

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Pharmaceutical Research & Manufacturers of America Better Government Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="66602.69"/>	<input type="text" value="66602.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="81238.42"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="30012.12"/>	<input type="text" value="62232.33"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="111250.54"/>	<input type="text" value="128835.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="45587.76"/>	<input type="text" value="63172.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="65662.78"/>	<input type="text" value="65662.78"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Pharmaceutical Research & Manufacturers of America Better Government Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20857.94	41099.51
(ii) Unitemized	654.18	2632.82
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21512.12	43732.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	26512.12	58732.33
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	3500.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	30012.12	62232.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30012.12	62232.33

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45500.00	63000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	87.76	172.24
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	45587.76	63172.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45587.76	63172.24

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26512.12	58732.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26512.12	58732.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A. Sharon Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 F Street, NW
 Suite 300
 City Washington State DC Zip Code 20004-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PhRMA Occupation Board Materials Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **299.04**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1338083624666
 Amount of Each Receipt this Period **149.52**
 P/R Deduction (\$24.92 Semi-Monthly)

B. Tara Ryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 F Street, NW
 Suite 300
 City Washington State DC Zip Code 20004-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PhRMA Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **519.96**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1338084324666
 Amount of Each Receipt this Period **259.98**
 P/R Deduction (\$43.33 Semi-Monthly)

C. Jennifer Page Wall
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 F Street, NW
 Suite 300
 City Washington State DC Zip Code 20004-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PhRMA Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.04**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1338085624666
 Amount of Each Receipt this Period **325.02**
 P/R Deduction (\$54.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	734.52
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial) A. Clement Cyra		Date of Receipt 06 / 30 / 2012 Transaction ID : PR1342353724666
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 624.00
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C	Name of Employer PhRMA	Occupation Deputy VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1193.83	P/R Deduction (\$104.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) B. Matthew Sulkala		Date of Receipt 06 / 30 / 2012 Transaction ID : PR1387142424666
Mailing Address 950 F Street, NW Suite 300		Amount of Each Receipt this Period 1249.50
City Washington	State DC	Zip Code 20004-1404
FEC ID number of contributing federal political committee. C	Name of Employer PhRMA	Occupation Sr. Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.00	P/R Deduction (\$208.25 Semi-Monthly)

Full Name (Last, First, Middle Initial) C. Thomas Hardaway		Date of Receipt 06 / 30 / 2012 Transaction ID : PR1407527624666
Mailing Address 950 F Street, NW Suite 300		Amount of Each Receipt this Period 150.00
City Washington	State DC	Zip Code 20004-1404
FEC ID number of contributing federal political committee. C	Name of Employer PhRMA	Occupation Regional Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	2023.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial) A. Valerie Jewett		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR1416900924666
Mailing Address 950 F Street, NW Suite 300		Amount of Each Receipt this Period 423.48
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.58 Semi-Monthly)
Name of Employer PhRMA Occupation Director	Aggregate Year-to-Date 846.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jeff Woodhouse		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR1521550924666
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 300.00
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer PhRMA Occupation Regional Director	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lea Fisher		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR1698847624666
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 450.00
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Semi-Monthly)
Name of Employer PhRMA Occupation Director, Federal Affairs	Aggregate Year-to-Date 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1173.48
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A. Sandra J. Dickerson
Full Name (Last, First, Middle Initial)

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : PR1727896224666

Amount of Each Receipt this Period
 150.00

P/R Deduction (\$25.00 Semi-Monthly)

B. Jeffrey A. Bond
Full Name (Last, First, Middle Initial)

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation SVP, State Govt Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : PR1759644924666

Amount of Each Receipt this Period
 450.00

P/R Deduction (\$75.00 Semi-Monthly)

C. Andrew Corsig
Full Name (Last, First, Middle Initial)

Mailing Address 950 F Street NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer PHRMA Occupation Deputy VP, State Govt Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : PR180532524666

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial) A. Anne Holmes		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 950 F Street, NW		Transaction ID : PR180533624666
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer PHRMA	Occupation Sr. Manager	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Merrill Jacobs		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 950 F Street, NW		Transaction ID : PR180533824666
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 649.98
Name of Employer PHRMA	Occupation Regional Director	P/R Deduction (\$108.33 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1299.96	

Full Name (Last, First, Middle Initial) C. John O'Connor		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 950 F Street, NW		Transaction ID : PR180535024666
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 149.94
Name of Employer PHRMA	Occupation Regional Director	P/R Deduction (\$24.99 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.88	

