O'CONNOR & HANNAN, LLP
ATTORNEYS AT LAW

SUITE 800
1919 PENNSYLVANIA AVENUE N.W.
WASHINGTON, D.C. 20006-3483
(202) 887-1400
FAX (202) 466-2198

TIMOTHY W. JENKINS

January 31, 1996

Federal Election Commission
Reports Analysis Division
Mail Room 824
999 E Street, N.W.
Washington, D.C. 20463

Dear Sir:

I represent the separate segregated fund of the Pharmaceutical Research and Manufacturers Association of America, the PhRMA Better Government Fund ("the Fund"). As is apparent from the enclosed Year-End Report, during the reporting period, an inadvertent corporate advance for an in-kind contribution was made by PhRMA. Shortly after the in-kind payment was rendered to the restaurant where the fundraiser was held, the Fund reimbursed PhRMA for the full amount of the in-kind contribution. The disbursement to PhRMA for $347.00 is noted on the Itemized Disbursements page. In addition to the prompt reimbursement by the Fund, the candidate committee which received the contribution was recently notified of the unintentional error and informed of the efforts undertaken to remedy the situation.

On behalf of the Fund, I respectfully request that the Commission not undertake any enforcement action with respect to the contribution. First, the amount in controversy is very modest. Further, as noted above, affirmative corrective action was taken by PhRMA shortly after the contribution was made, and the Fund has been forthcoming in disclosing the error. It would be greatly appreciated if these actions are taken into consideration as the Commission reviews this matter.

Please do not hesitate to contact me at the above number if you have any questions or require additional information.

Sincerely yours,

Timothy W. Jenkins

TWJ/vli
35824.doc

cc: Russel A. Bantham, General Counsel & Senior Vice President
Pharmaceutical Research & Manufacturers of America

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

JAN 31 4 50 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Pharaceutical Research and Manufacturers of America Better Government Committee

ADDRESS (number and street) Check if different than previously reported
1100 15th Street NW Suite 900

CITY, STATE and ZIP CODE
Washington D.C. 20005

2. FEC IDENTIFICATION NUMBER
C00021927

3. This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on (date).

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

X January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On

February 20	June 20	October 20
March 20	July 20	November 20
April 20	August 20	December 20
May 20	September 20	January 31

Twelfth day report preceding (Type of Election) election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES XNO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 7/1/95 through 12/31/95		
6. (a)	Cash on Hand January 1, 19 95		$ 2,091.63
(b)	Cash on Hand at Beginning of Reporting Period	$ 2624.27	
(c)	Total Receipts (from Line 19)	$ 20996.21	$ 31566.61
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 23620.48	$ 33658.24
7.	Total Disbursements (from Line 30)	$ 20227.17	$ 30264.93
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3393.31	$ 3393.31
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800 424-9530
Local 202-376-3120

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
Joy A. Carrish

Signature of Treasurer
[signature] for Joy A. Carrish

Date

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

FEC FORM 3X

(revised 1/1/91)

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

(revised 1/1/91)

NAME OF COMMITTEE: Pharmaceutical Research and Manufacturers of America Better Government Committee

REPORT COVERING PERIOD FROM 7/1/95 TO: 12/31/95

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	11577.22	17889.75
ii. Unitemized	418.99	3666.86
iii. Total (add i and ii) ➤	11996.21	21566.61
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	9000.00	10000.00
d. Total Contributions (add a iii, b and c) ➤	20996.21	31566.61
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	20966.21	31566.61
20. Total Federal Receipts (subtract line 18 from line 19) ➤	20966.21	31566.61
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	0	0
c. Total Operating Expenditures (Add a i, a ii, and b) ➤	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	20213.15	30213.15
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (Add a, b and c) ➤	0	0
29. Other Disbursements	14.02	51.78
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	20227.17	30264.93
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	20227.17	30264.93
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	20996.21	31566.61
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	20996.27	31566.61
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 4

FOR LINE NUMBER II(a)(i)

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NAME OF COMMITTEE (in Full)

