

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

JUL 31 11 50 AM '93

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) ST. LOUISIANS FOR BETTER GOVERNMENT		2. FEC IDENTIFICATION NUMBER C-00148155
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 610 BERNARD PASTERNAK		
CITY, STATE and ZIP CODE ST LOUIS, MISSOURI 63105		
3. <input type="checkbox"/> 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

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

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>JANUARY 1, 1993</u> through <u>JUNE 30, 1993</u>		
6.	(a) Cash on Hand January 1, 1993		\$ 3416.31
	(b) Cash on Hand at Beginning of Reporting Period	\$ 3416.31	
	(c) Total Receipts (from Line 19)	\$ 42468.55	\$ 42468.55
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 45884.86	\$ 45884.86
7.	Total Disbursements (from Line 30)	\$ 8362.20	\$ 8362.20
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 37522.66	\$ 37522.66
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)	\$ 718.28	

For further information contact:
Federal Election Commission
599 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer BERNARD PASTERNAK	Date JULY 26, 1993
Signature of Treasurer <i>Bernard Pasternak</i>	

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

3 3 0 3 8 5 2 4 3 2 0

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

(REVISED 11-91)

NAME OF COMMITTEE ST LOUISIANS FOR BETTER GOVERNMENT		REPORT COVERING PERIOD FROM 1-1-93 TO: 6-30-93	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
1. Contributions (other than loans) From:			
a. Individual Persons Other Than Political Committees			
i. Itemized (use Schedule A)		42250.00	42250.00
ii. Unitemized			
iii. Total	(add i and ii) >	42250.00	42250.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a ii, b and c) >	42250.00	42250.00
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.)		218.55	218.55
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	42468.55	42468.55
20. Total Federal Receipts	(subtract line 18 from line 19) >	42468.55	42468.55
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		3362.20	3362.20
c. Total Operating Expenditures	(add a i, a ii, and b) >	3362.20	3362.20
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		5000.00	5000.00
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			
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	8362.20	8362.20
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	8362.20	8362.20
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		42250.00	42250.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		42250.00	42250.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	3362.20	3362.20
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 35 from 36) >	3362.20	3362.20

1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 7
FOR LINE NUMBER 11A

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

NAME OF COMMITTEE (in Full)

ST LOUISIANS FOR BETTER GOVERNMENT

A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRS. I. GOLDBERG 8256 TULANE ST. LOUIS, MO. 63122		DELMAR GARDENS ENTERPRISES	1-4-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK KALISHMAN #8 OAK BEND DR. ST. LOUIS, MO 63124		SELF	1-2-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUILDER	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
MICHAEL M. KARL 14 THORNHILL DR. ST LOUIS, MO 63117		SELF	1-3-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PHYSICIAN	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
JAMES M GORDON 8725 DELMAR ST. LOUIS, MO 63124		SELF	1-4-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PHYSICIAN	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
NORMAN I. LEVE 12615 BOOTHBAY CT. ST LOUIS, MO 63141		SELF	1-4-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation REAL ESTATE MANAGEMENT	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
SAUL N. MIKOWITZ #4 LAURE ESTATES ST. LOUIS, MO 63141		DELMAR FINANCIAL CO.	1-4-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation EXECUTIVE	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
MITCHEL YANOW 8 ROLLING ROCK LANE ST. LOUIS, MO. 63124		SELF	1-4-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PHYSICIAN	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

1
2
3
4
5
6
7
8
9
10
11
12

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule si
for each category of the
Detailed Summary Page

PAGE 2 OF 7
FORM LINE NUMBER

1161

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 committees.

NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

1
2
3
4
5
6
7
8
9
10
11
12
13

A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEROME B. OSHEROW 17 UPPER PRICE RD. ST. LOUIS, MO. 63132			1-8-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation RETIRED	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY SOSNOFF 330 LAQUE WOODS ST. LOUIS, MO. 63141			1-1-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation RETIRED	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
BRUCE I. WHITE 5 UNIVERSITY LANE ST. LOUIS, MO. 63105		ST. LOUIS COSMETIC SURGERY, INC.	1-12-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PHYSICIAN	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
CARL A. LYSS 721 S. CENTRAL ST. LOUIS, MO. 63105		INTERNAL MEDICINE CONSULTANTS, INC.	1-1-93 1-12-93 2-3-93 4-15-93 5-4-93	100.00 250.00 250.00 250.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PHYSICIAN	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
ROSALIND NEUMAN 848 S. MERAMEC ST. LOUIS, MO 63105		WASHINGTON UNIVERSITY	1-28-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation RESEARCH INSTRUCTOR	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
PHILLIP J. PASTER 19 W. BRENTMOOR CLAYTON, MO. 63105		PASTER, WEST & KRAMER, P.C.	1-24-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY	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
EUGENE WEISSMAN 62 BRIARCLIFF ST. LOUIS, MO. 63124			1-31-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation RETIRED	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	7100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category on the Data List Summary Page
 Page 4 of 7
 LINE NUMBER 1141

