

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 20 A 11:39

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|--|---|--|
| 1. NAME OF COMMITTEE (In full) St. Louisians For Better Government | | 2. FEC IDENTIFICATION NUMBER C-0048155 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported c/o Bernard Pasternak | 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) | |
| CITY, STATE and ZIP CODE St. Louis, MO 63105 | | |

4. TYPE OF REPORT *Note: In accordance with correspondence from the FEC dated 12/93, this committee has satisfied criteria of multi-candidate status prior to 1/1/94*

- (a) April 15 Quarterly Report *status prior to 1/1/94* Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- 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 January 1 through March 31, 2000 | | |
| 6. (a) Cash on Hand January 1, 20 00 | | \$ 14,007.71 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 14,007.71 | |
| (c) Total Receipts (from Line 19) | \$ 23,619.73 | \$ 23,619.73 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 37,627.44 | \$ 37,627.44 |
| 7. Total Disbursements (from Line 20) | \$ 5,923.53 | \$ 5,923.53 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 31,703.91 | \$ 31,703.91 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9650 Local 202-834-1100 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 275.97 | |

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

Bernard Pasternak

Signature of Treasurer

Bernard Pasternak

Date

April 14, 2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §4C7g.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

FEC FORM 3X

(revised 10/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE | REPORT COVERING PERIOD | | |
|---|-------------------------------|---------------------------|------------|
| <i>St Louisians for Better Government</i> | FROM <i>January 1</i> | TO <i>March 31, 2000</i> | |
| | 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) | 23,500.00 | 23,500.00 | 11(a)(ii) |
| ii. Unitemized | | | 11(a)(iii) |
| iii. Total (add i and ii) > | 23,500.00 | 23,500.00 | 11(b) |
| b. Political Party Committees | | | 11(c) |
| c. Other Political Committees (such as PACs) | | | 11(d) |
| d. Total Contributions (add a ii, b and c) > | 23,500.00 | 23,500.00 | 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.) | 119.73 | 119.73 | 18 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | 19 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 23,619.73 | 23,619.73 | 20 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | 23,619.73 | 23,619.73 | |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | 21(a)(i) |
| i. Federal Share | | | 21(a)(ii) |
| ii. Non-Federal Share | 923.53 | 923.53 | 21(b) |
| b. Other Federal Operating Expenditures | 923.53 | 923.53 | 21(c) |
| c. Total Operating Expenditures (add a ii, a iii, and b) > | 923.53 | 923.53 | 22 |
| 22. Transfers to Affiliated/Other Party Committees | | | 23 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 5,000.00 | 5,000.00 | 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) > | | | 29 |
| 29. Other Disbursements | 5,923.53 | 5,923.53 | 30 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 5,923.53 | 5,923.53 | 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) | 23,500.00 | 23,500.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | | | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | | | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | 923.53 | 923.53 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | | | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | 923.53 | 923.53 | 37 |

SCHEDULE A

ITEMIZED RECEIPTS

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)
St. Louisians for Better Government

| A. 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 |
|--|--|-------------------------|------------------------------------|
| Grima Bernstein 1418 Rankin Dr. St. Louis, MO 63117 | Ernst and Young Manager > \$ 250.00 | 2/9/00 | 250.00 |
| Bettie Bershman 6 Fordyce Lane St. Louis, MO 63124 | house wife > \$ 1,000.00 | 2/9/00 | 1,000.00 |
| Sander Korcin 701 Market, Suite 300 St. Louis, MO 63101 | Carr, Korcin, Tillery Attorney > \$ 1,000.00 | 2/10/00 | 1,000.00 |
| Wilma Messing 30 Westwood Country Club Grounds St. Louis, MO 63131 | home maker > \$ 1,000.00 | 2/11/00 | 1,000.00 |
| Jerome Osherow 17 Upper Price St. Louis, MO 63132 | retired > \$ 1,000.00 | 2/8/00 | 1,000.00 |
| Ronald Rubin 750 S. Hanley Rd., #40 St. Louis, MO 63105 | The Republic of Tea President > \$ 1,000.00 | 2/14/00 | 1,000.00 |
| Phillip Paster 19 W. Brentmoor St. Louis, MO 63105 | Paster, West & Kramer Attorney > \$ 1,000.00 | 2/9/00 | 1,000.00 |

