

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
ADMINISTRATIVE CENTER
WASHINGTON, D.C. 20543

OCT 13 11 26 AM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) G. Robert Brouse
Nonprescription Drug Manufacturers Association PAC

ADDRESS (number and street) Check if different than previously reported
1150 Connecticut Avenue, N.W., Suite 1200

CITY, STATE and ZIP CODE
Washington, D.C. 20036

2. FEC IDENTIFICATION NUMBER
C00040584

3. 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:

- 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>4-1-94</u> through <u>6-30-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 10,997.93
(b) Cash on Hand at Beginning of Reporting Period	\$ 4,397.93	
(c) Total Receipts (from Line 1B)	\$ 5,400.00	\$ 7,800.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 9,797.93	\$ 18,797.93
7. Total Disbursements (from Line 3C)	\$ 5,500.00	\$ 14,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4,297.93	\$ 4,297.93
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 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)	\$	

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

Signature of Treasurer



Date

10/2/94

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

FEC FORM 3X

(revised 9/93)

FEC40101

94039264402

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
<u>Nonprescription Drug Manufacturers Association</u>		FROM <u>4-1-94</u>	TO <u>6-30-94</u>	
<u>PAC</u>		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			11(a)(i)
i.	Itemized (use Schedule A)	1,400	2,800	11(a)(ii)
ii.	Unitemized	4,000	5,000	11(a)(iii)
ii.	Total (add i and ii) >	5,400	7,800	11(b)
b.	Political Party Committees			11(c)
c.	Other Political Committees (such as PACs)			11(d)
d.	Total Contributions (add a iii, b and c) >	5,400	7,800	12
12.	Transfers From Affiliated/Other Party Committees			13
13.	All Loans Received			14
14.	Loan Repayments Received			15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17.	Other Federal Receipts (Dividends, Interest, etc.)			18
18.	Transfers from Nonfederal Account for Joint Activity			19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,400	7,800	20
20.	Total Federal Receipts (subtract line 18 from line 19) >	5,400	7,800	
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i.	Federal Share			21(a)(ii)
ii.	Non-Federal Share			21(b)
b.	Other Federal Operating Expenditures			21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	5,500	14,500	22
22.	Transfers to Affiliated/Other Party Committees			23
23.	Contributions to Federal Candidates/Committees and Other Political Committees			24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			
28.	Refunds of Contributions To:			28(a)
a.	Individuals/Persons Other Than Political Committees			28(b)
b.	Political Party Committees			28(c)
c.	Other Political Committees (such as PACs)			28(d)
d.	Total Contribution Refunds (add a, b and c) >			29
29.	Other Disbursements			30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	5,500	14,500	31
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	5,500	14,500	
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	5,400	7,800	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	5,400	7,800	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

3
4
0
3
9
2
6
4
4
0
3
9
4
4
0
3

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. l.

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

9
4
0
3
9
2
6
4
4
0
4

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STANLEY F. BARSHAY TEN FORTE DRIVE OLD WESTBURY, NY 11568		4-26-94	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOUIS P. MATTIS 156 KEMBLE DRIVE SEA ISLAND, GA 31561		4-11-94	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN E. PETERS 59 ADDISON DRIVE BASKING RIDGE, NJ 07920		4-11-94	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANK J. CHUT 16 ELM RIDGE ROAD PENNINGTON, NJ 08534		4-19-94	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
E. 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. 410 N. LEE STREET ALEXANDRIA, VA 22314		5-27-94	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
F. 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 AVENUE CHEVY CHASE, MD 20815		6-10-94	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES ROSE 57 HILL DRIVE OYSTER BAY, NY 11771		6-10-94	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 1,400

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

NONPRESCRIPTION DRUG MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE

94039264405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MOORHEAD FOR CONGRESS CMTE. 3869 BEECH DOWN DRIVE CHANTILLY, VA 22021-3348	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-94	\$ 500
B. Full Name, Mailing Address and ZIP Code FRIENDS OF CLIFF STEARNS P.O. Box 308 SILVER SPRINGS, FL 34489	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-94	\$ 500
C. Full Name, Mailing Address and ZIP Code LEHMAN FOR CONGRESS CMTE. 555 NEW JERSEY AVE., N.W., # 201 WASHINGTON, D.C. 20001	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-94	\$ 500
D. Full Name, Mailing Address and ZIP Code BROWN FOR CONGRESS CMTE. MR. DAN HARRIS, TREAS. 111 EDGEFIELD DR. ELYRIA, OH 44035	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-94	\$ 500
E. Full Name, Mailing Address and ZIP Code MANTON FOR CONGRESS, INC. GERARD SWEENEY, TREAS. P.O. Box 2494, WASHINGTON, DC 20013	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-94	\$ 500
F. Full Name, Mailing Address and ZIP Code MIKE BILIRAKIS FOR CONGRESS 416 TUCKER & WALKER 1350 I ST. N.W. # 810 WASHINGTON, DC 20005	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-94	\$ 500
G. Full Name, Mailing Address and ZIP Code CMTE. TO RE-ELECT ED TOWNS P.O. Box 2884 WASHINGTON, DC 20013	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-5-94	\$ 500
H. Full Name, Mailing Address and ZIP Code HATCH ELECTION COMMITTEE 425 2nd ST. N.E. WASHINGTON, D.C. 20002	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-25-94	\$ 1,000
I. Full Name, Mailing Address and ZIP Code CRAPD FOR CONGRESS 1200 N. VEITCH # 628 ARLINGTON, VA 22201	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-14-94	\$ 500

SUBTOTAL of Disbursements This Page (optional)

\$ 5,000

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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NAME OF COMMITTEE (in Full)

NONPRESCRIPTION DRUG MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE

9403264406

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LYNN SCHENK FOR CONGRESS CMTE. 104 N. WEST ST. ALEXANDRIA, VA 22314	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-21-94	\$ 500
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	\$ 500
TOTAL This Period (last page this line number only)	\$ 5,500

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.

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DATE OF RECEIPT

First Class Mail

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10-6-94

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

[Signature]
PREPARER

10-13-94
DATE PREPARED

94039264407