

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	JAN 24 9 00 AM '94
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1150 CONNECTICUT AVENUE, N.W.	2. FEC IDENTIFICATION NUMBER C00040584
CITY, STATE and ZIP CODE WASHINGTON, D.C. 20036	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

7 4 0 3 3 7 3 7 2 3

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7-1-93</u> through <u>12-31-93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 7,293.95
(b) Cash on Hand at Beginning of Reporting Period	\$ 21,946.95	
(c) Total Receipts (from Line 19)	\$ 300.00	\$ 35,600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 22,246.95	\$ 42,893.95
7. Total Disbursements (from Line 30)	\$ 11,249.02	\$ 31,896.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 10,997.93	\$ 10,997.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	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-	

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: 1/21/94

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

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 7-1-93	TO: 12-31-93
		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)	-0-	4,900.00
ii.	Unitemized	300.00	27,200.00
iii.	Total	300.00	32,100.00
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)	-0-	3,500.00
d.	Total Contributions	300.00	35,600.00
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	300.00	35,600.00
20	Total Federal Receipts	300.00	35,600.00
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		
22	Transfers to Affiliated/Other Party Committees		
23	Contributions to Federal Candidates/Committees and Other Political Committees	9,749.02	30,396.02
24	Independent Expenditures (use Schedule E)		
25	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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		
29	Other Disbursements	1,500.00	-0-
30	Total Disbursements	11,249.02	31,896.02
31	Total Federal Disbursements	11,249.02	31,896.02
III. Net Contributions/Operating Expenditures			
32	Total Contributions (other than loans)(from line 11d)	300.00	35,600.00
33	Total Contribution Refunds (from line 28d)		
34	Net Contributions (other than loans)(subtract line 33 from 32)	300.00	35,600.00
35	Total Federal Operating Expenditures		
36	Offsets to Operating Expenditures (from line 15)		
37	Net Operating Expenditures		

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE CAPITOL HILL CLUB 300 FIRST STREET, S.E. WASHINGTON, D.C. 20003	FUNDRAISER EXPENSES FOR REP. THOMAS BLILEY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-12-93	339.02
B. Full Name, Mailing Address and ZIP Code BROWN FOR CONGRESS COMMITTEE 230 THIRD STREET ELYRIA, OH 44035	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-27-93	500.00
C. Full Name, Mailing Address and ZIP Code FIELDS FOR CONGRESS P.O. Box 2406 HUMBLE, TX 77347	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-23-93	500.00
D. Full Name, Mailing Address and ZIP Code SCHAEFER TO CONGRESS CMTE. 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)	9-13-93	500.00
E. Full Name, Mailing Address and ZIP Code JOHN BRYANT CAMPAIGN CMTE. 6305 26TH STREET NORTH ARLINGTON, VA 22207	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-13-93	500.00
F. Full Name, Mailing Address and ZIP Code BOUCHER FOR CONGRESS P.O. Box 2474 WASHINGTON, D.C. 20013	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-13-93	500.00
G. Full Name, Mailing Address and ZIP Code HASTERT FOR CONGRESS COMMITTEE c/o J. McEACHERN, P.O. Box 625 BATAVIA, IL 60510-0625	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-13-93	100.00
H. Full Name, Mailing Address and ZIP Code FRIENDS FOR SLADE GORTON c/o GEOFF ZIEBART, 1200 N. VEITCH, #628 ARLINGTON, VA 22201	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-13-93	1,000.00
I. Full Name, Mailing Address and ZIP Code FIELDS FOR CONGRESS P.O. Box 2406 HUMBLE, TX 77347	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-5-93	500.00

SUBTOTAL of Disbursements This Page (optional)

4,439.02

TOTAL This Period (last page this line number only)

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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
HATCH ELECTION COMMITTEE 425 2nd STREET, N.E. WASHINGTON, D.C. 20002	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10-5-93	1,000.00
H. Full Name, Mailing Address and ZIP Code PAXON FOR CONGRESS P.O. BOX 1995 WILLIAMSVILLE, NY 14231	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10-20-93	500.00
I. Full Name, Mailing Address and ZIP Code FRIENDS OF FRANKS COMMITTEE Box 2743 WESTBURY, CT 06723	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10-22-93	500.00
J. Full Name, Mailing Address and ZIP Code FRIENDS OF CLIFF STEARNS P.O. Box 308 SILVER SPRING, FL 34489-9986	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10-26-93	500.00
K. Full Name, Mailing Address and ZIP Code COMTE. TO RE-ELECT ED TOWNS P.O. Box 56090 BROOKLYN, NY 11206	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11-2-93	500.00
L. Full Name, Mailing Address and ZIP Code MANTONI FOR CONGRESS, INC. GERARD SWEENEY, TREAS. P.O. Box 2474, WASHINGTON, DC 20013	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11-5-93	500.00
M. Full Name, Mailing Address and ZIP Code LAMBERT TO WIN P.O. Box 119 JELFRA, AR 72342	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11-16-93	500.00
N. Full Name, Mailing Address and ZIP Code SKOWN FOR CONGRESS COMTE. 230 THIRD STREET ELYRIA, OH 44035	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11-18-93	500.00
O. Full Name, Mailing Address and ZIP Code FRIENDS OF PHIL SHARP COMTE P.O. Box 117 MT. VERNON, VA 22121	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11-18-93	500.00

SUBTOTAL of Disbursements This Page (see instructions) 5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Data list Summary Page

PAGE 3 OF 3
FOR LINE NUMBER 23

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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 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
SALUTE TO DAVE DIKRENBARGER 2643 IRVING AVENUE SOUTH MINNEAPOLIS, MN 55408	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-8-93	250.00
BLILEY FOR CONGRESS CMTTE. P.O. Box 19095 RICHMOND, VA 23226	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-10-93	60.00
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

SUBTOTAL of Disbursements (This Page Options)	310.00
TOTAL (This Period) (next page this line number only)	9,749.02

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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 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
COMMITTEE FOR GOODMAN E. J. ROSENWALD, 45 E. 45 ST., SUITE 230 NEW YORK, NY 10017	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10-27-93	1,000.00
MOORE FOR ASSEMBLY % BRADY & BERLINER 225 19th St, N.W., #800, WDC 20036	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12-8-93	500.00
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)	1,500.00
TOTAL This Period (last page this line number only)	1,500.00

**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

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DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

J.P.L.
 PREPARER

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