Pharmaceutical Research and Manufacturers of America Better Government Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Harvey E. Bale, Jr. 9404 Duxford Court Potomac, Maryland 20854 Receipt For: [X] Primary [ ] General [ ] Other (specify):	PhRMA Sr. Vice President Aggregate Year-to-Date > $ 665.00	Bi-monthly payroll deduction of 35.00 for total of 455.00	$455.00
B. Stephen R. Conafay 5137 52nd Street NW Washington D.C. 20016 Receipt For: [X] Primary [ ] General [ ] Other (specify):	PhRMA Exec. Vice President Aggregate Year-to-Date > $ 5000.00	Bi-monthly payroll deduction of 192.31 for total of 2499.97	$2499.97
C. Russel A. Bantham 7615 Swinks Court McLean, Virginia 22102 Receipt For: [X] Primary [ ] General [ ] Other (specify):	PhRMA Sr. Vice President Aggregate Year-to-Date > $ 950.00	bi-monthly payroll deduction of 50.00 for total of $650.00	$650.00
D. Andrew P. Corsig 2800 Quebec Street NW Apt. 715 Washington D.C. 20008 Receipt For: [X] Primary [ ] General [ ] Other (specify):	PhRMA Regional Director Aggregate Year-to-Date > $ 205.80	bi-monthly payroll deduction of 10.29 for total of 133.77	$133.77
E. Joy A. Garrish 7806 Fairfax Road Bethesda, Maryland 20814 Receipt For: [X] Primary [ ] General [ ] Other (specify):	PhRMA Comptroller Aggregate Year-to-Date > $ 270.00	bi-monthly payroll deduction of 13.50 for total of 175.50	$175.50
F. Mark Grayson 1607 34th Street NW Washington D.C. 20009 Receipt For: [X] Primary [ ] General [ ] Other (specify):	PhRMA Assistant Vice Pres. Aggregate Year-to-Date > $ 200.00	bi-monthly payroll deduction of 10.00 for total of 130.00	$130.00
G. William L. Lucas 11515 Marjorie Drive Mitchelville, Maryland 20721 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	PhRMA Asst. Vice President Aggregate Year-to-Date > $ 490.40	bi-monthly payroll deduction of 24.52 for total of 318.76	$318.76

SUBTOTAL of Receipts This Page (optional) . . . . . >

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 4

FOR LINE NUMBER II(a)(i)

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NAME OF COMMITTEE (in Full)

Pharmaceutical Research and Manufacturers of America Better Government Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kurt L. Malmgren 6522 Summerton Way Springfield, Virginia 22150 Receipt For: [X] Primary [ ] General [ ] Other (specify):	PhRMA Occupation: Vice President Aggregate Year-to-Date: $942.40	bi-monthly payroll deduction of 47.12 for total of 613.00	$613.00
B. Gerald J. Mossinghoff 1530 N. Key Blvd. PH 28 Arlington, Virginia 22209 Receipt For: [X] Primary [ ] General [ ] Other (specify):	PhRMA Occupation: President Aggregate Year-to-Date: $1807.60	bi-monthly payroll deduction of 90.38 for total of 1174.94	$1174.94
C. Lynda Nersesian 4801 Foxhall Crescents Washington D.C. 20008 Receipt For: [X] Primary [ ] General [ ] Other (specify):	PhRMA Occupation: Vice President Aggregate Year-to-Date: $2,000.00	bi-monthly payroll deduction of 100.00 for total of 1300.00	$1300.00
D. Lynn Newbury 694 C Street S.E. #203 Washington D.C. 20003 Receipt For: [X] Primary [ ] General [ ] Other (specify):	PhRMA Occupation: Director of Operations Aggregate Year-to-Date: $253.80	bi-monthly payroll deduction of 12.69 for total of 164.97	$164.97
E. Gary S. Persinger 17809 Howe Drive Olney, Maryland 20832 Receipt For: [X] Primary [ ] General [ ] Other (specify):	PhRMA Occupation: Vice President Aggregate Year-to-Date: $ 495.00	bi-monthly payroll deduction of 27.50 for total of 357.50	$357.50
F. Janet L. Schuessler 7939 Deepwell Drive Bethesda, Maryland 20817 Receipt For: [X] Primary [ ] General [ ] Other (specify):	PhRMA Occupation: Vice President Aggregate Year-to-Date: $ 500.00	bi-monthly payroll deduction of 25.00 for total of 325.00	$325.00
G. James W. Singer 2920 44th Place NW Washington D.C. 20016 Receipt For: [X] Primary [ ] General [ ] Other (specify):	PhRMA Occupation: Vice President Aggregate Year-to-Date: $400.00	bi-monthly payroll deduction og 20.00 for total of 260.00	$260

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

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 4

FOR LINE NUMBER 11(a)(1)

