

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) NONPRESCRIPTION DRUG MANUFACTURERS ASSN. PAC	2. FEC IDENTIFICATION NUMBER C 00040584
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1150 CONNECTICUT AVENUE, N.W.	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE WASHINGTON, D.C. 20036	

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>7-1-93</u> through <u>6-30-93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>			\$ <u>7,293.95</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>7,293.95</u>	
(c) Total Receipts (from Line 19)		\$ <u>35,300.00</u>	\$ <u>35,300.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <u>42,593.95</u>	\$ <u>42,593.95</u>
7. Total Disbursements (from Line 30)		\$ <u>20,647.00</u>	\$ <u>20,647.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <u>21,946.95</u>	\$ <u>21,946.95</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <u>-0-</u>	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)		\$ <u>-0-</u>	

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 7-1-93

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 1/1/91)

23038441568

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 1-1-93	TO: 6-30-93
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	4,900	4,900
ii. Unitemized	26,900	26,900
iii. Total (add i and ii) >	31,800	31,800
b. Political Party Committees		
c. Other Political Committees (such as PACs)	3,500	3,500
d. Total Contributions (add a iii, b and c) >	35,300	35,300
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	35,300	35,300
20. Total Federal Receipts (subtract line 18 from line 19) >	35,300	35,300
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	20,647	20,647
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	20,647	20,647
31. Total Federal Disbursements (subtract line 21 e ii from line 30) >	20,647	20,647
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	35,300	35,300
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from 32)	35,300	35,300
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >		

93033441569

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
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

23038441670

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER GLYNN-JONES 46 MAURICE KELLEY 219 DILWORTH ROAD SEWICKLEY, PA 15143		3-4-93	\$ 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
HARLAN R. JAMES, V.P. NIELSEN MARKETING RESEARCH NIELSEN PLAZA NORTHBROOK, IL 60062-6288		3-5-93	\$ 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
GEORGE QUELWELLE 178 BITTERSWEET CIRCLE VENETIA, PA 15367		3-5-93	\$ 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
HARRY C. GROOME III 964 CONESTOGA ROAD ROSEMONT, PA 19010-1347		3-10-93	\$ 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
PATRICK J. McGRATH 36 HILLCREST DRIVE PELHAM MANOR, NY 10803		3-16-93	\$ 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANN MARIE MIERZETEWski 1701 S FLAGLER DRIVE, #1605 WEST PALM BEACH, FL 33401		4-1-93	\$ 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
PETER BARTON HUTT 5305 CHAMBERLIN AVENUE CHEVY CHASE MD 20815		4-5-93	\$ 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)	\$ 1,700
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

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NAME OF COMMITTEE (in Full)
NONPRESCRIPTION DRUG MANUFACTURERS ASSOCIATION PAC

2303844151

A. 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		4-6-93	\$ 300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$ 300	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL LACKETT, LACKETT & ASSOCIATES 1400 CHEWS LANDING ROAD, SUITE 2 LAUREL SPRINGS, NJ 08021		4-6-93	\$ 300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$ 300	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT C. BRANT RFD #5, Box 57, CAROL DRIVE MT. KISCO, NY 10549		4-7-93	\$ 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
JAMES J. ASCHER, SR. 6706 GLENWOOD SHAWNEE MISSION, KS 66204		4-8-93	\$ 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
LAWRENCE E. TILTON 731 GLENDALE ROAD FRANKLIN LAKES, NJ 07417		4-8-93	\$ 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
BERNARD TURRET 200 THEODORE CONRAD DRIVE JERSEY CITY, NJ 07305		4-8-93	\$ 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
RAY FREISHEIM RAYMARK, 321 NORRISTOWN RD., SUITE 1 AMBLER, PA 19002		4-19-93	\$ 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)	\$ 1,600
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 3
FOR LINE NUMBER 11, a, b.

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NAME OF COMMITTEE (in Full)

NONPRESCRIPTION DRUG MANUFACTURERS ASSOCIATION PAC

2303841512

A. 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		5-3-93	\$ 500
Aggregate Year-to-Date > \$ 500			
JOHN O'BRIEN J. O'BRIEN CERTIFIED PUBLIC ACCOUNTANTS ONE FINANCIAL PLAZA, 1350 MAIN STREET SPRINGFIELD, MA 01103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		5-3-93	\$ 200
Aggregate Year-to-Date > \$ 200			
DAVID PARAGAMIAN RHONE - POLLENC ROGER 568 HERITAGE OAK DRIVE YARDLEY, PA 19067 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		5-3-93	\$ 200
Aggregate Year-to-Date > \$ 200			
TIMOTHY WRIGHT 2610 FOUNTAIN HILLS DRIVE WEXFORD, PA 15090 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		5-21-93	\$ 200
Aggregate Year-to-Date > \$ 200			
WALTER WITOSHKIN TRIDENT GROUP, 321 NORRISTOWN ROAD AMBLER, PA 19002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		6/14/93	\$ 200
Aggregate Year-to-Date > \$ 200			
PATRICK LEE POLLENC ROGER, 209 MIDLAND AVENUE WAYNE, PA 19087 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		6-18-93	\$ 300
Aggregate Year-to-Date > \$ 300			
G. Full Name, Mailing Address and ZIP Code 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)	\$ 1,600
TOTAL This Period (last page this line number only)	\$ 4,900

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11.C.

