nonprescription Drug Manufacturers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement J. Gregg, Sen. cand contribution 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
Judd Gregg Committee P.O. Box 1812 Concord, NH 03302-1812		1/13/97	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Condit for Congress 44 Canal Center Plaza, #400 Alexandria, VA 22314	Purpose of Disbursement G. Condit, cong. cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/97	\$ 500.00
C. Full Name, Mailing Address and ZIP Code Re-elect Brian Bilbray to Congress 4451 Brookfield Corp. Drive #200 Chantilly, VA 20151-1652	Purpose of Disbursement B. Bilbray, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/97	\$ 500.00
D. Full Name, Mailing Address and ZIP Code Volunteers for Shimkus 4451 Brookfield Corp. Drive, #400 Chantilly, VA 20151-1652	Purpose of Disbursement J. Shimkus, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/97	\$ 500.00
E. Full Name, Mailing Address and ZIP Code Nathan Deal For Congress P.O. Box 16021 Alexandria, VA 22302	Purpose of Disbursement N. Deal, Cong. Cand contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/97	\$ 500.00
F. Full Name, Mailing Address and ZIP Code Blue Dogs Political Action Committee 44 Canal Center Plaza, Suite 400 Alexandria, VA 22314	Purpose of Disbursement Blue Dogs contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/97	\$ 500.00
G. Full Name, Mailing Address and ZIP Code Citizens for Bobby Rush LaCause, Inc. 1010 Wisconsin Avenue, N.W. #320 Washington, DC 20007	Purpose of Disbursement B. Rush, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/97	\$ 500.00
H. Full Name, Mailing Address and ZIP Code Rogan Campaign Committee 4451 Brookfield Corp. Drive, #200 Chantilly, VA 20151-1652	Purpose of Disbursement J. Rogan, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/97	\$ 500.00
I. Full Name, Mailing Address and ZIP Code People for Ganske Committee 4010 Franconia Road Alexandria, VA 22310-2136	Purpose of Disbursement G. Ganske, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/97	\$ 500.00

SUBTOTAL of Disbursements This Page (optional) \$ 5,000.00

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)			
Nonprescription Drug Manufacturers Association Political Action Committee			
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Upton for All of Us 4451 Brookfield Corp Dr. #200 Chantilly, VA 20151-1652	F. Upton, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/97	\$ 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Cong'l Committee 320 First Street, S.E. Washington, D.C. 20003	B. Paxon, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/97	\$ 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ed Whitfield for Congress P.O.Box 391 Hopkinsville, KY 42241	E. Whitfield, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/97	\$ 500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Rick White P.O. Box 8156 Kirkland, WA 98034	R. White, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/97	\$ 500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frjends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	S. Brown, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/97	\$ 500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gordon Smith for U.S. Senate 5285 Meadows Road, Suite 181 Lake Oswego, OR 97035	G. Smith, Sen. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/19/97	\$ 100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bliley for Congress P.O. Box 17095 Richmond, VA 23226	T. Bliley, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$ 1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Norwood for Congress c/o AAP 1101 Vermont Avenue, N.W. Washington, DC 20005	C. Norwood, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/97	\$ 500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressman Bart Gordon Committ-e P.O.Box 2008 Murfreesboro, TX 37133	B. Gordon, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/97	\$ 500.00
SUBTOTAL of Disbursements This Page (optional)			\$4,600.00
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 **3** OF **4**
FOR LINE NUMBER **23**

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NAME OF COMMITTEE (In Full)

Nonprescription Drug Manufacturers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Boucher for Congress P.O. Box 17306 Alexandria, VA 22216	R. Boucher, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/97	\$ 500.00
Citizens for Gillmor 2316 S. Wolfe Street Arlington, VA 22202	P. Gillmor, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/97	\$ 500.00
Bennett '98 Committee P.O. Box 8841 Falls Church, VA 22041	R. Bennett, Sen. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/97	\$ 500.00
Friends of Chris Dodd 203 C Street, N.E. Washington, D.C. 20002	C. Dodd, Sen. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/97	\$ 1,000.00
Manton for Congress P.O. Box 75214 Washington, D.C. 20013	T. Manton, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/97	\$ 500.00
Peterson for Congress 44 Canal Center Plaza, Suite 400 Alexandria, VA 22314	C. Peterson, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/97	\$ 500.00
Stupak for Congress 817 9th Avenue, P.O.Box 143 Menominee, MI 49858	B. Stupak, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/97	\$ 500.00
Cong. Joe Barton Committee P.O. Box 1444 Ennis, TX 75120	J. Barton, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/7/97	\$ 500.00
Mike Bilirakis for Congress c/o Suite 870, 1350 I Street, N.W. Washington, D.C. 20005	M. Bilirakis, Cong. Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/97	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)

\$5,500.00

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Nonprescription Drug Manufacturers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cmte to Re-elect Cong. Ed Towns P.O. Box 2884 Washington, D.C. 20013	E. Towns, Cong.Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/97	\$ 500.00
Largent for Congress Committee c/o Craig Richardson 901 N. Stuart Street, Suite 750 Arlington, VA 22203	S. Largent, Cong.Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/97	\$ 500.00
C. Full Name, Mailing Address and ZIP Code Friends of Newt Gingrich P.O. Box 1399 Roswell, GA 30077	N. Gingrich, Cong.Cand. Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/97	\$1,000.00
D. 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
E. 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
F. 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
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)

\$2,000.00

TOTAL This Period (last page this line number only)

\$17,100.00

Federal Election Commission
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PREPARER

7-25-97

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