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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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Marion M. Torchia 11110 Waycross Way Kensington, Maryland 20895 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: PhRMA Occupation: Director, State Policy Aggregate Year-to-Date > $3[illegible]	bi-monthly payroll deduction of 15.87 for total of 206.31	$206.31
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Trewhitt 9406 Amboy Road Gaithersburg, Maryland 20879 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: PhRMA Occupation: Assistant Vice President Aggregate Year-to-Date > $ 250.00	bi-monthly payroll deduction of 12.50 for total of 87.50	$162.50
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey C. Warren 1602 Hunting Avenue McLean, Virginia Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PhRMA Occupation: Vice President Aggregate Year-to-Date > $1000.00	bi-monthly payroll deduction of 50.00 for total of 650.00	$650.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) >

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 4

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles A. Heimbold, Jr. 25 Leeward Lane Riverside, CT 06878 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Bristol-Myers Squibb 345 Park Avenue New York, NY 10154 Occupation: President & CEO Aggregate Year-to-Date > $ [illegible]	7/17/95	$ 1,000.
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
George G. Cloyd 645 Indian Hill Trail Cincinnati, OH 45243 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Procter & Gamble P. O. Box 599 Cincinnati, OH 45202 Occupation: VP; Pharmaceutical Aggregate Year-to-Date > $	11/14/95	$ 1,000.
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) . . . . . >

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

CHEDULE A

'TEMIZED RECEIPTS

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

PAGE 1 OF 1

11(c)

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, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Amgen Better GovtCommittee Amgen Center Thousand Oaks, CA 91320-1789 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Amgen Occupation PAC Aggregate Year-to-Date $ 1,000.	7/27/95	$ 1,000.
B. Pfizer PAC 235 E. 42nd St. New York, NY 10017 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Pfizer PAC Aggregate Year-to-Date $ 2,000.	7/18/95	$ 2,000.
C. Hoffmann-LaRoche Good Govt Committee 1300 Eye Street,NW Washington, DC 20005-3314 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Hoffmann-LaRoche Occupation PAC Aggregate Year-to-Date $ 1,000.	9/27/95	$1,000.
D. Schering-Plough Better Gov Fund One Giralda Farms Madison, NJ 07940 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Schering-Plough Occupation PAC Aggregate Year-to-Date $ 1,000.	9/12/95	$1,000/
E. American Home Prodcuts Good Govt Fund Five Giralda Farms Madison NJ 07940-0874 Receipt For: [X] Primary [ ] General [ ] Other (specify):	American Home Products Occupation PAC Aggregate Year-to-Date $ 3537.82	10/4/95	$2,000.
F. Upjohn Employees PAC 7000 Portage Road Kalamazoo, MI 49001 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Upjohn Company Occupation PAC Aggregate Year-to-Date $ 3537.82		$2,000.
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] 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) 9,000.00

TOTAL This Period (last page this line number only) 9,000.00

CHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. La Brasserie 239 Mass. Ave NW Washington, DC 20003	in-kind. support of Sen J.Greg political Disbursement for: x Primary ☐ General ☐ Other (specify)	7/20/95	$ 254.56
B. Committee to Re-Elect S Molinari P.O.Box 060249 Staten Island, NY 10306	political Disbursement for: x Primary ☐ General ☐ Other (specify)	7/24/95	500.00
C. Friends of Max Baucus 203 C Street, NE Wash DC 20002	political Disbursement for: x Primary ☐ General ☐ Other (specify)	7/24/95	$1,000.
D. Canaday for Congress Comm 4451 Brookfield Corp Drive Chantilly, VA 22021	political Disbursement for: x Primary ☐ General ☐ Other (specify)	7/24/95	$ 500.00
E. Bill Thomas Campaign Comm Post Office Box 23175 Washington, DC 20026	political Disbursement for: x Primary ☐ General ☐ Other (specify)	7/24/95	$1,000.
F. Friends of Jim Inhofe Committee 3035 N.W. 63rd Oklahoma City, OK 73116	political Disbursement for: x Primary ☐ General ☐ Other (specify)	7/24/95	$1,000.
G. Hyde for Congress Committee P.O. Box 332 Des Plaines, IL 60096	political Disbursement for: x Primary ☐ General ☐ Other (specify)	8/3/95	$1,000.
H. Packwood in '98 P.O. Box 39198 Washington, DC 20016	political Disbursement for: x Primary ☐ General ☐ Other (specify)	8/3/95	$1,000.
I. Dick Zimmer forCongress Committee P. O. Box 6988 Lawrenceville, NJ 08648	political Disbursement for: x Primary ☐ General ☐ Other (specify)	8/3/95	$1,000.

