

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2008 OCT 13 P 3:07

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Pharmaceutical Research and Manufacturers of America Better Government Committee		2. FEC IDENTIFICATION NUMBER C00021972
ADDRESS (number and street) <input type="checkbox"/> Check <input type="checkbox"/> different than previously reported 1100 15th Street, NW, Suite 900		
CITY, STATE and ZIP CODE Washington, DC 20005		
3. <input checked="" 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>7/1/2000</u> through <u>9/30/2000</u>			
6. (a)	Cash on Hand January 1, 19 2000		\$ 2,139.24
(b)	Cash on Hand at Beginning of Reporting Period	\$ 5,610.19	
(c)	Total Receipts (from Line 19)	\$ 7,598.63	\$ 43,854.32
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 13,208.82	\$ 45,993.56
7.	Total Disbursements (from Line 9D)	\$ 12,000.00	\$ 44,784.74
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1,208.82	\$ 1,208.82
9.	Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10.	Debits 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
Anne Holmes

Signature of Treasurer

Anne Holmes

Date

10/13/2000

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <u>Pharmaceutical Research and Manufacturers of America Better Government Committee</u>		REPORT COVERING PERIOD FROM <u>7/1/2000</u> TO: <u>9/30/2000</u>		
		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)		7,287.32	31,021.36	11(a)(ii)
ii. Unitemized		311.31	4,332.96	11(a)(iii)
iii. Total	(add i and ii) >	7,598.63	35,354.32	11(b)
b. Political Party Committees			8,500.00	11(c)
c. Other Political Committees (such as PACs)				11(d)
d. Total Contributions	(add a ii, b and c) >	7,598.63	43,854.32	12
12. Transfers From Affiliated/Other Party Committees				13
13. All Loans Received				14
14. Loan Repayments Received				15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)				16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				17
17. Other Federal Receipts (Dividends, Interest, etc.)				18
18. Transfers from Nonfederal Account for Joint Activity		7,598.63	43,854.32	19
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	7,598.63	43,854.32	20
20. Total Federal Receipts	(subtract line 15 from line 19) >			
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule HA)				21(a)(i)
i. Federal Share				21(a)(ii)
ii. Non-Federal Share				21(b)
b. Other Federal Operating Expenditures				21(c)
c. Total Operating Expenditures	(add a i, a ii, and b) >			22
22. Transfers to Affiliated/Other Party Committees		12,000.00	44,750.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees				24
24. Independent Expenditures (use Schedule E)				25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)				26
26. Loan Repayments Made				27
27. Loans Made				
28. Refunds of Contributions To:				28(a)
a. Individual/Persons Other Than Political Committees				28(b)
b. Political Party Committees				28(c)
c. Other Political Committees (such as PACs)				28(d)
d. Total Contribution Refunds	(add a, b and c) >		34.74	29
29. Other Disbursements <u>Bank service charges</u>				30
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	12,000.00	44,784.74	31
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)		7,598.63	43,854.32	32
33. Total Contribution Refunds (from line 28d)				33
34. Net Contributions (other than loans)(subtract line 33 from 32)		7,598.63	43,854.32	34
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)				36
37. Net Operating Expenditures	(subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11.a.1

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 and Manufacturers of America
Better Government Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Russel Barham 7815 Swinks Court McLean, VA 22102	PhRMA Occupation: Sr. VP/Gen'l Counsel	Payroll Deduction	\$350.00 (\$50.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Barnes 8428 Sugar Creek Lane Springfield, VA 22153	PhRMA Occupation: Controller	Payroll Deduction	\$70.00 (\$10.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tracy Baroni 3 Bryans Mill Way Catonsville, MD 21220	PhRMA Occupation: Asst. VP	Payroll Deduction	\$105.00 (\$15.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Bello 1710 Chesterbrook Vale McLean, VA 22101	PhRMA Occupation: Exec. VP	Payroll Deduction	\$1,031.03 (\$147.29 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,945.80		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Cole 5429 N. Carlin Spring Arlington, VA 22203	PhRMA Occupation: VP	Payroll Deduction	\$100.00 (\$25.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 425.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Corsig 2800 Quebec St., NW, #715 Washington, DC 20008	PhRMA Occupation: Regional Director	Payroll Deduction	\$91.00 (\$13.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. Roger Currie 4717 Alton Place, NW Washington, DC 20016	PhRMA Occupation: Asst. Gen'l Counsel	Payroll Deduction	\$175.00 (\$25.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

