

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
JUL 11 10 10 AM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <b>Nonprescription Drug Manufacturers Assn PAC</b> ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1150 Connecticut Avenue, N.W.</b> CITY, STATE and ZIP CODE <b>Washington, DC 20036</b>	2. FEC IDENTIFICATION NUMBER <b>C00040584</b> 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
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## 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 This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>April 1, 1996</u> through <u>June 30, 1996</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 2,827.38
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,077.38	
(c) Total Receipts (from Line 19)	\$14,350.00	\$ 16,200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$15,427.38	\$ 19,027.38
7. Total Disbursements (from Line 30)	\$ 9,600.00	\$ 13,200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5,827.38	\$ 5,827.38
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 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 <b>J. Robert Brouse</b>	
Signature of Treasurer 	Date <b>7-10-96</b>

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 Nonprescription Drug Manufacturers Assn PAC	REPORT COVERING PERIOD FROM April 1, 1996 June 30, 1996	
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	\$ 9,150.00	\$ 10,150.00
ii. Unitemized	5,200.00	5,550.00
iii. Total (add i and ii) >	14,350.00	15,700.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	500.00
d. Total Contributions (add a ii, b and c) >	14,350.00	16,200.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	14,350.00	16,200.00
20. Total Federal Receipts (subtract line 18 from line 19) >	14,350.00	16,200.00
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	0.00	0.00
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,250.00	12,850.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	100.00	100.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds (add a, b and c) >	100.00	100.00
29. Other Disbursements	250.00	250.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9,600.00	13,200.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	9,600.00	13,200.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d)	14,350.00	16,200.00
33. Total Contribution Refunds (from line 28d)	100.00	100.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	14,250.00	16,100.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 6  
FOR LINE NUMBER 11 a i.

**CONTRIBUTIONS FROM INDIVIDUALS**

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 N. Horwitz 1109 Marine Way E. North Palm Beach, FL 33408	Thompson Medical Co.  Occupation President & CEO	4/3/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Patrick Lonergan 300 Campus Plaza Edison, NJ 08837	NUMARK Laboratories  Occupation President	4/5/96	\$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
F. Douglas Russell 15 Georges Lane Monroe, CT 06468	E.E. Dickinson Co.  Occupation President	4/17/96	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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
Stephen Donohoe 9 Colby Farm Road Chester, NJ 07930	Bayer Corporation  Occupation FP-Finance	4/23/96	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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
Gary Balkema 15 West Road Mahway, NJ	Bayer Corporation  Occupation Executive Vice Pres.	5/1/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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
Stanley Barshay 19 Forte Drive Old Westbury, NY 11568	American Home Products  Occupation Senior Vice President	5/13/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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
Charles Hinkaty 250 Southdown Road Lloyd Harbor, NY 11743	Del Pharmaceuticals  Occupation President	5/13/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

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

\$1,850

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

**SCHEDULE A** **ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS**

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

PAGE 2 OF 6  
 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
Thomas M. Laughlin 1415 Spruce Drive Kalamazoo, MI 49008	Pharmacia & Upjohn	5/13/96	\$200
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
David M. Olivier 1012 Mt. Pleasant Road Bryn Mawr, PA 19010-1826	American Home Products	5/13/96	\$200
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
James Kanaley 1400 N. Goodman Street Rochester, NY	Bausch & Lomb Inc.	5/13/96	\$200
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
Thomas R. Hillhouse 6846 Ken Arbore Drive Cincinnati, OH 45236	Procter & Gamble	5/24/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Assoc. Gen. Counsel 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
Garnett Ashby 1604 Stockton Street Jacksonville, FL 32204	Monticello Companies		\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: 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
Roger Berlin 519 Mulberry Lane Haverford, PA 19041-1913	Whitehall Robins	5/24/96	\$200
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
James A. Block 257 Cornelison Avenue Jersey City, NJ 07302	Block Drug Company	5/24/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman Aggregate Year-to-Date > \$		

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

\$1,400

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 3 OF 6  
FOR LINE NUMBER 11 a i.

