



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>		<input type="text" value="80624.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="73760.38"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="36334.67"/>	<input type="text" value="70583.25"/>
(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="110095.05"/>	<input type="text" value="151208.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39145.33"/>	<input type="text" value="80258.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="70949.72"/>	<input type="text" value="70949.72"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	25311.63	46878.07
(ii) Unitemized .....	1023.04	3705.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26334.67	50583.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	36334.67	70583.25
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.....	0.00	0.00
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))..... ▶	36334.67	70583.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36334.67	70583.25

**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.....	39000.00	80000.00
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 .....	145.33	258.40
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)) ..	39145.33	80258.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39145.33	80258.40

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	36334.67	70583.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36334.67	70583.25
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 36
	<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**

**A. 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 / 2014**  
**Transaction ID : PR1338084333876**  
Amount of Each Receipt this Period **259.98**  
P/R Deduction (\$43.33 Semi-Monthly)

**B. Matthew Sulkala**  
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 Sr. Manager  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2499.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : PR1387142433876**  
Amount of Each Receipt this Period **1249.50**  
P/R Deduction (\$208.25 Semi-Monthly)

**C. Thomas Hardaway**  
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 Regional Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : PR1407527633876**  
Amount of Each Receipt this Period **150.00**  
P/R Deduction (\$25.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1659.48</b>
<b>TOTAL</b> 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 36
	<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**

**A. Valerie Jewett**  
Full Name (Last, First, Middle Initial)

Mailing Address 950 F Street, NW  
Suite 300

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 ▼  
846.96

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR1416900933876**

Amount of Each Receipt this Period  
423.48

P/R Deduction (\$70.58 Semi-Monthly)

**B. Jeff Woodhouse**  
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 Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR1521550933876**

Amount of Each Receipt this Period  
300.00

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

**C. Lea Fisher**  
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 ▼  
900.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR1698847633876**

Amount of Each Receipt this Period  
450.00

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

**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 8 OF 36
<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. 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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR1727896233876**

Amount of Each Receipt this Period  
**300.00**

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 / 2014

**Transaction ID : PR1759644933876**

Amount of Each Receipt this Period  
**450.00**

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

**C. Anne Holmes**  
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. Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR180533633876**

Amount of Each Receipt this Period  
**300.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1050.00</b>
<b>TOTAL</b> 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 36
	<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. Merrill Jacobs**  
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 Regional Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1299.96

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR180533833876**  
Amount of Each Receipt this Period 649.98  
P/R Deduction (\$108.33 Semi-Monthly)

**B. Kimberly 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 Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR180534533876**  
Amount of Each Receipt this Period 624.00  
P/R Deduction (\$104.00 Semi-Monthly)

**C. John O'Connor**  
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 Regional Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 299.88

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR180535033876**  
Amount of Each Receipt this Period 149.94  
P/R Deduction (\$24.99 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1423.92
<b>TOTAL</b> 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 36
<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. Del Persinger**  
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 & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : PR180535433876**

Amount of Each Receipt this Period  
**833.00**

P/R Deduction (\$208.25 Semi-Monthly)

**B. John J. Castellani**  
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 President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : PR1828048033876**

Amount of Each Receipt this Period  
**1249.50**

P/R Deduction (\$208.25 Semi-Monthly)

**c. Chip Davis**  
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, Advocacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : PR1849830233876**

Amount of Each Receipt this Period  
**1249.50**

P/R Deduction (\$208.25 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3332.00</b>
<b>TOTAL</b> 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 36
<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. Jenny Wolff Cline**  
 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 / 2014**  
**Transaction ID : PR1856317233876**  
 Amount of Each Receipt this Period **300.00**  
 P/R Deduction (\$50.00 Semi-Monthly)

**B. Naomi Morales**  
 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, HR & Admin  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : PR1856318433876**  
 Amount of Each Receipt this Period **300.00**  
 P/R Deduction (\$200.00 Semi-Monthly)

