

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

APR 13 12 51 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (NAME)  
C00040584 030498 P 267  
J ROBERT BROUSE  
NONPRESCRIPTION DRUG MANUFACTU  
RERS ASSOCIATION'S POL  
1150 CONNECTICUT AVENUE N W  
SUITE 1200  
WASHINGTON DC 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

12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

30-Day Post-Election 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>1/1/98</u> through <u>3/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 10,236.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 10,236.68	
(c) Total Receipts (from Line 19)	\$ 27,875.00	\$ 27,875.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 38,111.68	\$ 38,111.68
7. Total Disbursements (from Line 30)	\$ 12,000.00	\$ 12,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 26,111.68	\$ 26,111.68
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
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



Date

4-8-98

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X

(revised 8/93)

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

(revised 1/1/81)

NAME OF COMMITTEE Nonprescription Drug Manufacturers Assn PAC		REPORT COVERING PERIOD FROM 1/1/98 TO 3/31/98	
		COLUMN A Total/Period	COLUMN B Calendar Year
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	23,155.00	23,155.00	11(d)
ii. Unitemized	3,220.00	3,220.00	11(e)
iii. Total (add i and ii) >	26,375.00	26,375.00	11(f)
b. Political Party Committees	0.00	0.00	11(g)
c. Other Political Committees (such as PACs)	1,500.00	1,500.00	11(h)
d. Total Contributions (add a iii, b and c) >	27,875.00	27,875.00	11(i)
12. Transfers From Affiliates/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	0.00	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) >	27,875.00	27,875.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	27,875.00	27,875.00	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)
ii. Non-Federal Share	0.00	0.00	21(b)
b. Other Federal Operating Expenditures	0.00	0.00	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(d)
22. Transfers to Affiliates/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	12,000.00	12,000.00	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. Individual/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) >	12,000.00	12,000.00	30
31. Total Federal Disbursements (subtract line 21 a iii from line 30) >	12,000.00	12,000.00	31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	27,875.00	27,875.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	27,875.00	27,875.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of Detailed Summary Page

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
Rodolfo C. Bryce 1 Charlotte Hill Drive Bernardsville, NJ 07924	Schering-Plough	1/2/98	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 400.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick M. Lonergan 51 Corey Lane Mendham, NJ 07945	NUMARK Laboratories	1/2/98	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Brooks Cole 758 Route 18 Suite 102 East Brunswick, NJ 08816	Enamelon Inc.	1/13/98	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & COO Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Robert Brouse 1299 Woodside Drive McLean, VA 22102	Nonprescription Drug Manufacturers Assn.	1/13/98	\$ : 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice Pres.-Gov't Rel. Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin J. Kraushaar 11205 Waycross Way Kensington, MD 20895	Nonprescription Drug Manufacturers Assn.	1/13/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director-State Gov't Rel. Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eve E. Bachrach 3225 Grace Street #213 Washington, D.C. 20007	Nonprescription Drug Manufacturers Assn.	1/13/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia A. DeSouza 901 W. Nolcrest Drive Silver Spring, MD 20903	Nonprescription Drug Manufacturers Assn.	1/16/98	\$ 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>SUBTOTAL</b> of Receipts This Page (optional)	\$ 3,250.00
<b>TOTAL</b> 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 2 OF 9  
FOR LINE NUMBER 11 a i

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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
Michael J. Valentino P.O. Box 1806 Portage, MI 49081	Pharmacia & Upjohn	1/16/98	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1,000.00	
B. 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. 5901 Mount Eagle Drive #1618 Alexandria, VA 22303	Nonprescription Drug Manufacturers Assn.	1/16/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Olesnavage 2101 Blueberry Street N.W. Grand Rapids, MI 49504	Perrigo Company	1/21/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig Hammond 6320 Hidden Lake Circle Richland, MI 49083	Perrigo Company	1/21/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Jandernoa 2431 Belleglade Grand Rapids, MI 49546	Perrigo Company	1/21/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James H. Bloem 2231 Rolling Hill Drive Grand Rapids, MI 49546	Perrigo Company	1/21/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Peters 59 Addison Drive Basking Ridge, NJ 07920	Block Drug Company	1/21/98	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional)	\$ 2,550.00
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 9  
FOR LINE NUMBER 11 a i.