**CONTRIBUTIONS FROM INDIVIDUALS**

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**NAME OF COMMITTEE (in Full)**

Nonprescription Drug Manufacturers Association

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sion Boney 12 Town Line Road Bridgewater, CT 06752	Bristol Myers Squibb	5/24/96	\$200
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
Donald Conklin 120A Youngs Road Basking Ridge, NJ 07920	Schering-Plough	5/24/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman 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
Holly Crosbie-Boote 11 Hawthorne Street Rochester, NY 14610	Bausch & Lomb Inc.	5/24/96	\$200
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
Frank DiPrimo 8 Westminster Road Chatham, NJ 07928	GenVerb Corp.	5/24/96	\$200
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
George Fotiades 281 Summit Avenue Summit, NJ 07901	Grey Advertising	5/24/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Vice Pres. 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
Richard Frank 32 Lenox Road Summit, NJ 07901	Bayer Corporation	5/24/96	\$200
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
Richard Green 350 Hampton Place Hinsdale, IL 60521	Blistex, Inc.	5/24/96	\$200
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)

\$1,400

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**CONTRIBUTIONS FROM INDIVIDUALS**

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

PAGE 4 OF 6  
FOR LINE NUMBER 11 a 1.

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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
Kelly Kalan 4 Woodmont Road Upper Montclair, NJ 07043	GenDerm	5/24/96	\$200
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
James Lenehan 1586 Hampton Road Rydal, PA 19046	Johnson & Johnson	5/24/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Worldwide Chairman 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
Wayne Locurto 31 Corham Avenue Westport, CT 06880	Actmedia, Inc.	5/24/96	\$200
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 Lynch 9 Barleycorn Drive Broomall, PA 19008	Whitehall International	5/24/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation 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
John Peters 59 Addison Drive Basking Ridge, NJ 07920	Block Drug Company	5/24/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice 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
James Sorrentino P.O. Box 721-88 Spoonwood Rd., Wilton, CT 06897	Healthcare Products Development	5/24/96	\$200
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
Terry Stevens 17 Robinhood Drive Mountain Lakes, NJ 07046	Warner Wellcome	5/24/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

\$1,400

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

**CONTRIBUTIONS FROM INDIVIDUALS**

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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
Kenneth Wallace 57 Pleasant Run Wilton, CT 06897	Prevention Magazine	5/24/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation 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
Phillip White 67 Tempe Wick Road Mendham, NJ 07945	Reheis, Inc.	5/24/96	\$300
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
Tyler Young 192 North Road Rampden, MA 01036	W.F. Young, Inc.	5/24/96	\$600
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
Yoshi Yoshida 34 Fox Meadow Drive Williamsville, NY 14221	Mentholatum	5/29/96	\$200
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
Charles Rose 123 South Street Oyster Bay, NY 11771	The Meyers List, Inc.	5/29/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice 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
Daniel O'Keefe 5901 Mount Eagle Drive, #161B Alexandria, VA 22303	Nonprescription Drug Manufacturers Assn.	6/03/96	\$200
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
James T. Doyle 7523 Turnberry Court Portage, MI 49002-7824	Pharmacia & Upjohn	5/17/96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

\$1,900

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 6

FOR LINE NUMBER 11 a 1.

**CONTRIBUTIONS FROM INDIVIDUALS**

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**NAME OF COMMITTEE (In Full)**

Nonprescription Drug Manufacturers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code Tom Lom 4 Harbor Road Darien, CT 06820  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Saatchi & Saatchi Advertising  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 6/5/96	Amount of Each Receipt this Period \$200
B. Full Name, Mailing Address and ZIP Code Joel Bernstein 615 Brierhill Road Deerfield, IL 60015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GenDerm Corp.  Occupation Chairman Aggregate Year-to-Date > \$	Date (month, day, year) 6/7/96	Amount of Each Receipt this Period \$200
C. Full Name, Mailing Address and ZIP Code Frederic Huser 49 Glenmore Drive Durham, NC 27707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sandoz Corp  Occupation President Aggregate Year-to-Date > \$	Date (month, day, year) 6/7/96	Amount of Each Receipt this Period \$200
D. Full Name, Mailing Address and ZIP Code Susan Schwartz 2 Old Road Lane Mount Kisco, NY 10549  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Int'l Research Services, Inc.  Occupation President Aggregate Year-to-Date > \$	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$200
E. Full Name, Mailing Address and ZIP Code Gary Downing P.O. Box 1108 Jackson, WY  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MedTech Laboratories  Occupation President Aggregate Year-to-Date > \$	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$200
F. Full Name, Mailing Address and ZIP Code Joel Brandt 20 Ottawa Road Morganville, NJ 07751  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Home Products Corp.  Occupation Asst. Gen. Counsel Aggregate Year-to-Date > \$	Date (month, day, year) 6/26/96	Amount of Each Receipt this Period \$200
G. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$1,200.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$9,150.00