**C. 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 / 2014**  
**Transaction ID : PR1872660833876**  
 Amount of Each Receipt this Period **1350.00**  
 P/R Deduction (\$225.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1950.00</b>
<b>TOTAL</b> 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 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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 ▼ 300.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1884612433876**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$104.00 Semi-Monthly)

**B. Jennifer Romans**  
 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 / 2014  
**Transaction ID : PR1902212733876**  
 Amount of Each Receipt this Period 624.00  
 P/R Deduction (\$104.00 Semi-Monthly)

**C. Cara Moon**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1923874733876**  
 Amount of Each Receipt this Period 450.00  
 P/R Deduction (\$75.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1224.00  
**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 36
<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. 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 / 2014**

**Transaction ID : PR1942076633876**

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 / 2014**

**Transaction ID : PR1952911333876**

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 / 2014**

**Transaction ID : PR1965270633876**

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 14 OF 36
	<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**

**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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR1965270733876**

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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR1965270833876**

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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR1965270933876**

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 15 OF 36
<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. 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 / 2014  
**Transaction ID : PR1966405933876**  
Amount of Each Receipt this Period 300.00  
P/R Deduction (\$50.00 Semi-Monthly)

**B. 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 / 2014  
**Transaction ID : PR1978739433876**  
Amount of Each Receipt this Period 300.00  
P/R Deduction (\$50.00 Semi-Monthly)

**C. 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 / 2014  
**Transaction ID : PR1978739533876**  
Amount of Each Receipt this Period 180.00  
P/R Deduction (\$30.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 780.00  
**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 36
<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. 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 ▼ 600.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1980251533876**  
Amount of Each Receipt this Period 300.00  
P/R Deduction (\$50.00 Semi-Monthly)

**B. 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 ▼ 300.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1983560033876**  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$25.00 Semi-Monthly)

**C. James 'Mit' Spears**  
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 General Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2499.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1983731833876**  
Amount of Each Receipt this Period 1249.50  
P/R Deduction (\$208.25 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1699.50  
**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 17 OF 36
	<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	<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) <b>A. Shannon Graham</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 950 F Street, NW		<b>Transaction ID : PR1985816133876</b>
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 624.00	
Name of Employer PhRMA	Occupation Deputy VP-Federal Advocacy	P/R Deduction (\$104.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher Kuzmuk</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 950 F Street, NW		<b>Transaction ID : PR1991519433876</b>
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer PhRMA	Occupation Asst VP	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Michelle Artz</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 950 F Street, NW		<b>Transaction ID : PR2007427333876</b>
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 520.00	
Name of Employer PhRMA	Occupation Sr. Director	P/R Deduction (\$104.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1144.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1294.00
<b>TOTAL</b> 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 36
<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**

Full Name (Last, First, Middle Initial) <b>A. Jocelyn Ulrich</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2023737733876</b>
Mailing Address 950 F Street		Amount of Each Receipt this Period 210.00
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C		P/R Deduction (\$35.00 Semi-Monthly)
Name of Employer PhRMA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. Nick Shipley</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2028383833876</b>
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 Sr. Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

Full Name (Last, First, Middle Initial) <b>C. Tracy Napper</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2033625033876</b>
Mailing Address 950 F Street NW		Amount of Each Receipt this Period 150.00
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer PhRMA	Occupation Sr Mgr, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	984.00
<b>TOTAL</b> 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 36
<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. Peter Fotos**  
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, Fed Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : PR2039979133876**  
Amount of Each Receipt this Period **300.00**  
P/R Deduction (\$50.00 Semi-Monthly)

**B. John P. Tunnell**  
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 / 2014**  
**Transaction ID : PR2047670133876**  
Amount of Each Receipt this Period **300.00**  
P/R Deduction (\$50.00 Semi-Monthly)

**C. Linda Distlerath**  
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 Dep VP, Intl Alliance Dev  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1248.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : PR2106688633876**  
Amount of Each Receipt this Period **624.00**  
P/R Deduction (\$104.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **1224.00**  
**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 20 OF 36
<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. Jenny Bryant**  
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 Supervisor
---------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2108810233876**

