

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 8 C00040584
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1150 CONNECTICUT AVENUE, N.W.	3. <input checked="" type="checkbox"/> This committee qualifies as a multicard-date 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>1-1-94</u> through <u>3-31-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 10,997.93
(b) Cash on Hand at Beginning of Reporting Period	\$ 10,997.93	
(c) Total Receipts (from Line 8)	\$ 2,400.00	\$ 2,400.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	\$ 13,397.93	\$ 13,397.93
7. Total Disbursements (from Line 3D)	\$ 9,000.00	\$ 9,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4,397.93	\$ 4,397.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

For further information contact:
 Federal Election Commission
 999 F Street, NW
 Washington, DC 20463
 Toll Free 800 424 3530
 Lasa 202-219-3420

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	Date: 4/7/94
Signature of Treasurer: 	

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 7/1/91)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FORM 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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PHILIP I. WHITE 27 TEMPE WICK ROAD MENDHAM, NJ 07945		1-12-94	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 200		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
F. DOUGLAS RUSSELL 15 GEORGES LANE MONROE, CT 06468		1-14-94	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 200		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
IVAN D. COMBE 25 WILSHIRE ROAD GREENWICH, CT 06831		1-18-94	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 200		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HARRY C. GROOME 33 EATON TERRACE LONDON SW1W 8TP ENGLAND		3-2-94	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 200		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PATRICK M. LONERGAN P.O. Box 6321 EDISON, NJ 08818		3-2-94	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 200		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
THOMAS A. MOORE 750 OLD LUDLOW AVENUE CINCINNATI, OH 45220		3-4-94	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 200		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SPENCER PLAVOUKOS 22 MILL ROAD NEW CANAAN, CT 06840		3-15-94	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 200		

SUBTOTAL of Receipts This Page (optional)

\$ 1,400

TOTAL This Period (last page this line number only)

\$ 1,400

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

NONPRESCRIPTION DRUG MANUFACTURERS ASSOCIATION PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOHN D. DINGELL FOR CONGRESS CMTE. 555 NEW JERSEY AVENUE, N.W. WASHINGTON, D.C. 20001	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-2-94	\$ 1,000
B. Full Name, Mailing Address and ZIP Code CRAPD FOR CONGRESS 1200 N. VEITCH, #628 ARLINGTON, VA 22201	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-23-94	\$ 500
C. 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-23-94	\$ 500
D. Full Name, Mailing Address and ZIP Code CITIZENS FOR GILLMOR 2316 SOUTH ROLFE STREET ARLINGTON, VA 22202	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-23-94	\$ 500
E. Full Name, Mailing Address and ZIP Code HALL FOR CONGRESS COMMITTEE 104 N. WEST STREET ALEXANDRIA, VA 22314	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-23-94	\$ 500
F. Full Name, Mailing Address and ZIP Code CITIZENS FOR CARDIS COLLINS P.O. Box 956 ALEXANDRIA, VA 22313-0956	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-23-94	\$ 1,000
G. Full Name, Mailing Address and ZIP Code FIELDS FOR CONGRESS c/o JANET BAIN, 3001 PARK CENTER DR. SUITE 118, ALEXANDRIA, VA 22302	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-23-94	\$ 500
H. Full Name, Mailing Address and ZIP Code HABERT FOR CONGRESS COMMITTEE 3047 MOZART DRIVE SILVER SPRING, MD 20904	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-24-94	\$ 500
I. Full Name, Mailing Address and ZIP Code BOUCHER FOR CONGRESS P.O. Box 2474 WASHINGTON, D.C.	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-24-94	\$ 500

SUBTOTAL of Disbursements This Page (optional)

\$ 5,500

TOTAL This Period (last 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
SCHAEFER FOR CONGRESS 3869 BEECH DOWN DRIVE CHANTILLY, VA 22021-3348	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-18-94	\$ 500
B. Full Name, Mailing Address and ZIP Code SENATOR CHAFEE COMMITTEE P.O. Box 623 PROVIDENCE, RI 02901	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-21-94	\$ 1,000
C. 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)	3-22-94	\$ 500
D. Full Name, Mailing Address and ZIP Code BILLEY FOR CONGRESS COMMITTEE 3830 INGALLS AVENUE ALEXANDRIA, VA 22302	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-22-94	\$ 500
E. Full Name, Mailing Address and ZIP Code FRIENDS OF FRANKS COMMITTEE P.O. Box 2943 WATERBURY, CT 06723	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-24-94	\$ 500
F. Full Name, Mailing Address and ZIP Code JOLLY FOR CONGRESS COMMITTEE P.O. Box 28195 CHATTANOOGA, TN	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-29-94	\$ 500
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 (upt owa)

\$ 3,500

TOTAL This Period (last page this line number only)

\$ 9,000

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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

First Class Mail POSTMARKED
4-7-94

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

SM 4-8-94
 PREPARER DATE PREPARED

2403367: jbs