

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

JUL 29 12 06 PM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) The Cosmetic, Toiletry & Fragrance Assn. PAC		2. FEC IDENTIFICATION NUMBER C00113845
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1101 17th Street, NW, Suite 300		
CITY, STATE and ZIP CODE Washington, DC 20036-4702		
3. <input 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:

- 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>1/1/99</u> through <u>6/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 44,696
(b) Cash on Hand at Beginning of Reporting Period	\$ 44,696	
(c) Total Receipts (from Line 19)	\$ 7,156	\$ 7,156
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 51,852	\$ 51,852
7. Total Disbursements (from Line 30)	\$ 6,500	\$ 6,500
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 45,352	\$ 45,352
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY 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 202-694-1100

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

Peggy Caudry

Signature of Treasurer

Peggy Caudry

Date

7/28/1999

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

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FEC FORM 3X

(revised 8/98)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
The Cosmetic, Toiletry & Fragrance Assn. PAC		FROM 1/1/99	TO: 6/30/99	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			11(a)(i)
i.	Itemized (use Schedule A)	1100	1100	11(a)(ii)
ii.	Unitemized	4056	4056	11(a)(iii)
iii.	Total (add i and ii) >	5156	5156	11(b)
b.	Political Party Committees	0	0	11(c)
c.	Other Political Committees (such as PACs)	2000	2000	11(d)
d.	Total Contributions (add a ii, b and c) >	7156	7156	12
12.	Transfers From Affiliated/Other Party Committees	0	0	13
13.	All Loans Received	0	0	14
14.	Loan Repayments Received	0	0	15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	17
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0	18
18.	Transfers from Nonfederal Account for Joint Activity	0	0	19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	7156	7156	20
20.	Total Federal Receipts (subtract line 18 from line 19) >	7156	7156	
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)	0	0	21(a)(i)
i.	Federal Share	0	0	21(a)(ii)
ii.	Non-Federal Share	0	0	21(b)
b.	Other Federal Operating Expenditures	0	0	21(c)
c.	Total Operating Expenditures (add a i, ii, and b) >	0	0	22
22.	Transfers to Affiliated/Other Party Committees	0	0	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	6500	6500	24
24.	Independent Expenditures (use Schedule E)	0	0	25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	26
26.	Loan Repayments Made	0	0	27
27.	Loans Made	0	0	28(a)
28.	Refunds of Contributions To:			28(b)
a.	Individuals/Persons Other Than Political Committees	0	0	28(c)
b.	Political Party Committees	0	0	28(d)
c.	Other Political Committees (such as PACs)	0	0	28(e)
d.	Total Contribution Refunds (add a, b and c) >	0	0	29
29.	Other Disbursements	0	0	30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6500	6500	31
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	6500	6500	
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	7156	7156	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	7156	7156	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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)

The Cosmetic, Toiletry & Fragrance Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karl-Heinz Pitsch 12 Mercedes Drive Montvale, NJ 07645	The Wella Corp.	1/4/99	\$500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles R. Perrin 1345 Avenue of the Americas New York, NY 10105-0196	Avon Products, Inc.	1/11/99	\$300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	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
Daniel Johnson 1101 Westchester Avenue White Plains, NY 10604	Combe Incorporated	2/12/99	\$300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 300	
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) \$1100

TOTAL This Period (last page this line number only) \$1100

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

The Cosmetic, Toiletry & Fragrance Association

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hall for Congress Committee P.O. Box 711 Rockwall, TX 75087-0711	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/26/99	\$500
B. Full Name, Mailing Address and ZIP Code People for Ganske Committee 4010 Franconia Road Alexandria, VA 22310-2136	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/99	\$500
C. Full Name, Mailing Address and ZIP Code Jeffords for Vermont 507 Capitol Court, NE, #100 Washington, DC 20002	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/99	\$1000
D. Full Name, Mailing Address and ZIP Code Mike Bilirakis for Congress 1350 I Street, NW Washington, DC 20005	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/4/99	\$1000
E. Full Name, Mailing Address and ZIP Code Hoyer for Congress Committee 7905 Malcolm Road, #102 Clinton, MD 20735	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/4/99	\$1000
F. Full Name, Mailing Address and ZIP Code Friends of Conrad Burns 425 Second Street, NE Washington, DC 20002	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/99	\$1000
G. Full Name, Mailing Address and ZIP Code Friends of Jennifer Dunn P.O. Box 70513 Washington, DC 20024	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/13/99	\$1000
H. Full Name, Mailing Address and ZIP Code Peter Deutsch for Congress P.O. Box 817689 Hollywood, FL 33081	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24/99	\$500
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)


TOTAL This Period (last page this line number only)

\$6,500

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7/29/99
<input type="checkbox"/> First Class Mail	POSTMARKED
<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	
  PREPARER	 7/29/99 DATE PREPARED