Amount of Each Receipt this Period  
624.00

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

**B. Michelle Drozd**  
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  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2108810533876**

Amount of Each Receipt this Period  
300.00

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

**C. Andrew Hu**  
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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2122788233876**

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$20.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1044.00
<b>TOTAL</b> 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 21 OF 36
<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. Stephanie Fischer**  
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 **360.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : PR2135011633876**  
Amount of Each Receipt this Period **180.00**  
P/R Deduction (\$30.00 Semi-Monthly)

**B. William W. Chin**  
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 Executive VP  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2499.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : PR2139726933876**  
Amount of Each Receipt this Period **1249.50**  
P/R Deduction (\$208.25 Semi-Monthly)

**C. Linda Carroll Shern**  
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 **570.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : PR2139727033876**  
Amount of Each Receipt this Period **120.00**  
P/R Deduction (\$20.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1549.50</b>
<b>TOTAL</b> 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 22 OF 36
<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**

Full Name (Last, First, Middle Initial) <b>A. Ryan Garofalo</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2161207933876</b>
Mailing Address 950 F Street NW		Amount of Each Receipt this Period 150.00
City Washington	State DC	Zip Code 20004-1438
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 ▼ 225.00	P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>B. Charles M Clapton</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2168909833876</b>
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	Name of Employer PhRMA	Occupation SVP, Federal Advocacy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1457.75	P/R Deduction (\$208.25 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. Robert Zirkelbach</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2199024633876</b>
Mailing Address 950 F Street NW		Amount of Each Receipt this Period 624.75
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C	Name of Employer PhRMA	Occupation Sr VP, Communications
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.75	P/R Deduction (\$208.25 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2024.25
<b>TOTAL</b> 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: PAGE 23 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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.** 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 ▼  
 2290.50

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR917374933876**

Amount of Each Receipt this Period  
 1249.50

P/R Deduction (\$208.25 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

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1249.50
<b>TOTAL</b> This Period (last page this line number only).....▶	25311.63

**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 24 OF 36
<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

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) <b>A. Amgen PAC</b>		Date of Receipt
Mailing Address One Amgen Center Drive		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Thousand Oaks	CA	91320
FEC ID number of contributing federal political committee.		<b>Transaction ID : 59436304</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution from Federal PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. AbbVie Political Action Committee</b>		Date of Receipt
Mailing Address #1 N. Waukegan Rd		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
N. Chicago	IL	60064
FEC ID number of contributing federal political committee.		<b>Transaction ID : 60570440</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution from a Federal PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		<input type="text"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="10000.00"/>

# 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

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. Feinstein For Senate 2018

Mailing Address 600 Pennsylvania Ave Se Suite 210

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**Sen. Dianne Feinstein**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

**Transaction ID : 59435718**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B. Searchlight Leadership Fund

Mailing Address 426 C Street, NE  
Rear Building

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Federal Contribution

011

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
04		28		2014

**Transaction ID : 59435720**

Amount of Each Disbursement this Period

2500.00
---------

Federal Contribution

Full Name (Last, First, Middle Initial)

### C. People For Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement

011

Candidate Name

**Sen. Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

**Transaction ID : 59435721**

Amount of Each Disbursement this Period

1000.00
---------

**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

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. Cory Booker For Senate**

Mailing Address PO Box 32237

City Newark State NJ Zip Code 07102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Cory Booker**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

**Transaction ID : 59435723**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. First State PAC**

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

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
04		28		2014

**Transaction ID : 59435726**

Amount of Each Disbursement this Period

1000.00
---------

Federal Contribution

Full Name (Last, First, Middle Initial)

**C. Common Sense Colorado PAC**

Mailing Address 236 Massachusetts Ave., NE  
Suite 209

City Washington State DC Zip Code 20002

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
04		28		2014

**Transaction ID : 59435730**

Amount of Each Disbursement this Period

1000.00
---------

Federal Contribution

**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

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. 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