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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
James A. Block 257 Cornelison Avenue Jersey City, NJ 07302	Block Drug Company	1/21/98	\$350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman		Aggregate Year-to-Date > \$ 350.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Roger Block 257 Cornelison Avenue Jersey City, NJ 07302	Block Drug Company	1/21/98	\$ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		Aggregate Year-to-Date > \$ 350.00
C. 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.	1/21/98	\$ 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
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Masashi Yoshida 34 Fox Meadow Williamsville, NY 14221	Mentholatum Company	1/21/98	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		Aggregate Year-to-Date > \$ 1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel N. Horwitz 1109 Marine Way East L2R, North Palm Beach, FL 33408-3818	Thompson Medical Co.	1/23/98	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		Aggregate Year-to-Date > \$ 1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert C. Burruss 430 Central Drive Briarcliff Manor, NY 10510	Grey Advertising Co.	1/23/98	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. Vice President		Aggregate Year-to-Date > \$ 1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey S. Himmel 125 E. 72nd Street New York, NY 10021	Himmel Pharmaceuticals	1/23/98	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman & CEO		Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)	\$ 4,900.00
TOTAL This Period (last page this line number only)	

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ITEMIZED RECEIPTS

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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
Richard K. Green 350 Hampton Place Hinsdale, IL 60521-3823	Blistex Inc.	1/23/98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 500.00		
David C. Arch 4 Oak Court Oak Brook, IL 60621	Blistex Inc.	1/23/98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman Aggregate Year-to-Date > \$ 500.00		
T. Rosie Albright 15 Augusta Court Skillman, NJ 08558-2229	Carter Products	1/29/98	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 1,000.00		
Bruce N. Kuhlik 4946 Rock Spring Drive Arlington, VA 22207	Covington & Burling	1/29/98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Partner Aggregate Year-to-Date > \$ 500.00		
Harlan Janes 128 Roth Avenue Barrington, IL 60010	AC Nielsen	1/29/98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 500.00		
Gary Balkema 15 West Road Mahwah, NJ 07430-2917	Bayer Corporation	1/29/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 200.00		
William Hawhurst 69 Morning Star Drive Sparta, NJ 07871	Bayer Corporation	1/29/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Counsel Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional)	\$ 3,400.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 5 OF 9  
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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
Gary Downing 3510 N. Lake Creek Drive Jackson, WY 83001	Medtech Labs	2/2/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas M. Laughlin 1415 Spruce Drive Kalamazoo, MI 49008	Bayer Corporation	1/29/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant		
	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Gary Shansby 250 Montgomery Street, 11th Floor San Francisco, CA 94104	The Shansby Group	2/4/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Partner		
	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Olivier 117 Mosle Road Far Hills, NJ 07931	American Home Products Corp.	2/4/98	\$ 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		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Claude LeRoux 439 Inveraray Villanova, PA 19085	Whitehall International	2/4/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Martin 69 Glenwild Road Madison, NJ 07940	American Home Products Corporation	2/4/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger G. Berlin, M.D. 136 Terrace Drive Chatham, NJ 07928	American Home Products Corporation	2/4/98	\$ 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		

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE OF  
6 9  
FOR LINE NUMBER  
11 a i.

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**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
Joel Brandt 20 Ottawa Road Morganville, NJ 07751	American Home Products Corporation	2/4/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Asst. General Counsel		
	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
William D. Weiss 3510 North Lake Creek Drive Jackson, NY 83001	Medtech Laboratories	2/9/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. Morgan Morton One Wright Lane Far Hills, NJ 07931	Warner-Lambert Company	2/12/98	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Jandernoa 2431 Belleglade Grand Rapids, MI 49546	Perrigo Company	2/25/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. William Soller, Ph.D. 9008 Chickswane Court Alexandria, VA 22309	Nonprescription Drug Manufacturers Assn.	3/6/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President		
	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles J. Hinkaty 250 Southdown Road Lloyd Harbor, NY 11743	Del Pharmaceuticals	3/13/98	\$ 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$ 450.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Reid 52 Cove Road Moorestown, NJ 08057	Del Pharmaceuticals	3/13/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 250.00		

**SUBTOTAL** of Receipts This Page (optional) ..... \$ 2,650.00

**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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Kanapka 7 Adam Place Massapequa, NY 11758	Del Pharmaceuticals	3/13/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Dack Dalrymple 1926 N Street, N.W. Washington, D.C. 20036	Bailey & Dalrymple	3/18/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Managing Partner	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce L. Byrnes 3910 Inverrary Blvd. Lauderhill, FL 33319	Procter & Gamble	3/18/98	\$ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 600.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doug Bierer 5750 Drewry Farm Lane Cincinnati, OH 45243	Procter & Gamble	3/18/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Franz 3423 Grace Avenue Cincinnati, OH 45208	Procter & Gamble	3/18/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Counsel	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Leonard 48 Hillcrest Ave Philadelphia, PA 19118-2620	Trident Group	3/24/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Principal	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond Freisheim 838 Glen Road Jenkintown, PA 19046	Trident Group	3/24/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 250.00	