SUBTOTAL of Disbursements This Page (optional) $7,254.56

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

CHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Billy Tauzin Committee P. O. Box 1407 Thibodaux, LA 70302	political Disbursement for: X Primary ☐ General ☐ Other (specify)	8/3/95	$ 500.
B. Judd Gregg Committee P. O. Box 1812 Concord, NH 03302	political Disbursement for: X Primary ☐ General ☐ Other (specify)		$745.44
C. Nancy Johnson for Congress Committee P. O. Box 1986 New Britain, CT 06050	political Disbursement for: X Primary ☐ General ☐ Other (specify)	9/1/95	$ 500.
D. Congressman Joe Barton Committee P. O. Box 1444 Ennis, TX 75120	political Disbursement for: X Primary ☐ General ☐ Other (specify)	9/19/95	$ 1,000.
E. John Ensign for Congress Comm 8917 Stafford Springs Drive Las Vegas, NV 89134	political Disbursement for: X Primary ☐ General ☐ Other (specify)	9/26/95	$ 500.
F. Dan Coats for Indiana P.O. Box 2365 Indianapolis, IN 46285	political Disbursement for: X Primary ☐ General ☐ Other (specify)	9/26/95	$ 500.
G. Friends of Chris Dodd 203 "C" St NW Washington, DC 20002	political Disbursement for: X Primary ☐ General ☐ Other (specify)	10/17/95	$ 1,000.
H. Gallegly for Congress P. O. Box 3799 Simi Valley, CA 93093	political Disbursement for: X Primary ☐ General ☐ Other (specify)	10/17/95	$ 500.00
I. Bill McCollum for Congress 1212 N. Vernon St. Arlington, VA 22201	political Disbursement for: X Primary ☐ General ☐ Other (specify)	10/17/95	$ 500.00

SUBTOTAL of Disbursements This Page (optional) ..... $ 5,745.44

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

CHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Campbell for Congress P. O. Box 1297 ElGranada, CA 940818	political Disbursement for: [x] Primary [ ] General [ ] Other (specify)	11/2/95	$ 500.
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Crane for Congress 4451 Brookfield Corp Dr #200 Chantilly, VA 22021	political Disbursement for: [x] Primary [ ] General [ ] Other (specify)	11/5/95	$500.
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Hall for Congress Committee 560 Wilson Blvd Arlington, VA 22209	political Disbursement for: [x] Primary [ ] General [ ] Other (specify)	11/5/95	$500.
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Gerry Solomon for Congress P.O. Box 459 Saratoga Springs, NY 12866	political Disbursement for: [x] Primary [ ] General [ ] Other (specify)	11/15/95	$ 500.
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Upton for All of US P.O. Box 490 St. Joseph, MI 49085	political Disbursement for: [x] Primary [ ] General [ ] Other (specify)	11/15/95	$500.
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Hobson for Congress 92 W. Columbia Street Springfield, OH 45502	political Disbursement for: [x] Primary [ ] General [ ] Other (specify)	11/15/95	$1,000.
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Citizens for Harkin 1200 19th St #300 Washington, DC 20036	political Disbursement for: [x] Primary [ ] General [ ] Other (specify)	11/15/95	$1,000.
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Helms for Senate P. O. Box 20699 Raleigh, NV 27619	political Disbursement for: [x] Primary [ ] General [ ] Other (specify)	12/18/95	$1,000.
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nelson for U.S. Senate P. O. Box 258 Boys Town, NE 68010	political Disbursement for: [x] Primary [ ] General [ ] Other (specify)	12/18/95	$1,000.

SUBTOTAL of Disbursements This Page (optional) . . . . . $6,500.

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

CHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code La Brasserie 239 Mass Avenue NE Washington, DC 20002	in-kind support of Cong McCollum; political Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/18/95	$ 312.09
B. Full Name, Mailing Address and ZIP Code The Club at Franklin Square 1300 I STreet, NW Washington, DC 20005	in-kind support of Rep. Gallegly - political Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/18/95	$45.61
C. Full Name, Mailing Address and ZIP Code PhRMA 1100 15thSt NW Washington, DC 20005	reimbursment to PAC for 7/24/95 fundraiser for * Sen Hatch Campaign Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/24/95	$ 346.45
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

* Please see attached letter of explanation.

SUBTOTAL of Disbursements This Page (optional) ..... $ 704.15

TOTAL This Period (last page this line number only) $20,213.15