1,922.03

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11.a.i

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NAME OF COMMITTEE (in Full) Pharmaceutical Research and Manufacturers of America
Better Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Grayson 1607 34th St., NW Washington, DC 20007	PhRMA Occupation: Asst. VP	Payroll Deduction	\$70.00 (\$10.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code Mara Guarducci 218 2nd St., SE Washington, DC 20003	PhRMA Occupation: Director	Payroll Deduction	\$71.05 (\$10.15 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 203.00		
C. Full Name, Mailing Address and ZIP Code Alan Holmer 7714 Falstaff Court McLean, VA 22102	PhRMA Occupation: President	Payroll Deduction	\$1,400.00 (\$200.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,800.00		
D. Full Name, Mailing Address and ZIP Code Merrill Jacobs 5505 Spring Creek Way Elk Grove, CA 95758	PhRMA Occupation: Regional Director	Payroll Deduction	\$175.00 (\$25.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code William L. Lucas 11515 Marjorie Drive Mitchellville, MD 20721	PhRMA Occupation: ASSOC. VP	Payroll Deduction	\$175.00 (\$25.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Ann-Marie Lynch 5500 Cedar Parkway Chevy Chase, MD 20815	PhRMA Occupation: Exec. Director	Payroll Deduction	\$228.83 (\$32.69 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 555.73		
G. Full Name, Mailing Address and ZIP Code Kurt Malmgren 6522 Sumerton Way Springfield, VA 22150	PhRMA Occupation: VP	Payroll Deduction	\$855.68 (\$122.24 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$2,444.80		

SUBTOTAL of Receipts This Page (optional) \$ 2,975.56

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11, a, i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Badgely 15 Twin Pines Road Downington, PA 19336	PhRMA	Payroll Deduction	\$249.06 (\$35.58 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 711.60	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michelle Nymen 4465 Richard Lawrence Marbury, MD 20658	PhRMA	Payroll Deduction	\$70.00 (\$10.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John O'Connor 15 Petticoat Lane Troy, NY 12180	PhRMA	Payroll Deduction	\$161.49 (\$23.07 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Regional Director	Aggregate Year-to-Date > \$ 461.40	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Palmer 29897 Spruce Road Evergreen, CO 80439	PhRMA	Payroll Deduction	\$117.25 (\$18.75 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Regional Director	Aggregate Year-to-Date > \$ 335.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alexandra Peltz-Bickel 3401 38th St., NW, #811 Washington, DC 20018	PhRMA	Payroll Deduction	\$70.00 (\$10.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Advertising Coordinator	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marjorie Powell 1124 Shore Drive Edgewater, MD 31037	PhRMA	Payroll Deduction	\$70.00 (\$10.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Asst. Gen'l Counsel	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bert Spikler 8004 Overhill Road Bethesda, MD 20814	PhRMA	Payroll Deduction	\$740.39 (\$105.77 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. VP	Aggregate Year-to-Date > \$ 2,115.40	

SUBTOTAL of Receipts This Page (optional)

