

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JAN 26 2 07 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (or full) Nonprescription Drug Manufacturers Association Political Action Committee		2. FEC IDENTIFICATION NUMBER 000040584
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1150 Connecticut Avenue, N.W.		
CITY, STATE and ZIP CODE Washington, D.C. 20036		
3. <input checked="" type="checkbox"/> This committee has qualified as a political candidate 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>7/1/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 289.91
(b) Cash on Hand at Beginning of Reporting Period	\$ 17,437.38	
(c) Total Receipts (from Line 19)	\$ 4,800.00	\$ 39,075.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 22,237.38	\$ 39,365.75
7. Total Disbursements (from Line 30)	\$ 12,000.70	\$ 29,129.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 10,236.68	\$ 10,236.68
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 202-219-3420
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

Signature of Treasurer

*J. Robert Brouse*

Date

1-20-98

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 8/93)

**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 7/1/97	TO: 12/31/97	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4,200.00	33,250.00	11(a)(i)
ii. Unitemized	100.00	4,260.00	11(a)(ii)
iii. Total (add i and ii) >	4,300.00	37,510.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	500.00	1,500.00	11(c)
d. Total Contributions (add a ii, b and c) >	4,800.00	39,010.00	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.)	0.00	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) >	4,800.00	39,075.84	19
20. Total Federal Receipts (subtract line 18 from line 19) >	4,800.00	39,075.84	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	.70	29.07	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	.70	29.07	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	12,000.00	29,100.00	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. Individuals/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) >	12,000.70	29,129.07	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	12,000.70	29,129.07	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	4,800.00	39,010.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,800.00	39,010.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	.70	29.07	35
36. Offsets to Operating Expenditures (from line 15)	0.00	65.84	36
37. Net Operating Expenditures (subtract line 35 from 35) >	0.70	- 36.77	37

**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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph K. Doss 11702 Clara Way Fairfax Station, VA 22039	Nonprescription Drug Manufacturers Assn.	11/3/97	\$ 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 > \$ 200.00
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 Mfrs. Assn.	12/16/97	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President		Aggregate Year-to-Date > \$ 2,000.00
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	12/16/97	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney		Aggregate Year-to-Date > \$ 2,000.00
D. 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.	12/16/97	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President		Aggregate Year-to-Date > \$ 2,000.00
E. 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.	12/16/97	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman		Aggregate Year-to-Date > \$ 2,000.00
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)** ..... \$ 4,200.00

**TOTAL This Period (last page this line number only)** ..... \$ 4,200.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11c

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 committees.

**NAME OF COMMITTEE (in Full)**

Nonprescription Drug Manufacturers Association Political Action Committee

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Pfizer Political Action Committee 235 East 42nd Street New York, NY 10017</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 &gt; \$</p>	<p>Date (month, day, year)</p> <p>8/12/97</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

**SUBTOTAL** of Receipts This Page (optional) ..... \$500.00

**TOTAL** This Period (last page this line number only) ..... \$500.00

**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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gephardt in Congress Committee c/o Baker & Hostetler 1050 Connecticut Avenue, N.W. #1100 Washington, DC 20036	R. Gephardt, Cong.Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/9/97	\$ 500.00
B. Full Name, Mailing Address and ZIP Code John Dingell for Congress P.O. Box 75214 Washington, D.C. 20013-5214	J. Dingell, Cong.Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/97	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Peter Deutsch for Congress P.O. Box 817689 Hollywood, FL 33081	P. Deutsch, Cong.Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/23/97	\$ 500.00
D. Full Name, Mailing Address and ZIP Code Oxley for Congress 1530 O Street, N.W. Washington, D.C. 20005	M. Oxley, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/23/97	\$ 500.00
E. Full Name, Mailing Address and ZIP Code Fund for a Responsible Future P.O. Box 529 Washington, D.C. 20044-0529	T. Billey, Cong.Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/22/97	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Hall for Congress Committee P.O. Box 711 Rockwell, TX 75087	R. Hall, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/97	\$ 500.00
G. Full Name, Mailing Address and ZIP Code Crapo for Congress P.O. Box 1013 Boise, ID 83701	M. Crapo, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/97	\$ 500.00
H. Full Name, Mailing Address and ZIP Code Peterson for Congress 44 Canal Center Plaza #400 Alexandria, VA 22314	C. Peterson, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/97	\$ 500.00
I. Full Name, Mailing Address and ZIP Code Blue Dogs Political Action Committee 44 Canal Center Plaza #400 Alexandria, VA 22314	Blue Dogs contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/97	\$ 500.00

**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

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
Judd Gregg Committee P.O. Box 1812 Concord, NH 03302-1812	J. Gregg, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/97	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends 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)	9/25/97	\$ 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Cliff Stearns 4451 Brookfield Corp. Drive, #200 Chantilly, VA 20151-1652	C. Stearns, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/97	\$ 500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
New Republican Majority Fund 1301 Pennsylvania Ave., N.W. #500 Washington, DC 20004	T. Lott, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/97	\$ 1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hastert for Congress Committee c/o 6344 Cavalier Corridor Falls Church, VA 22044-1203	D. Hastert, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/97	\$ 500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Burr for Congress P.O. Box 5732 Winston-Salem, NC 27113	R. Burr, Cong. Cand. contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/97	\$ 500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kennedy for Senate P.O. Box 66205 Washington, D.C. 20035	E. Kennedy, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/97	\$ 1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ted Strickland for Congress P.O. Box 580 Lucasville, OH 45648	T. Strickland, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/97	\$ 500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Daschle for Senate 424 C Street, N.E. First Floor Washington, D.C. 20002	T. Daschle, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/97	\$ 1,000.00

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

\$ 6,500.00

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

\$ 12,000.00

