

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20543

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>J. Robert Brouse</u> <u>Nonprescription Drug Manufacturers Association</u>	RECEIVED OCT 13 11 16 AM '94
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>1150 Connecticut Avenue, N.W., Suite 1200</u>	2. FEC IDENTIFICATION NUMBER <u>C00040584</u>
CITY, STATE and ZIP CODE <u>Washington, D.C. 20036</u>	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>7-1-94</u> through <u>9-30-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 10,997.93
(b) Cash on Hand at Beginning of Reporting Period	\$ 4,297.93	
(c) Total Receipts (from Line 18)	\$ 2,100.00	\$ 9,900.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 6,397.93	\$ 20,897.93
7. Total Disbursements (from Line 30)	\$ 5,900.00	\$ 20,400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 497.93	\$ 497.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20543 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)	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer <u>J. ROBERT BROUSE</u>	Date <u>10/6/94</u>
Signature of Treasurer 	

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)

FE4AN101

94039264396

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE <i>Nonprescription Drug Manufacturers Association PAC</i>		REPORT COVERING PERIOD		
		FROM <i>7-1-94</i>	TO: <i>9-30-94</i>	
		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)	1,000	3,800	11(a)(i)
ii.	Unitemized	1,100	6,100	11(a)(ii)
iii.	Total (add i and ii) >	2,100	9,900	11(c)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a iii, b and c) >	2,100	9,900	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,100	9,900	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	2,100	9,900	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	5,900	20,400	21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees			23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	5,900	20,400	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	5,900	20,400	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	2,100	9,900	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	2,100	9,900	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >			37

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 a.i.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nonprescription Drug Manufacturers Association PAC

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7
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9
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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Gary Downing P.O. Box 1200, Mailstop 3A4 Collegedale, PA 19426</i>		<i>7-8-94</i>	<i>\$ 200</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > <i>\$ 200</i>		
<i>Derek H. Hall 98 North 1800 East Mapleton, UT 84664</i>		<i>7-8-94</i>	<i>\$ 200</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > <i>\$ 200</i>		
<i>Robert C. Leonard 78 Magnolia Avenue Senapley, NJ 07670</i>		<i>7-8-94</i>	<i>\$ 200</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > <i>\$ 200</i>		
<i>Ralph Rydholm 980 North Michigan Avenue Chicago, IL 60611</i>		<i>7-8-94</i>	<i>\$ 200</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > <i>\$ 200</i>		
<i>Terrence L. Stecy 12 Polo Club Drive Far Hills, NJ 07931</i>		<i>7-8-94</i>	<i>\$ 200</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > <i>\$ 200</i>		
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 > <i>\$</i>		
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 > <i>\$</i>		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	<i>\$ 1,000</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 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 PAC

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeffords for Vermont 517 2nd Street, N.E. Washington, D.C., 20002	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-15-94	\$ 1,000
B. Full Name, Mailing Address and ZIP Code Friends of MMM (Margolis-Mezvinsky) P.O. Box 157 Narberth, PA 19072	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-15-94	\$ 500
C. Full Name, Mailing Address and ZIP Code Haastert for Congress Committee P.O. Box 625 Batavia, IL 60510	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-25-94	\$ 500
D. Full Name, Mailing Address and ZIP Code Manton for Congress, Inc. B. Sweeney, Treas., P.O. Box 2474 Washington, D.C. 20013	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-8-94	\$ 500
E. Full Name, Mailing Address and ZIP Code Friends of Cliff Stearns P.O. Box 308 Silver Springs, FL 34489-9986	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-2-94	\$ 500
F. Full Name, Mailing Address and ZIP Code Congressman Ope Barton Committee P.O. Box 1444 Ennis, TX 75120	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-13-94	\$ 500
G. Full Name, Mailing Address and ZIP Code Lehman for Congress Committee 555 New Jersey Ave. N.W., Suite 201 Washington, D.C. 20001	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-19-94	\$ 500
H. Full Name, Mailing Address and ZIP Code Kennedy for Senate P.O. Box 66205 Washington, D.C. 20095	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-19-94	\$ 600
I. Full Name, Mailing Address and ZIP Code Moorehead for Congress Committee 4451 Brookfield Corporate Dr. #200 Chantilly, VA 22021-1652	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-19-94	\$ 500

SUBTOTAL of Disbursements This Page (optional) \$ 5,100

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Nonprescription Drug Manufacturers Association PAC

94039264400

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Friends of Franks Committee P.O. Box 2443 Waterbury, CT 06723</i>	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-28-94</i>	<i>\$ 200</i>
<i>Friends of Patrick Kennedy 38 Ivy Street, S.E. Washington, D.C. 20003</i>	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-29-94</i>	<i>\$ 500</i>
<i>La Tourette for Congress c/o Jim Conzelmann 2233 Rayburn House Off. Bldg., WDC 20515</i>	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7-15-94</i>	<i>\$ 100</i>
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$ 800

TOTAL This Period (last page this line number only)

\$ 5,900

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.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT


PREPARER

10-13-94
DATE PREPARED

94039264401