

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

APR 13 9 54 AM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**St. Louisians for Better Government**

ADDRESS (number and street)  Check if different than previously reported  
**40 Bernard Pasternak**  
**801 S. Skinker, #10C**

CITY, STATE and ZIP CODE  
**St. Louis, MO. 63105**

2. FEC IDENTIFICATION NUMBER  
**C-00148655**

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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
- February 20  June 20  October 20
- March 20  July 20  November 20
- April 20  August 20  December 20
- May 20  September 20  January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

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

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <b>1-1-98</b> through <b>3-31-98</b>		
6. (a) Cash on Hand January 1, 19 <b>98</b>		\$15,130.29
(b) Cash on Hand at Beginning of Reporting Period	\$15,130.29	
(c) Total Receipts (from Line 19)	\$27,495.12	\$27,495.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$42,625.41	\$42,625.41
7. Total Disbursements (from Line 30)	\$18,199.60	\$18,199.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$24,425.81	\$24,425.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 419.73	

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

Type or Print Name of Treasurer

**Bernard Pasternak**

Signature of Treasurer

*Bernard Pasternak*

Date

April 14, 1998

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 9437g.

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FEC FORM 3X

(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	27,437.50	27,437.50	11(c)(1)
ii. Unitemized			11(c)(2)
iii. Total (add i and ii) >	27,437.50	27,437.50	11(c)(3)
b. Political Party Committees			11(d)
c. Other Political Committees (such as PACs)			11(e)
d. Total Contributions (add a ii, b and c) >	27,437.50	27,437.50	11(f)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	57.62	57.62	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	27,495.12	27,495.12	19
20. Total Federal Receipts (subtract line 18 from line 19) >	27,495.12	27,495.12	20
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i. Federal Share			21(a)(2)
ii. Non-Federal Share			21(a)(3)
b. Other Federal Operating Expenditures	1,199.60	1,199.60	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	1,199.60	1,199.60	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	17,000.00	17,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	18,199.60	18,199.60	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	17,199.60	17,199.60	31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)	27,437.50	27,437.50	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)	27,437.50	27,437.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	1,199.60	1,199.60	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	1,199.60	1,199.60	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 15  
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
<u>Paul Brown</u> <u>700 Office Parkway #207</u> <u>St. Louis, MO 63141</u>	<u>Self</u>	<u>1-11-98</u> <u>3-7-98</u>	<u>1000.00</u> <u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Computers</u>	Aggregate Year-to-Date <u>&gt; \$2000.00</u>	
<b>B. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<u>Mark S. Carlie</u> <u>7710 Carondelet #200</u> <u>St. Louis, MO 63105</u>	<u>Stone Carlie &amp; Co,</u> <u>L.C.</u>	<u>1-26-98</u>	<u>500.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>CPA</u>	Aggregate Year-to-Date <u>&gt; \$500.00</u>	
<b>C. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<u>Henry Grossberg</u> <u>14440 Ladue Rd</u> <u>Chesterfield, MO 63017</u>	<u>Delmar Gardens,</u> <u>Inc.</u>	<u>1-11-98</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Nursing home management</u>	Aggregate Year-to-Date <u>&gt; \$1000.00</u>	
<b>D. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<u>Morris S. Lefton</u> <u>111 Westport Plaza</u> <u>St. Louis, MO 63146</u>	<u>Metal Exchange</u> <u>Corporation</u>	<u>1-7-98</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Executive</u>	Aggregate Year-to-Date <u>&gt; \$1000.00</u>	
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<u>Dr. Rosalind Newman</u> <u>848 S. Meramec</u> <u>St. Louis, MO 63105</u>	<u>Washington University</u> <u>Medical School</u>	<u>1-24-98</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Statistical Geneticist</u>	Aggregate Year-to-Date <u>&gt; \$1000.00</u>	
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<u>Jerome B. Osherow</u> <u>17 Upper Price Road</u> <u>St. Louis, MO 63132</u>	<u>-</u>	<u>1-24-98</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Retired</u>	Aggregate Year-to-Date <u>&gt; \$1000.00</u>	
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<u>Dr. Herman Shyken</u> <u>111 Plantation Dr.</u> <u>St. Louis, MO 63141</u>	<u>Retired</u>	<u>1-26-98</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Physician</u>	Aggregate Year-to-Date <u>&gt; \$1000.00</u>	