SUBTOTAL of Receipts This Page (optional).....▶	1099.92
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial) A. Richard Smith		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR180535924666
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 624.00
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. C	P/R Deduction (\$104.00 Semi-Monthly)
Name of Employer PHRMA Occupation Director	Aggregate Year-to-Date 1248.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John J. Castellani		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR1828048024666
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 1249.50
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.25 Semi-Monthly)
Name of Employer PhRMA Occupation President	Aggregate Year-to-Date 2499.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Chip Davis		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR1849830224666
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 1249.50
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.25 Semi-Monthly)
Name of Employer PhRMA Occupation EVP, Advocacy	Aggregate Year-to-Date 2499.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	3123.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial) A. Jenny Wolff Cline		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR1856317224666
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 300.00
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C	Name of Employer PhRMA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) B. Brian Smith		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR1856318124666
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 416.00
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C	Name of Employer PhRMA	Occupation Deputy VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	P/R Deduction (\$104.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) C. Naomi Morales		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR1856318424666
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 700.00
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C	Name of Employer PhRMA	Occupation VP, HR & Admin
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	P/R Deduction (\$200.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	1416.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A. Michael Anway
Full Name (Last, First, Middle Initial)

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR1872436524666

Amount of Each Receipt this Period **300.00**

P/R Deduction (\$50.00 Semi-Monthly)

B. Josephine Martin
Full Name (Last, First, Middle Initial)

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation EVP, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2700.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR1872660824666

Amount of Each Receipt this Period **1350.00**

P/R Deduction (\$225.00 Semi-Monthly)

C. Kimberly Love
Full Name (Last, First, Middle Initial)

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1248.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR1884612424666

Amount of Each Receipt this Period **624.00**

P/R Deduction (\$104.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	2274.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)
A. Jennifer Romans

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Sr. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1248.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR1902212724666

Amount of Each Receipt this Period
624.00

P/R Deduction (\$104.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)
B. Cara Moon

Mailing Address 950 F Street, NW Suite 300

City Washington State DC Zip Code 20004-1440

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR1923874724666

Amount of Each Receipt this Period
300.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)
C. Matthew Bennett

Mailing Address 950 F Street, NW Suite 300

City Washington State DC Zip Code 20004-1440

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Sr. VP, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR1932280124666

Amount of Each Receipt this Period
1249.50

P/R Deduction (\$208.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 2173.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A. Scott LaGanga
Full Name (Last, First, Middle Initial)
Mailing Address 950 F Street, NW
City Washington State DC Zip Code 20004-1438
FEC ID number of contributing federal political committee. **C**
Name of Employer PhRMA Occupation Deputy VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1942076624666
Amount of Each Receipt this Period 300.00
P/R Deduction (\$50.00 Semi-Monthly)

B. Jay Taylor
Full Name (Last, First, Middle Initial)
Mailing Address 950 F Street, NW
City Washington State DC Zip Code 20004-1438
FEC ID number of contributing federal political committee. **C**
Name of Employer PhRMA Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1952911324666
Amount of Each Receipt this Period 300.00
P/R Deduction (\$50.00 Semi-Monthly)

C. Lucia Cretella Lynch
Full Name (Last, First, Middle Initial)
Mailing Address 950 F Street, NW
City Washington State DC Zip Code 20004-1438
FEC ID number of contributing federal political committee. **C**
Name of Employer PhRMA Occupation Deputy VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1965270624666
Amount of Each Receipt this Period 300.00
P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A. Jill Kronisch
Full Name (Last, First, Middle Initial)
Mailing Address 950 F Street, NW
City Washington State DC Zip Code 20004-1438
FEC ID number of contributing federal political committee. **C**
Name of Employer PhRMA Occupation Sr. Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1965270724666
Amount of Each Receipt this Period 300.00
P/R Deduction (\$50.00 Semi-Monthly)

B. Christian Clymer
Full Name (Last, First, Middle Initial)
Mailing Address 950 F Street, NW
City Washington State DC Zip Code 20004-1438
FEC ID number of contributing federal political committee. **C**
Name of Employer PhRMA Occupation Deputy VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1965270824666
Amount of Each Receipt this Period 300.00
P/R Deduction (\$50.00 Semi-Monthly)

C. Neassa Kaelan Hollon
Full Name (Last, First, Middle Initial)
Mailing Address 950 F Street, NW
City Washington State DC Zip Code 20004-1438
FEC ID number of contributing federal political committee. **C**
Name of Employer PhRMA Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1965270924666
Amount of Each Receipt this Period 150.00
P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A. Karl Uhlendorf
Full Name (Last, First, Middle Initial)
Mailing Address 950 F Street, NW
City Washington State DC Zip Code 20004-1438
FEC ID number of contributing federal political committee. **C**
Name of Employer PhRMA Occupation VP-Communications
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1966405924666
Amount of Each Receipt this Period 300.00
P/R Deduction (\$50.00 Semi-Monthly)