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NAME OF COMMITTEE (in Full)

Nonprescription Drug Manufacturers Association PAC

23030441673

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STERLING PAC STERLING WINTHROP INC. 1714 EYE STREET, N.W. WASHINGTON, DC 20006		2-19-93	\$ 1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SANDOZ PHARMACEUTICALS CORP. PAC 59 ROUTE 10 EAST HANOVER, NJ 07936-1080		2-18-93	\$ 1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pfizer PAC c/o WILLIAM E. HARVEY, TREASURER 235 E. 42nd ST. NEW YORK, NY 10017		3-24-93	\$ 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SMITHKLINE BEECHAM PAC c/o MR. RBT. HOLLAND, CHAIRMAN ONE FRANKLIN PLAZA, P.O. BOX 7939 PHILADELPHIA, PA 19101		3-24-93	\$ 1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
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)	\$ 3,500
TOTAL This Period (last page this line number only)	\$ 3,500

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 23.

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NAME OF COMMITTEE (in Full)

Nonprescription Drug Manufacturers Association PAC

23038441674

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DCCC P.O. Box 2884 WASHINGTON, D.C. 20013	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-27-93	\$ 500
B. Full Name, Mailing Address and ZIP Code BOUCHER FOR CONGRESS P.O. Box 2474 WASHINGTON, D.C. 20013	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-19-93	\$ 500
C. Full Name, Mailing Address and ZIP Code GREENWOOD FOR CONGRESS CMTE. 335 C STREET, S.E., APT. 2 WASHINGTON, D.C. 20003	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-23-93	\$ 500
D. Full Name, Mailing Address and ZIP Code HATCH ELECTION COMMITTEE	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-5-93	\$ 1,000
E. Full Name, Mailing Address and ZIP Code BENNETT FOR SENATE COMMITTEE 46 3752 KELLER AVENUE ALEXANDRIA, VA 22302	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-18-93	\$ 1,000
F. Full Name, Mailing Address and ZIP Code BLILEY FOR CONGRESS 3930 INGALLS AVENUE ALEXANDRIA, VA 22302	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-18-93	\$ 500
G. Full Name, Mailing Address and ZIP Code MANTON FOR CONGRESS, INC. 46 GERRARD SWENEY, TREASURER P.O. Box 2474, WASHINGTON, DC 20013	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-24-93	\$ 500
H. Full Name, Mailing Address and ZIP Code SLATTERY FOR CONGRESS 211 E. 8th STREET, SUITE C LAWRENCE, KS 66044	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-29-93	\$ 500
I. Full Name, Mailing Address and ZIP Code SCHAEFER FOR CONGRESS	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-29-93	\$ 500

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 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

NONPRESCRIPTION DRUG MANUFACTURERS ASSOCIATION PAC

5
4
3
2
1
0
3
2

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR CARPIS COLLINS P.O. Box 956 ALEXANDRIA, VA 22313-0956	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-93	\$ 1,000
B. Full Name, Mailing Address and ZIP Code ROWLAND FOR CONGRESS RE-ELECTION P.O. Box 2884 WASHINGTON, D.C. 20013	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-93	\$ 500
C. Full Name, Mailing Address and ZIP Code BILLY TAUZIN COMMITTEE 2900 M STREET, N.W. #300 WASHINGTON, D.C. 20007	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-93	\$ 500
D. Full Name, Mailing Address and ZIP Code BLILEY FOR CONGRESS COMMITTEE 3830 INGALLS AVENUE ALEXANDRIA, VA 22302	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-9-93	\$ 500
E. Full Name, Mailing Address and ZIP Code JEFFORDS FOR VERMONT COMMITTEE 517 2nd STREET, N.E. WASHINGTON, D.C. 20002	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-9-93	\$ 1,000
F. Full Name, Mailing Address and ZIP Code FRIENDS OF PHIL SHARP COMMITTEE P.O. Box 117 MT. VERNON, VA 22121	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-93	\$ 500
G. Full Name, Mailing Address and ZIP Code JOHN D. DINGELL FOR CONGRESS 46 555 NEW JERSEY AVE., SUITE 201 WASHINGTON, D.C. 20001	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-93	\$ 1,000
H. Full Name, Mailing Address and ZIP Code HASTERT FOR CONGRESS COMMITTEE 3047 MOZART DRIVE SILVER SPRING, MD 20904	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-93	\$ 500
I. Full Name, Mailing Address and ZIP Code MOORHEAD FOR CONGRESS 3869 BEECH DOWN DRIVE CHANTILLY, VA 22021-3348	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-93	\$ 500