**SUBTOTAL** of Receipts This Page (optional) ..... \$1,950.00

**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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter Witoshkin 351 Covered Bridge Road Newhope, PA 18938	Trident Group	3/24/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen C. Chappell 509 Oak Grove Lane Radnor, PA 29087	Trident Group	3/24/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederic J. Huser 90 Western Drive Short Hills, NJ 07078	Novartis Consumer Health	3/24/98	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Donovan 22 Prospect Road Westport, CT 06880	Murdock, Maddaus Schwabe	3/24/98	\$ 335.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 335.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Hume 105 Bluebonnet Drive Cleburne, TX 76031	Murdock Maddaus Schwabe	3/24/98	\$ 335.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 335.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ken Murdock, P.O. Box 4000 Springville, UT 84663	Murdock Maddaus Schwabe	3/24/98	\$ 335.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 335.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John P. Kuklinski 2170 Buckthorne Place, Suite 230 The Woodlands, TX 77380	ViroTex	3/24/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$ 2,705.00
<b>TOTAL</b> 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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Bailey 1926 N Street, N.W. Washington, D.C. 20036	Bailey & Dalrymple	3/24/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Managing Director	Aggregate Year-to-Date > \$ 250.00	
B. 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 > \$	
C. 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 > \$	
D. 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 > \$	
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) .....	\$ 250.00
TOTAL This Period (last page this line number only) .....	\$26,375.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11c

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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
Pfizer Political Action Committee 235 East 42nd Street New York, NY 10017-5755		3/18/98	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Novartis Employee Good Government Fund 2001 Pennsylvania Ave., N.W., Suite 925 Washington, D.C. 20006		3/24/98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. 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 > \$	
D. 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 > \$	
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)	\$ 1,500.00
TOTAL This Period (last page this line number only)	\$ 1,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 23

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**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
Fund for a Responsible Future P.O. Box 529 Washington, D.C. 20044-0529	T. Bliley, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/29/98	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nathan Deal for Congress P.O. Box 16021 Alexandria, VA 22302	N. Deal, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/2/98	\$ 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Manton for Congress P.O. Box 75214 Washington, D.C. 20013-5214	T. Manton, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/2/98	\$ 500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Largent for Congress Committee c/o Craig Richardson, 901 N. Stuart St Arlington, VA 22203	S. Largent, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/2/98	\$ 500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-elect Bilbray for Congress 4451 Brookfield Corporate Dr. #200 Chantilly, VA 20151	B. Bilbray, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/98	\$ 500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crapo for U.S. Senate 425 Second Street, N.E. Washington, D.C. 20002	M. Crapo, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/98	\$ 1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mica for Congress P.O. Box 181546 Casselberry, FL 32718	J. Mica, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/87	\$ 500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Upton for All of Us 4451 Brookfield Corporate Dr., #200 Chantilly, VA 20151	F. Upton, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/98	\$ 500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Judd Gregg Committee P.O. Box 1812 Concord, NH 03302	J. Gregg, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/98	\$ 1,000.00

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

\$ 6,000.00

**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 3  
FOR LINE NUMBER 23

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**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
Bayou Leader PAC 1230 Dartmouth Road Alexandria, VA 22314	B. Tauzin, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/98	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Bart Gordon Committee P.O. Box 2008 Murfreesboro, TN 37133	B. Gordon, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/24/98	\$ 500.00
C. Full Name, Mailing Address and ZIP Code People for Ganske Committee 4010 Franconia Road Alexandria, VA 22310	G. Ganske, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/24/98	\$ 500.00
D. 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)	2/24/98	\$ 500.00
E. Full Name, Mailing Address and ZIP Code Friends of Rick White P.O. Box 8156 Kirkland, WA 98034	R. White, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/98	\$ 500.00
F. Full Name, Mailing Address and ZIP Code Ed Towns for Congress 442 New Jersey Ave, S.E. Washington, D.C. 20003	E. Towns, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/98	\$ 500.00
G. Full Name, Mailing Address and ZIP Code Mikulski for Senate 711 West 40th Street Baltimore, MD 21211	B. Mikulski, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/98	\$ 1,000.00
H. Full Name, Mailing Address and ZIP Code Christopher Cox Committee 6117 Woodmont Road Alexandria, VA 22307	C. Cox, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/98	\$ 500.00
I. Full Name, Mailing Address and ZIP Code Peterson for Congress P.O. Box 265 Detroit Lakes, MN 56502	C. Peterson, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/98	\$ 500.00

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

\$ 5,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

Nonprescription Drug Manufacturers Association Political Action Committee


A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement B. Stupak, Cong. Cand. contribution 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
Stupak for Congress P.O. Box 143 Menominee, MI 49858	J. Fox, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/27/98	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Fox for Congress P.O. Box 1059 Norristown, PA 19404-4059	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/98	Amount of Each Disbursement This Period \$ 500.00
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
H. 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
I. 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 (optional) .....	\$ 1,000.00
TOTAL This Period (last page this line number only) .....	\$ 12,000.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 4/9/98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
	4/13/98
PREPARER	DATE PREPARED