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

NAME OF COMMITTEE (in full)
ST. LOUISIANS FOR BETTER GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LOUIS I. ZORENSKY 2100 S. WARSON ROAD ST LOUIS, MO. 63104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	HYCEL PROPERTIES Occupation: ATTORNEY - DEVELOPER Aggregate Year-to-Date > \$3	2-7-93	1000.00
MARY G. ZORENSKY 2100 S. WARSON ROAD ST LOUIS, MO. 63104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: HOMEMAKER Aggregate Year-to-Date > \$5	2-7-93	1000.00
JERROLD BLUMOFF 6330 ALEXANDER ST. LOUIS, MO. 63105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer: SELF Occupation: ATTORNEY Aggregate Year-to-Date > \$5	2-28-93	500.00
MIRIAM SCHONFELD 7384 WESTMORELAND ST. LOUIS, MO. 63100 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer: SELF Occupation: ARTIST Aggregate Year-to-Date > \$5	2-28-93	500.00
MARCIA WEISS 4 FAIR OAKS ST. LOUIS, MO. 63104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer: SELF Occupation: NURSE Aggregate Year-to-Date > \$5	2-28-93 5-11-93	250.00 200.00
J. E. MILLSTONE 8510 EAGER ROAD ST. LOUIS, MO. 63144 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer: MILLSTONE CONSTRUCTION Occupation: EXECUTIVE Aggregate Year-to-Date > \$5	3-30-93	1000.00
BERNARD PASTERNAK 41 CLAVERACH DR. ST. LOUIS, MO. 63105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer: PASTERNAK, SCHWIZER & Co., P.C. Occupation: CPA Aggregate Year-to-Date > \$5	4-12-93	1000.00

1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0

SUBTOTAL of Receipts This Page (optional)	5450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 5 OF 7
FORM LINE NUMBER 11a1

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

NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PRESTON BANK 635 SARAWOOD LANE ST. LOUIS, MO. 63141	SELF	5-1-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation R. E. AFFRANCO / CONSULTANT	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MILTON L. ZORENSKY 950 TERRILL FARMS RD. ST LOUIS, MO. 63124		4-27-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	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
SAMUEL R. GOLDSTEIN 14 TWIN SPRINGS LANE ST. LOUIS, MO 63124	APEX OIL	4-28-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CORP. EXECUTIVE	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
GUSTAV SCHONFELD 7384 WESTMORELAND ST LOUIS, MO. 63130	WASHINGTON UNIVERSITY	4-30-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PROFESSOR OF MEDICINE	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
DONALD MELTZER 3007 W. KENT CARBONDALE, IL. 62901	SOUTHERN ILLINOIS U.	4-30-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PROFESSOR	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
ARNOLD LERMAN 530 WHITE ROSE OLIVETTE, MO. 63132	EAGLE + MEDICAL	5-1-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	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
RUDOLPH FREEDMAN 17 BRAZILIAN COURT ST. LOUIS, MO. 63124	SEMLOR	5-3-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category of the Detailed Summary Page

PAGE 6 OF 7
FOR LINE NUMBER 1141

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

NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BERTHA FEIST 550 S BRENTWOOD ST LOUIS, MO. 63105		5-4-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER Aggregate Year-to-Date > 5		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SANDOR KOREIN 701 MARKET ST, STE 200 ST LOUIS, MO. 63101	CARR, KOREIN, TILLERY, KUNIN, MONTEY & GLASS	5-4-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY Aggregate Year-to-Date > 5		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HERMAN J. LANSON 12020 GARDENGATE DR. ST LOUIS, MO. 63146		5-6-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED Aggregate Year-to-Date > 5		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL LITWACK 404 TREGARDN ST. LOUIS, MO. 63101		5-10-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED Aggregate Year-to-Date > 5		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID POLLACK 296 PRINCE TOWN ST. LOUIS, MO. 63141	A. G. EDWARDS & SONS	5-10-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STOCK BROKER Aggregate Year-to-Date > 5		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SAM FOX 7701 FORSYTH ST. LOUIS, MO. 63105	HARBOUR GROUP	5-3-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN & CEO Aggregate Year-to-Date > 5		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BERNARD BORNSTEIN 601 S. LINDBERGH ST. LOUIS, MO. 63101	FUR CENTRE	5-7-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date > 5		

