PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA

BETTER GOVERNMENT COMMITTEE

1100 FIFTEENTH ST., N.W., WASHINGTON, D.C. 20005

GERALD J. MOSSINGHOFF
CHAIRMAN

VINCENT J. KLAUS
TREASURER

December 20, 1994

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

Dear Sir/Madam:

Enclosed is our amended Pre-General Election Report for the period October 1, 1994 through October 19, 1994.

Sincerely,

Vincent J. Klaus

P 030 774 324

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Reports Analysis Div. Federal Election Comm.
Street and No. 999 E Street, N.W.
P.O., State and ZIP Code Wash. D.C. 20463

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

Pre-Election Amended Report

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
FEDERAL ELECTION COMMISSION
REPORTS ANALYSIS DIVISION
999 E Street, N.W.
Washington DC
20463

4a. Article Number
030 774 324

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) Check if different than previously reported

1100 15th Street, N.W.

CITY, STATE and ZIP CODE

Washington, D.C. 20005

JUN 15 12 56 AM '95

2. FEC IDENTIFICATION NUMBER

C00021927

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

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

Termination Report

Monthly Report Due On:

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

X Twelfth day report preceding Pre-General (Type of Election) election on 11/08/94 in the State of D.C.

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

(b) Is this Report an Amendment? XX YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/01/94 through 10/19/94		
6. (a) Cash on Hand January 1, 19 94		$ 11,816.83
(b) Cash on Hand at Beginning of Reporting Period	$ 1,915.71	
(c) Total Receipts (from Line 19)	$ 2,000.00	$ 13,637.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3,915.71	$ 25,453.83
7. Total Disbursements (from Line 30)	$ 526.41	$ 22,064.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3,389.30	$ 3,389.30
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY 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 800-424-9530
Local 202-376-3120

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Vincent J. Klaus

Signature of Treasurer

Date
20 Dec. 1994

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

FEC FORM 3X
(revised 1/1/91)

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

(revised 1/1/91)

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

REPORT COVERING PERIOD FROM 10/01/94 TO: 10/19/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,000.00	7,637.00
ii. Unitemized		
iii. Total (add i and ii) ➤	1,000.00	7,637.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)	1,000.00	6,000.00
d. Total Contributions (add a iii, b and c) ➤	2,000.00	13,637.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2,000.00	13,637.00
20. Total Federal Receipts (subtract line 16 from line 19) ➤	2,000.00	13,637.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
i. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (Add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	501.41	22,039.53
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ➤		
29. Other Disbursements Stop Payment Fee (see attached)	25.00	25.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	526.41	22,064.53
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	526.41	22,064.53
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	2,000.00	13,637.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,000.00	13,637.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

Detailed Summary Page

Item #29

A stop-payment fee of $25.00 was charged for check #590.

Detailed Summary Page

FOR LINE NUMBER 11-A

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and ZIP Code George C. Cloyd 645 Indian Hill Terrace Cincinati, Ohio 45243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Procter & Gamble Occupation Vice President Pharmaceuticals Aggregate Year-to-Date > $	Date (month, day, year) 10/15/94	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			1,000.00

SCHEDULE A — ITEMIZED RECEIPTS

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

One | One
FOR LINE NUMBER 11-C

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Searle Political Action Committee P.O.Box 786 Skokie, Illinois 60076	Searle	10/12/94	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PAC		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	1,000.00

DISBURSEMENTS

for each category of the Detailed Summary Page

One	One
FOR LINE NUMBER 23	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and ZIP Code Powerscourt Restaurant c/o Sheila Curran 520 N. Capitol Street, N.W. Washington, D.C. 20001	Purpose of Disbursement: In support of Sen. William Roth Political Disbursement for: Primary General Other (specify)	Date (month, day, year) 10/04/94	Amount of Each Disbursement This Period 424.78
B. Full Name, Mailing Address and ZIP Code Friends of Dave McCurdy P.O. Box 523024 Springfield, VA 22152	Purpose of Disbursement Political Disbursement for: Primary General Other (specify)	Date (month, day, year) 10/04/94	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code W. Miller & Co., Inc. 1416 U Street, N.W. Washington, D.C. 20009	Purpose of Disbursement: In support of candidate Greg Ganske Political Disbursement for: Primary General Other (specify)	Date (month, day, year) 10/07/94	Amount of Each Disbursement This Period 76.63
D. Full Name, Mailing Address and ZIP Code DeWine for U.S. Senate 8 East Broad Street, 15th Floor Columbus, Ohio 43215	Purpose of Disbursement Political Disbursement for: Primary General Other (specify)	Date (month, day, year) 10/18/94	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Ben Cardin for Congress P.O. Box 65056 Baltimore, MD 21209	Purpose of Disbursement Political Disbursement for: Primary General Other (specify)	Date (month, day, year) 2/25/92	Amount of Each Disbursement This Period (500.00)
F. Full Name, Mailing Address and ZIP Code McCurdy for Congress Committee P.O. Box 523024 Springfield, VA 22152	Purpose of Disbursement Political Disbursement for: Primary General Other (specify)	Date (month, day, year) 3/7/94	Amount of Each Disbursement This Period (500.00)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	501.41

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 6/13/95
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

AHP
PREPARER

6/15/95
DATE PREPARED

FEC FORM 70-2 (12/92)