

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) RHONE-POULENC INC. POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER C00232330
ADDRESS (number and street) : Check if different than previously reported 2 T.W. Alexander Drive		
CITY, STATE and ZIP CODE Research Triangle Park, NC 27709		3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see form 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
- 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	COLUMN B
5. Covering Period <u>April 1</u> through <u>April 30, 1999</u>		TNA Period	Calendar Year-to Date
6	(a) Cash on Hand January 1, 1998.....		\$8,929.78
	(b) Cash on Hand at Beginning of Reporting Period.....	\$ 12,933.63	
	(c) Total Receipts (from Line 19).....	1,322.00	5,343.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$14,255.63	\$14,272.78
7	Total Disbursements (from Line 30).....	1,000.00	1,017.15
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	\$13,255.63	\$13,255.63
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-8630
Local 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

Karen B. Glasser - Treasurer

Signature of Treasurer

Karen B. Glasser

Date 5/20/99

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 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE RHONE-POULENC INC. POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD	
		FROM: 4/1/99	4/30/99
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A).....	\$167.22	\$167.22
ii.	Unitemized.....	1,154.78	5,175.78
iii.	Total.....(add i and ii)..... ➔	\$1,322.00	\$5,343.00
b.	Political Party Committees.....		
c.	Other Political Committees (such as PACs).....		
d.	Total Contributions.....(add aiii, b and c)..... ➔	\$1,322.00	\$5,343.00
12.	Transfers From Affiliated/Other Party Committees.....		
13.	All Loans Received.....		
14.	Loan Repayments Received.....		
15.	Offsets To Operating Expenditures (Refund, Rebates, etc.).....		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	\$0.00	\$0.00
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)..... ➔	\$1,322.00	\$5,343.00
20.	Total Federal Receipts.....(subtract line 16 from line 19)..... ➔	\$1,322.00	\$5,343.00
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..... BANK ANALYSIS FEE	\$0.00	\$17.15
c.	Total Operating Expenditures.....(add ai, aii, and b)..... ➔	\$0.00	\$17.15
22.	Transfers to Affiliated/Other Party Committees.....		
23.	Contributions to Federal Candidates/Committees and Other Political Committees.....	\$1,000.00	\$1,000.00
24.	Independent Expenditures (use Schedule E).....		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 4441 b (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)..... ➔	\$1,000.00	\$1,017.15
31.	Total Federal Disbursements.....(subtract line 21 a dii from line 30)..... ➔		
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d).....	\$1,322.00	\$5,343.00
33.	Total Contribution Refunds (from line 28d).....		
34.	Net Contributions (other than loans)(subtract line 33 from 32).....	\$1,322.00	\$5,343.00
35.	Total Federal Operating Expenditures.....(add 21 a i and 21b)..... ➔	\$0.00	\$17.15
36.	Offsets of Operating Expenditures (from line 16).....		
37.	Net Operating Expenditures.....(subtract line 36 from 35)..... ➔	\$0.00	\$17.15

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the 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)
RHONE-POULENC INC. POLITICAL ACTION COMMITTEE

<p>A. Full Name, Mailing Address and ZIP Code Robert L. Ferguson 2534 Cascade Drive Chapel Hill, NC 27514</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Rhone-Poulenc Ag Company</p> <p>Occupation Director, Orphan Sites</p> <p>Aggregate Year-To-Date > \$ 200.00</p>	<p>Date (month, day, year) 2 x MO PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period PER PAY \$25.00 \$50.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Horace Johnson 1536 Kelly Road Apex, NC 27502</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Rhone-Poulenc Ag Company</p> <p>Occupation Manager, National Accounts</p> <p>Aggregate Year-To-Date > \$ 211.76</p>	<p>Date (month, day, year) 2 x MO PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period PER PAY \$26.47 \$52.94</p>
<p>C. Full Name, Mailing Address and ZIP Code Jeffrey Sorrell 805 Bromley Way Raleigh, NC 27615</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Rhone-Poulenc Ag Company</p> <p>Occupation Dir, Asset & Supply Chain</p> <p>Aggregate Year-To-Date > \$ 257.12</p>	<p>Date (month, day, year) 2 x MO PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period PER PAY \$32.14 \$64.28</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date > \$</p>	<p>Date (month, day, year) 2 x MO PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period \$0.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date > \$</p>	<p>Date (month, day, year) 2 x MO PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period \$0.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date > \$</p>	<p>Date (month, day, year) 2 x MO PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period \$0.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date > \$</p>	<p>Date (month, day, year) 2 x MO PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period \$0.00</p>
<p>SUBTOTAL of Receipts This page (optional).....</p>			<p>\$167.22</p>
<p>TOTAL This Period (last page this line number only).....</p>			<p>\$167.22</p>

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)
 RHONE-POULENC INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Combest Congressional Committee 383 S. Pickett Street Alexandria, VA 22304	Primary - 2000 R-TX-19 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/22/99	\$1,000.00
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
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 Receipts This page (optional).....	\$1,000.00
TOTAL This Period (last page this line number only).....	\$1,000.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 5-20-99
<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	
<i>SEP</i> PREPARER	5-20-99 DATE PREPARED