B. Andrea Jean Douglas
Full Name (Last, First, Middle Initial)
Mailing Address 950 F Street, NW
City Washington State DC Zip Code 20004-1438
FEC ID number of contributing federal political committee. **C**
Name of Employer PhRMA Occupation Sr. Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1976885224666
Amount of Each Receipt this Period 300.00
P/R Deduction (\$50.00 Semi-Monthly)

C. Elizabeth A. Lane
Full Name (Last, First, Middle Initial)
Mailing Address 950 F Street, NW
City Washington State DC Zip Code 20004-1438
FEC ID number of contributing federal political committee. **C**
Name of Employer PhRMA Occupation HR Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1978739424666
Amount of Each Receipt this Period 300.00
P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A. Leslie Wood
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 F Street, NW
 City Washington State DC Zip Code 20004-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PhRMA Occupation Sr. Director, State Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1978739524666
 Amount of Each Receipt this Period 180.00
 P/R Deduction (\$30.00 Semi-Monthly)

B. Colleen Maloney
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 F Street, NW
 City Washington State DC Zip Code 20004-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PhRMA Occupation Director, Federal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1980251524666
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$50.00 Semi-Monthly)

C. Lori Kendrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 F Street, NW
 City Washington State DC Zip Code 20004-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PhRMA Occupation Director, Board Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1983560024666
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	630.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial) A. James 'Mit' Spears			Date of Receipt
Mailing Address 950 F Street, NW			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : PR1983731824666
Washington	DC	20004-1438	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="1249.50"/>
Name of Employer	Occupation		P/R Deduction (\$208.25 Semi-Monthly)
PhRMA	General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1874.28"/>		

Full Name (Last, First, Middle Initial) B. Shannon Graham			Date of Receipt
Mailing Address 950 F Street, NW			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : PR1985816124666
Washington	DC	20004-1438	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="624.00"/>
Name of Employer	Occupation		P/R Deduction (\$104.00 Semi-Monthly)
PhRMA	Deputy VP-Federal Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="832.00"/>		

Full Name (Last, First, Middle Initial) C. Robert Filippone			Date of Receipt
Mailing Address 950 F Street, NW			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : PR533051124666
Washington	DC	20004-1404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="512.52"/>
Name of Employer	Occupation		P/R Deduction (\$85.42 Semi-Monthly)
PhRMA	Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1025.04"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2386.02"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 20 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A. Full Name (Last, First, Middle Initial)
Lori Reilly

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1404

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1248.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2012

Transaction ID : PR917374924666

Amount of Each Receipt this Period
624.00

P/R Deduction (\$104.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	624.00
TOTAL This Period (last page this line number only).....▶	20857.94

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 34
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A. Amgen PAC
Full Name (Last, First, Middle Initial)
Mailing Address One Amgen Center Drive
City Thousand Oaks State CA Zip Code 91320
FEC ID number of contributing federal political committee. **C** C00251876
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 19 / 2012
Transaction ID : 45967627
Amount of Each Receipt this Period
5000.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 22 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A. Nelson 2012
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 C Street, NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C** C00368209
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2012
Transaction ID : 44424664
 Amount of Each Receipt this Period
 3500.00
 General Election 2012 Refund

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Max Baucus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2012

Transaction ID : 45606789

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Max Baucus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2012

Transaction ID : 45606790

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Searchlight Leadership Fund

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Federal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2012

Transaction ID : 45606791

Amount of Each Disbursement this Period

2500.00

Federal Contribution

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

5000.00

TOTAL This Period (last page this line number only)..... ▶

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Gillibrand For Senate

Mailing Address 313 C Street Ne

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Kirsten Gillibrand

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2012

Transaction ID : 45606793

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hagan For US Senate Inc

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Kay Hagan

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2012

Transaction ID : 45606795

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Udall For Colorado

Mailing Address PO Box 40158

City Denver State CO Zip Code 80204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Mark Emery Udall

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2012

Transaction ID : 45606796

Amount of Each Disbursement this Period

1000.00

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

3000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Montanans For Tester

Mailing Address 200 East Jefferson Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement

011

Candidate Name

Mr. Jon Tester

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	2

Transaction ID : 45606797

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement

011

Candidate Name

Mr. John Barrasso

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	2

Transaction ID : 45606798

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Next Century Fund

Mailing Address 116 South Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Federal Contribution

011

Candidate Name

Next Century Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	2

Transaction ID : 45606799

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Federal Contribution

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

4	0	0	0	0	0	0	0	0	0

TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Alamo PAC

Mailing Address 201 Massachusetts Avenue, NE
Suite C3

City Washington State DC Zip Code 20002

Purpose of Disbursement
Federal Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2012