**SCHEDULE B ITEMIZED DISBURSEMENTS**  
**CONTRIBUTIONS TO FEDERAL CANDIDATES**

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

PAGE 1 OF 2  
 FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

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
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)	4/3/96	\$1,000
B. Full Name, Mailing Address and ZIP Code Mike Bilirakis for Congress c/o Tucker & Wahlquist 1350 I Street, N.W., #870 Washington, DC 20005	M. Bilirakis, cong. cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/96	\$500
C. Full Name, Mailing Address and ZIP Code Committee to Reelect Ed Towns P.O. Box 2884 Washington, DC 20013	E. Towns, cong.cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/96	\$500
D. Full Name, Mailing Address and ZIP Code Oxley for Congress P.O. Box 1996 Findlay, OH 45839	M. Oxley, Cong.cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/96	\$500
E. Full Name, Mailing Address and ZIP Code Schaefer to Congress 4451 Brookfield Corp. Dr. #200 Chantilly, VA 22021-1652	D. Schaefer, cong.cand contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/96	\$500
F. Full Name, Mailing Address and ZIP Code Manton for Congress, Inc. P.O. Box 75214 Washington, DC 20013-5214	T. Manton, cong.cand contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/96	\$500
G. Full Name, Mailing Address and ZIP Code Allard for U.S. Senate 507 Capitol Court, N.E. #100 Washington, DC 20002	W. Allard, Sen.cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/96	\$500
H. Full Name, Mailing Address and ZIP Code Klug for Congress P.O. Box 5649 Madison, WI 53705	S. Klug, Cong.cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/96	\$500
I. Full Name, Mailing Address and ZIP Code Dan Frisa for Congress 23 Canyon Lane Westbury, NY 11590	D. Schaefer, cong.cand contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/96	\$500

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

\$5,000

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**CONTRIBUTIONS TO FEDERAL CANDIDATES**

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 2

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	Date (month, day, year)	Amount of Each Disbursement This Period
Burr for Congress 1212 N. Vernon Street Arlington, VA 22201	R. Burr, Cong. cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/96	\$500
B. Full Name, Mailing Address and ZIP Code People for Ganske Committee 5907 Grand Avenue Des Moines, IA 50312-9811	G. Ganske, Cong. cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/96	\$250
C. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Committee P.O. Box 75214 Washington, DC 20013-5214	B. Gordon, Cong. cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/96	\$500
D. Full Name, Mailing Address and ZIP Code Mica for Congress P.O. Box 181546 Casselberry, FL 32718-1546	J. Mica, Cong. cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/18/96	\$500
E. Full Name, Mailing Address and ZIP Code Chuck Jolly for Congress P.O. Box 25366 Chattanooga, TN 37422	C. Jolly, Cong. cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/18/96	\$1,000
F. Full Name, Mailing Address and ZIP Code Coburn for Congress c/o Valis Associates 1700 Pennsylvania Ave, #950 Washington, DC 20006	T. Coburn, cong. cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/96	\$500
G. Full Name, Mailing Address and ZIP Code Billy Tauzin Committee P.O. Box 1407 Thibodaux, LA 70302	B. Tauzin, Cong. cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/96	\$500
H. Full Name, Mailing Address and ZIP Code Friends for Rick White P.O. Box 8156 Kirkland, WA 98034-9830	R. White, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/96	\$500
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) .....

\$4,250.00

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

\$9,250.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**CONTRIBUTIONS TO NONFEDERAL CANDIDATES**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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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 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
Committee for Roy Goodman 1035 5th Avenue New York, NY 10130-0065	R. Goodman, NY state Sen. cand. contrib.	6/18/96	\$250
B. 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
C. 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
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) .....

\$250

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

\$250

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 7/11/96
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

J.A.Q.  
PREPARER

7/10/96  
DATE PREPARED