SUBTOTAL of Receipts This Page (optional) **6,250.00**

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

11a

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NAME OF COMMITTEE (in Full)

St. Louisians for Better Government

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|--|--|--------------------------------------|------------------------------------|
| Paul Cahn 649 W. Polo St. Louis, MO 63105 | Elan Polo Inc. | 2/16/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Chairman | 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 |
| I. E. Millstone 8510 Eager Rd. St. Louis, MO 63144 | K & M Investors, Inc. | 2/14/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Executive | Aggregate Year-to-Date > \$ 1,000.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Marilyn Fox #23 Carrswold St. Louis, MO 63105 | | 2/29/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Homemaker | Aggregate Year-to-Date > \$ 1,000.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Sydney Jacobs 15 Winding Brook St. Louis, MO 63124 | Investor Associates | 2/28/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Investments | Aggregate Year-to-Date > \$ 1,000.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Irene Karl 14 Thorndell Dr. St. Louis, MO 63117 | Washington University School of Medicine | 2/20/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Biochemist | Aggregate Year-to-Date > \$ 1,000.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Michael Litwack 404 Tregaron Pl. St. Louis, MO 63131 | | 3/1/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: retired | Aggregate Year-to-Date > \$ 1,000.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Saul Mirowitz 4 Ladue Estates Dr. St. Louis, MO 63141 | Delmar Financial Co. | 2/25/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Mortgage Banker | Aggregate Year-to-Date > \$ 1,000.00 | |

SUBTOTAL of Receipts This Page (optional) 7,000.00

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 11a

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)

St. Louisans for Better Government

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|--|--------------------------------------|-------------------------|------------------------------------|
| Miriam Schonfeld 7384 Westmoreland St. Louis, MO 63130 | Homemaker | 2/21/00 | 1,000.00 |
| 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 |
| Hilford Bohm 11502 New London St. Louis, MO 63141 | retired | 3/7/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000.00 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Bertha Feist 550 S. Brentwood St. Louis, MO 63105 | homemaker | 3/8/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000.00 | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Tran Gall 14 Woodbridge Manor St. Louis, MO 63141 | OB-gyn., Inc Physician | 3/2/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000.00 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Kenneth Kransberg 50 Picardy Ln. St. Louis, MO 63124 | Kranson Inc Management | 3/12/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000.00 | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Morris Lazaroff 72 Meadowbrook Country Club Ballwin, MO 63011 | Clean Coverall Owner | 3/3/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250.00 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Miriam Meltzer 3007 W. Kent Carbondale, IL 62901 | retired | 3/4/00 | 500.00 |
| 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)

5,750.00

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 11a

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| NAME OF COMMITTEE (In Full) | | | |
|---|--|------------------------------------|--|
| St. Louisians for Better Government | | | |
| A. Full Name, Mailing Address and ZIP Code Joan Silber 10519 Frontenac Woods Ln St. Louis, MO 63131 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer none Occupation Volunteer Aggregate Year-to-Date > \$1,000.00 | Date (month, day, year) 3/3/00 | Amount of Each Receipt this Period 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code David Smith 7323 Maryland St. Louis, MO 63124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer McKnight Place Partnership LLP Occupation Partner Aggregate Year-to-Date > \$1,000.00 | Date (month, day, year) 3/1/00 | Amount of Each Receipt this Period 1,000.00 |
| C. Full Name, Mailing Address and ZIP Code Yetra Goldberg 8256 Turlane Ave. St. Louis, MO 63132 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Delmar Gardens, Inc Occupation Member of Board Aggregate Year-to-Date > \$500.00 | Date (month, day, year) 3/7/00 | Amount of Each Receipt this Period 500.00 |
| D. Full Name, Mailing Address and ZIP Code Eugene Weissman 62 Briarcliff St. Louis, MO 63124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Retired Aggregate Year-to-Date > \$1,000.00 | Date (month, day, year) 3/20/00 | Amount of Each Receipt this Period 1,000.00 |
| E. Full Name, Mailing Address and ZIP Code Louis Zorensky #8A 800 S. Hanley Rd. St. Louis, MO 63105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self employed Occupation Attorney Aggregate Year-to-Date > \$1,000.00 | Date (month, day, year) 3/19/00 | Amount of Each Receipt this Period 1,000.00 |
| 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) | | | 4,500.00 |
| TOTAL This Period (last page this line number only) | | | 23,500.00 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