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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

NAME OF COMMITTEE (in Full)

ST LOUISIANS FOR BETTER GOVERNMENT

1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAGNA BANK 10 S. BRENTWOOD ST. LOUIS, MO. 62105		1-15-93	7.37
		2-16-93	26.45
		3-17-93	40.16
		4-19-93	41.06
		5-17-93	38.29
		6-16-93	64.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify): INTEREST	Occupation	Aggregate Year-to-Date > \$ 218.55	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	218.55
TOTAL This Period (last page this line number only)	218.55

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DIVISION OF EMPLOYMENT SECURITY MISSOURI DEPARTMENT OF REVENUE JEFFERSON CITY, MO. 65108	STATE UNEMPLOYMENT TAX	1-24-93	57.60
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-30-93	27.30
INTERNAL REVENUE SERVICE KANSAS CITY, MO. 64999	FEDERAL UNEMPLOYMENT TAX	1-24-93	48.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
MISSOURI DEPARTMENT OF REVENUE JEFFERSON CITY, MO. 65108	STATE WITHHOLDING TAX	1-24-93	6.55
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-30-93	3.27
MAGNA BANK 10 S. BRENTWOOD ST. LOUIS, MO. 65105	FEDERAL WITHHOLDING AND SOCIAL SECURITY TAXES	1-31-93	108.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-28-93	108.50
		5-9-93	217.00
		6-30-93	217.00
BARBARA BIANCO 10 WARREN HILLS ST LOUIS, MO. 63124	SALARY - ADMINISTRATOR	1-01-93	428.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-22-93	428.08
		5-9-93	856.16
		6-30-93	856.16
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	3362.20
TOTAL This Period (last page this line number only)	3362.20

1338524330

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

CT

1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LIEBERMAN FOR SENATE COMMITTEE 552 SENATE HART OFFICE BLDG WASHINGTON, D.C. 20510	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-28-98	5000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

LOANS

Name of Committee (in Full) ST LOUISIANS FOR BETTER GOVERNMENT			
A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			0
TOTALS This Period (last page in this line only)			0
Carry remaining balance only to LINE 3, Schedule D, for this Sec. If no Schedule D, carry forward to appropriate line of Summary.			

7 3 U 3 8 5 2 4 3 3 2

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
ST. LOUISIANS FOR BETTER GOVERNMENT				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor MISSOURI DEPARTMENT OF REVENUE JEFFERSON CITY, MO. 65108	6.55	9.82	9.82	6.55
Nature of Debt (Purpose): STATE WITHHOLDING TAX				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor MISSOURI DEPARTMENT OF REVENUE JEFFERSON CITY, MO. 65108	57.60	81.90	84.90	54.60
Nature of Debt (Purpose): STATE UNEMPLOYMENT TAX				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor INTERNAL REVENUE SERVICE KANSAS CITY, MO 64999	48.00	24.00	48.00	24.00
Nature of Debt (Purpose): FEDERAL UNEMPLOYMENT TAX				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor BARBARA BIANCO 10 WARSON HILLS ST. LOUIS, MO. 63124		603.30		603.30
Nature of Debt (Purpose): VARIOUS OUT OF POCKET EXPENSES				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor PASTERNAK, SCHUBERT & CO., P.C. 12400 OLIVE BLVD, SUITE 500 ST. LOUIS, MO. 63141		29.83		29.83
Nature of Debt (Purpose): POSTAGE				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				

2
3
0
3
8
5
2
4
3
3
3

1) SUBTOTALS This Period This Page (optional)	718.28
2) TOTAL This Period (last page this line only)	718.28
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	718.28

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				I.D. No.
ST. LOUISIANS FOR BETTER GOVERNMENT				C - 00148155
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 0	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ 0	
(c) TOTAL Independent Expenditures			\$ 0	

23038524334

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, collusion, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign material prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19____

My Commission expires _____

Signature _____ Date _____

NOTARY PUBLIC

ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full)				
ST. LOUISIANS FOR BETTER GOVERNMENT				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, name the designating committee:				
Full Name, Mailing Address and ZIP Code of Subordinate Committee				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
SUBTOTAL of Expenditures This Page (optional)				0
TOTAL This Period (last page this line number only)				0

3
5
U
3
8
5
2
4
3
3

**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

7/26/93

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

E.S.
 PREPARER

7/31/93
 DATE PREPARED

33038524336