SUBTOTAL of Disbursements This Page (optional) \$ 6,000.00

TOTAL This Period (next page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
NONPRESCRIPTION DRUG MANUFACTURERS ASSOCIATION PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MARJORIE MARGOLIES-MELVINSKY FOR CONGRESS, 216 7th St., SE. WASHINGTON, D.C. 20003	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-93	\$ 500
B. Full Name, Mailing Address and ZIP Code MIKE BILIRAKIS FOR CONGRESS c/o TRICKER & WALSH, 1350 Eye St. NW SUITE 870, WASHINGTON, DC 20005	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-93	\$ 500
C. Full Name, Mailing Address and ZIP Code KLUIG FOR CONGRESS, INC. P.O. Box 5619 MADISON, WI 53705	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-6-93	\$ 500
D. Full Name, Mailing Address and ZIP Code OXLEY FOR CONGRESS 1800 R STREET, N.W., SUITE 605 WASHINGTON, D.C. 20009	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-93	\$ 500
E. Full Name, Mailing Address and ZIP Code COMMITTEE TO RE-ELECT ED TOWNS	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-93	\$ 500
F. Full Name, Mailing Address and ZIP Code CITIZENS FOR GILLMOR 2316 S. ROLFE STREET ARLINGTON, VA 22202	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-93	\$ 500
G. Full Name, Mailing Address and ZIP Code LAMBERT TO WIN 16 ROYAL DOMINION COURT BETHESDA, MD 20819	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-12-93	\$ 500
H. Full Name, Mailing Address and ZIP Code MANTON FOR CONGRESS, INC. c/o GERARD SWEENEY, TREASURER P.O. Box 2474, WASHINGTON, DC 20013	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-24-93	\$ 500
I. Full Name, Mailing Address and ZIP Code CRAGO FOR CONGRESS P.O. Box 1013 BOISE, ID 83701	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-1-93	\$ 500

SUBTOTAL of Disbursements This Page (optional) \$ 4,500.00

TOTAL This Period (last page this line number only)

6
5
4
4
3
3
3
2

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

NONPRESCRIPTION DRUG MANUFACTURERS ASSOCIATION PAC

7
5
3
8
4
4
1
6
7
7

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DURENBERGER VOLUNTEER COMMITTEE 1043 GRAND AVENUE # 292 ST. PAUL, MN 55105	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-1-93	\$ 1,000
B. Full Name, Mailing Address and ZIP Code CONGRESSMAN JOE BARTON COMMITTEE P.O. Box 1444 ENNIS, TX 75120	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-1-93	\$ 500
C. Full Name, Mailing Address and ZIP Code JEFFORDS FOR VERMONT COMMITTEE 517 2nd STREET, N.E. WASHINGTON, D.C. 20002	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-16-93	\$ 1,000
D. Full Name, Mailing Address and ZIP Code LYNN SCHENK FOR CONGRESS CMTE. 104 N. WEST STREET ALEXANDRIA, VA 22314	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-18-93	\$ 500
E. Full Name, Mailing Address and ZIP Code FRIENDS FOR FRANKS COMMITTEE	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-18-93	\$ 500
F. Full Name, Mailing Address and ZIP Code FIELDS FOR CONGRESS P.O. Box 2406 HUMBLE, TX	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-18-93	\$ 250
G. Full Name, Mailing Address and ZIP Code NDMA 1150 CONNECTICUT AVE., N.W. WASHINGTON, D.C. 20036	PURPOSE OF DISBURSEMENT REIMBURSEMENT FOR FUNDRAISER EXPENSES FOR REP. THOMAS J. MANTON Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-16-93	\$ 769
H. Full Name, Mailing Address and ZIP Code LA COLLINE RESTAURANT 400 N. CAPITAL STREET, N.W. WASHINGTON, D.C. 20001	PURPOSE OF DISBURSEMENT FUNDRAISER EXPENSES FOR SENATOR JAMES JEFFORDS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-23-93	\$ 128
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$ 4,647

TOTAL This Period (last page this line number only)

\$ 20,647

**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

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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

SLB

7-6-93

PREPARER

DATE PREPARED

930384416/8