St. Louisians for Better Government

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|------------------|-----------------------------------|------------------------------------|
| Union Planters Bank 1401 S. Brentwood St. Louis, MO 63144 | | 11/19/00 2/16/00 3/17/00 | 18.85 13.48 14.28 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): INTEREST | Occupation | Aggregate Year-to-Date > \$ 46.61 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Southwest Bank 2301 S. Kingshighway Blvd St. Louis, MO 63110 | | 2/29/00 3/31/00 | 5.03 68.09 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): INTEREST | Occupation | Aggregate Year-to-Date > \$ 73.12 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |

SUBTOTAL of Receipts This Page (optional)

119.73

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 216

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NAME OF COMMITTEE (in Full)

St. Louisians for Better Government

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------------|---|
| Union Planters Bank 2401 S. Brentwood St. Louis, MO 63144 | Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1/18/00 2/10/00 3/17/00 | .60 .52 .30 |
| B. Full Name, Mailing Address and ZIP Code Southwest Bank 2301 Kingshighway Blvd. St. Louis, MO 63110 | Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3/31/00 | 2.10 |
| C. Full Name, Mailing Address and ZIP Code Ruth Reiman 1432 Woodland Dr. St. Louis, MO 63117 | Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3/5/00 | 313.66 |
| D. Full Name, Mailing Address and ZIP Code Ruth Reiman 1432 Woodland Dr. St. Louis, MO 63117 | Supplies & Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3/5/00 | 139.85 |
| E. Full Name, Mailing Address and ZIP Code U.S. Treasury KANSAS CITY, MO 64999 | Federal Withholding and FICA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1/30/00 | 377.24 |
| F. Full Name, Mailing Address and ZIP Code Missouri Department of Revenue JEFFERSON CITY, MO 65108 | STATE WITHHOLDING TAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1/30/00 | 69.00 |
| G. Full Name, Mailing Address and ZIP Code U.S. TREASURY KANSAS CITY, MO 64999 | FEDERAL UI Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1/30/00 | 20.25 |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

923.53

TOTAL This Period (last page this line number only)

923.53

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
St. Louisians for Better Government

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| <i>Friends for Slade Gordon 10806 SE 16TH ST. BELLEVUE, WA 98004</i> | Purpose of Disbursement: Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <i>3/20/00</i> | <i>5,000.00</i> |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | <i>5,000.00</i> |
| TOTAL This Period (last page this line number only) | <i>5,000.00</i> |

SCHEDULE D
(Revised 3/80)


DEBTS AND OBLIGATIONS
Excluding Loans

| Name of Committee (In Full) | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|--|---|-----------------------------|---------------------|---|
| <i>St. Louisians for Better Government</i> | | | | |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Internal Revenue Service Kansas City, MO 64999</i> | <i>20.22</i> | <i>3.54</i> | <i>20.22</i> | <i>3.54</i> |
| Nature of Debt (Purpose): <i>Fed. Unemployment Tax</i> | | | | |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Pasternak & Co. 7710 Carondelet St. Louis, MO 63105</i> | <i>104.99</i> | <i>4.74</i> | | <i>109.73</i> |
| Nature of Debt (Purpose): <i>Postage</i> | | | | |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Internal Revenue Service Kansas City, MO 64999</i> | <i>377.24</i> | <i>132.70</i> | <i>377.24</i> | <i>132.70</i> |
| Nature of Debt (Purpose): <i>Social Security & Medicare</i> | | | | |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Missouri Dept. of Revenue Jefferson City, MO 65108</i> | <i>70.00</i> | <i>29.00</i> | <i>69.00</i> | <i>30.00</i> |
| Nature of Debt (Purpose): <i>State Withholding</i> | | | | |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| 1) SUBTOTALS This Period This Page (optional) | | | | <i>275.97</i> |
| 2) TOTALS This Period (last page in this line only) | | | | <i>275.97</i> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | | | | <i>275.97</i> |

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 type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked _____ and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
|  PREPARER | 4/20/00 DATE PREPARED |