MM / DD / YYYY  
04 / 28 / 2014

**Transaction ID : 59435737**

Amount of Each Disbursement this Period

1000.00

Federal Contribution

Full Name (Last, First, Middle Initial)

**B. Charlie Dent For Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011

Candidate Name

**Rep. Charlie Dent**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2014

**Transaction ID : 59435743**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Frelinghuysen For Congress**

Mailing Address P.O. Box 29576

City Washington State DC Zip Code 20017

Purpose of Disbursement

011

Candidate Name

**Rep. Rodney P. Frelinghuysen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 11

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2014

**Transaction ID : 59435748**

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

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. Lee Terry For Congress**

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Lee Terry**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	4

**Transaction ID : 59435752**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Volunteers For Shimkus**

Mailing Address 499 South Capitol Street, SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. John Shimkus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	4

**Transaction ID : 59435754**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. 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: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	4

**Transaction ID : 59435757**

Amount of Each Disbursement this Period

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

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	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

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. Butterfield For Congress**

Mailing Address PO Box 2571

City State Zip Code  
Wilson NC 27894

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. George Butterfield**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	4

**Transaction ID : 59435759**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Scalise For Congress**

Mailing Address PO Box 23219

City State Zip Code  
Jefferson LA 70183

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Steve Scalise**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 60305280**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. 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: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 60305281**

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

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

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. CMR PAC**

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

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  
06 / 16 / 2014

**Transaction ID : 60305282**

Amount of Each Disbursement this Period

1000.00

Federal Contribution

Full Name (Last, First, Middle Initial)

**B. Diane Black For Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

011

Candidate Name

**Rep. Diane Black**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

**Transaction ID : 60305284**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Whitfield For Congress Committee**

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

011

Candidate Name

**Rep. Edward Whitfield**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

**Transaction ID : 60305324**

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

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. Don Payne For Congress**

Mailing Address P.O. Box 2406

City Newark State NJ Zip Code 07114

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Donald M. Payne**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 10

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

**Transaction ID : 60305341**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Blue Dog PAC**

Mailing Address P.O. Box 7668

City Washington State DC Zip Code 20044

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 / 16 / 2014

**Transaction ID : 60305385**

Amount of Each Disbursement this Period

2500.00

Federal Contribution

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: 2014  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

**Transaction ID : 60305397**

Amount of Each Disbursement this Period

1000.00

**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

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. Committee To Re-Elect Linda Sanchez**

Mailing Address P.O. Box 6162

City Lakewood State CA Zip Code 90714

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Linda Sanchez**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 60305398**

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. Delbene For Congress**

Mailing Address 499 South Capitol St., SW  
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Suzan DelBene**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 60305400**

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. First State PAC**

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

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	6		1	6		2	0	1	4

**Transaction ID : 60305402**

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

Federal Contribution

**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
0	0	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

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. Wyden For Senate**

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Ron Wyden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 60305404**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Promoting Our Republican Team PAC**

Mailing Address 900 19th Street NW  
8th Floor

City Washington State DC Zip Code 20006

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	6		1	6		2	0	1	4

**Transaction ID : 60305406**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Federal Contribution

Full Name (Last, First, Middle Initial)

**C. Rely on Your Beliefs Fund**

Mailing Address 209 Pennsylvania Avenue, 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	6		1	6		2	0	1	4

**Transaction ID : 60305411**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Federal Contribution

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

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

2	5	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

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. New Democrat Coalition PAC**

Mailing Address 901 15th Street, NW

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

MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : 60551584**

Amount of Each Disbursement this Period

2500.00

Federal Contribution

Full Name (Last, First, Middle Initial)

**B. Salmon For Congress**

Mailing Address PO Box 2590

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Matt Salmon**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: AZ District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : 60551585**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

3000.00

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

39000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Citibank**

Mailing Address P.O. Box 19748

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Bank fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 60610010**

Amount of Each Disbursement this Period

Bank fees

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 19748

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Bank fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 60610013**

Amount of Each Disbursement this Period

Bank fees

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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