Transaction ID : 45606800

Amount of Each Disbursement this Period

1000.00

Federal Contribution

Full Name (Last, First, Middle Initial)

B. Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Federal Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2012

Transaction ID : 45606801

Amount of Each Disbursement this Period

1000.00

Federal Contribution

Full Name (Last, First, Middle Initial)

C. TENNPAC

Mailing Address 101 Constitution Avenue, NW
Suite 800 West

City Washington State DC Zip Code 20001

Purpose of Disbursement
Federal Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2012

Transaction ID : 45606802

Amount of Each Disbursement this Period

1000.00

Federal Contribution

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

TOTAL This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Orrin G. Hatch

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2012

Transaction ID : 45606803

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Enzi For Us Senate

Mailing Address PO Box 2775

City State Zip Code
Cody WY 82414

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Michael B. Enzi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2012

Transaction ID : 45606804

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Frelinghuysen For Congress

Mailing Address 19 Cattano Avenue

City State Zip Code
Morristown NJ 07960

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Rodney P. Frelinghuysen

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2012

Transaction ID : 45606805

Amount of Each Disbursement this Period

1000.00

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

4000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Walden For Congress

Mailing Address PO Box 1091

City: Hood River State: OR Zip Code: 97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Gregory P. Walden

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	2

Transaction ID : 45606806

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Lance For Congress

Mailing Address PO Box 225

City: Colonia State: NJ Zip Code: 07067

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Leonard Lance

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	2

Transaction ID : 45606807

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Eric PAC

Mailing Address 209 Pennsylvania Ave., SE

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement
Federal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	2

Transaction ID : 45606808

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Federal Contribution

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

TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	0	0	0	0	0	0
4	5	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Ryan For Congress

Mailing Address P. O. Box 1919

City State Zip Code
Janesville WI 53547

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Paul Ryan

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	2

Transaction ID : 45606809

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Texans For Lamar Smith

Mailing Address PO Box 6155

City State Zip Code
San Antonio TX 78209

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Lamar S. Smith

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	2

Transaction ID : 45606810

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. TFP-FOJB Committee

Mailing Address c/o Lisa Lisker
320 First Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Contribution to Jt Fundraising Cmte

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	2

Transaction ID : 45606811

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Contribution to Jt Fundraising Cmte

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

TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Gardner For Congress 2012

Mailing Address 507 Capitol Court NE #100

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Rep. Cory Gardner

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: CO District: 04

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2012

Transaction ID : 45606814

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Butterfield For Congress

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement

011

Candidate Name

Rep. George Butterfield

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NC District: 01

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2012

Transaction ID : 45606816

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition PAC

Mailing Address 901 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Federal Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2012

Transaction ID : 45606817

Amount of Each Disbursement this Period

2500.00

Federal Contribution

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

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. John D. Dingell For Congress

Mailing Address 607 14th Street, Nw
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John D. Dingell

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2012

Transaction ID : 45606818

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James E. Clyburn

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2012

Transaction ID : 45606819

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Carney for Congress

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John Carney Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2012

Transaction ID : 45606820

Amount of Each Disbursement this Period

1000.00

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

3500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 607 14th Street, Nw
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steny H. Hoyer

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2012

Transaction ID : 45606821

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Price For Congress Committee

Mailing Address P. O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. David E. Price

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NC District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2012

Transaction ID : 45606822

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Matheson For Congress

Mailing Address P.O. Box 521048
Suite A

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James D. Matheson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2012

Transaction ID : 45606823

Amount of Each Disbursement this Period

1000.00

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

TOTAL This Period (last page this line number only)..... ▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Latham For Congress

Mailing Address P.O. Box 71
PO Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Thomas P. Latham

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	2

Transaction ID : 46018546

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Hoosiers For Rokita, Inc.

Mailing Address 7643 East U.S. 36

City Avon State IN Zip Code 46123

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Todd Rokita

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	2

Transaction ID : 46018547

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Schock For Congress

Mailing Address 1301 K Street, NW
Suite 1050 East

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Aaron Schock

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	2

Transaction ID : 46018548

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Kurt Schrader

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2012

Transaction ID : 46018549

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TAC PAC (Truth Accountability & Courage PAC)

Mailing Address 217 Third Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Federal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2012

Transaction ID : 46018550

Amount of Each Disbursement this Period

1000.00

Federal Contribution

Full Name (Last, First, Middle Initial)

C. M - PAC

Mailing Address c/o Newman Partners
712 35th Avenue

City Seattle State WA Zip Code 98122

Purpose of Disbursement
Federal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2012

Transaction ID : 46018552

Amount of Each Disbursement this Period

1500.00

Federal Contribution

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

3500.00

TOTAL This Period (last page this line number only)..... ▶

45500.00