\$1,478.19

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11.a.i

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NAME OF COMMITTEE (in Full) Pharmaceutical Research and Manufacturers of America
Better Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Swire 7806 Custer Road Bethesda, MD 20816	PhRMA Occupation Director	Payroll Deduction	\$105.00 (\$15.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Trehitt 9406 Amboy Road Gaithersburg, MD 20879	PhRMA Occupation Asst. VP	Payroll Deduction	\$87.50 (\$12.50 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Matt Van Hook 6597 Terri Knoll Court McLean, VA 22101	PhRMA Occupation Deputy Gen'l Counsel	Payroll Deduction	\$135.10 (\$19.30 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 386.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas X. White 8 Woodland Way Greenbelt, MD 20770	PhRMA Occupation Assoc. VP	Payroll Deduction	\$105.00 (\$15.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gillian Woollett 2301 Sandburg Street Dunn Loring, VA 22027	PhRMA Occupation Assoc. VP	Payroll Deduction	\$105.00 (\$15.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ardell Persinger 1831 Kalorama Road, NW Washington, DC 20009	PhRMA Occupation VP	Payroll Deduction	\$221.41 (\$31.63 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 632.60		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh W. Metheny 3816 Glebe Meadow Way Edgewater, MD 21037	PhRMA Occupation Director	Payroll Deduction	\$71.82 (\$10.26 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 205.20		

SUBTOTAL of Receipts This Page (optional) \$ 830.83

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5
FOR LINE NUMBER 11.a.i

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NAME OF COMMITTEE (in Full) Pharmaceutical Research and Manufacturers of America
Better Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Desipio 326 S. Woodrow Street Columbia, SC 29205 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PHRMA Occupation Director Aggregate Year-to-Date > \$ 230.60	Payroll Deduction	\$80.71 (\$11.53 bi-weekly)
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$ 80.71
TOTAL This Period (last page this line number only)	\$ 7,287.32

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **2**
FOR LINE NUMBER
23

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NAME OF COMMITTEE (in Full) Pharmaceutical Research and Manufacturers of America
Better Government Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Maloney 20 East Main St., Ste. 235 Waterbury, CT 06702	Jim Maloney, US House 5th CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/2000	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Buyer For Congress 200 North Main Monticello, IN 47960	Steve Buyer, US House 5th IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/2000	\$500.00
C. Full Name, Mailing Address and ZIP Code Abraham for Senate 900 Second St., NE Washington, DC 20002	Spence Abraham, US Senate MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/2000	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Phil Crane for US Congress P.O. Box 2776 Arlington, VA 22202	Phil Crane, US House 8th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/2000	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Lazio 2000 1212 New York Ave., NW, Ste. 350 Washington, DC 20005	Rick Lazio, US Senate NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/2000	\$500.00
F. Full Name, Mailing Address and ZIP Code Sessions for Congress P.O. Box 38585 Dallas, TX 75238	Pete Sessions, US House 5th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/2000	\$500.00
G. Full Name, Mailing Address and ZIP Code Grans for Senate 507 Capitol Court, NE, #100 Washington, DC 20002	Rod Grans, US Senate MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/2000	\$1,000.00
H. Full Name, Mailing Address and ZIP Code Tom Davis For Congress P.O. Box 483 Dunn Loring, VA 22027	Tom Davis, US House 11th VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/2000	\$1,000.00
I. Full Name, Mailing Address and ZIP Code Friends of Jim McDermott 21786 Main Station Seattle, WA 98111	Jim McDermott, US House 7th WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/2000	\$1,000.00

SUBTOTAL of Disbursements This Page (optional) \$7,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Clay Shaw P.O. Box 2188 Fort Lauderdale, FL 33321	Clay Shaw, US House 22nd FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/2000	\$500.00
Friends of Jim Maloney 20 East Main St., Ste. 235 Waterbury, CT 06702	Jim Maloney, US House 5th CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/2000	\$1,000.00
Ferguson for Congress P.O. Box 4205 Warren, NJ 07059	Mike Ferguson, US House 7th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/2000	\$500.00
Anne Northup for Congress P.O. Box 7313 Louisville, KY 40257	Anne Northup, US House 3rd KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/2000	\$500.00
Abraham for Senate 26555 Evergreen Road Southfield, MI 48676	Spence Abraham, US Senate MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/2000	\$1,000.00
Dreier for Congress Committee P.O. Box 1110 Covina, CA 91722	David Dreier, US House 28th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/2000	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)	\$4,500.00
TOTAL This Period (last page this line number only)	\$12,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <u>10-13-00</u>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
<u>K. M. W. J.</u> PREPARER	<u>10-13-00</u> DATE PREPARED