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

7500.00

TOTAL This Period (last page this line number only) \_\_\_\_\_

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5  
FOR LINE NUMBER 1121

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
Dr. Harry F. Berland 29 Granada Way St. Louis, MO 63124	Retired Occupation: Physician Aggregate Year-to-Date > \$1,000.00	2-2-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Milford M. Bohm 11502 New London St. Louis, MO 63141	Self Occupation: Businessmen Aggregate Year-to-Date > \$1,000.00	2-3-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Denlow 1405 Renkin St. Louis, MO 63117	Self Occupation: Attorney Aggregate Year-to-Date > \$1,000.00	1-27-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bertha Feist 550 South Brentwood St. Louis, MO 63105	— Occupation: Housewife Aggregate Year-to-Date > \$1,000.00	2-3-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bettie R. Gershman 6 Fordyce Lane St. Louis, MO 63124	— Occupation: Homemaker Aggregate Year-to-Date > \$1,000.00	2-2-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miriam Meltzer 3007 W. Kent Carbondale, IL 62901	Southern Illinois University Occupation: Social worker Aggregate Year-to-Date > \$500.00	2-2-98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
I. E. Millstone 801 S. Skinker St. Louis, MO 63105	K&M Investors Occupation: Executive Aggregate Year-to-Date > \$1,000.00	1-30-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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

6500.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5

FOR LINE NUMBER

11a

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NAME OF COMMITTEE (in Full)

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jerrold Blumoff 6330 Alexander St. Louis, MO 63105	Carrier Service	2-5-98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive/Owner	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
Irene E. Karl 14 Thorndell Dr. St. Louis, MO 63117	Washington University School of Medicine	2-22-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Biochemist	Aggregate Year-to-Date > \$1000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sandor Korein Gateway One Bldg, STE 300 St. Louis, MO 63101	Self	2-12-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Saul N. Mirowitz #4 Ladue Estates St. Louis, MO 63141	Delmar Financial Company	6-20-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mortgage Banker	Aggregate Year-to-Date > \$1000.00	
E. 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 & Krang P.C.	2-11-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joan E. Silber 10519 Frontenac Woods Lane St. Louis, MO 63131	Self	2-18-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Volunteer Consultant	Aggregate Year-to-Date > \$1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert M. Dolgin 28 Portland Place St. Louis, MO 63108	DSW Consultants, Inc.	2-25-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Tax Consultant	Aggregate Year-to-Date > \$1000.00	

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 15  
FOR LINE NUMBER 1141

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NAME OF COMMITTEE (In Full)

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. Israel Goldberg 8256 Tulane St. Louis, MO 63132-5020	Delmar Gardens Enterprises	2-26-98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Board Member 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
Kenneth S. Krantzberg 50 Picardy Lane St. Louis, MO 63124	Kranson Industries	3-7-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Management Aggregate Year-to-Date > \$ 1000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. Wilma E. Messing 30 Westwood C.C. Grds. St. Louis, MO 63131	—	3-2-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Housewife Aggregate Year-to-Date > \$ 1000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. Michael L. Bernstein 1418 Rankin Dr. St. Louis, MO 63117	Washington University	3-15-98	187.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Student Aggregate Year-to-Date > \$ 187.50		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bernard Pasternak 801 S. Skinker, #10C St. Louis, MO 63105	Pasternak & Co.	3-22-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CPA Aggregate Year-to-Date > \$ 1000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Cahn 649 W. Polo Clayton, MO 63105	Elan-Polo, Inc.	3-20-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$ 1000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Milton L Fry 12242 Ledue Woods Drive St. Louis, MO 63141	Fry-Wagner Moving & Storage	3-20-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 1000.00		

SUBTOTAL of Receipts This Page (optional)

5687.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 15  
FOR LINE NUMBER 1121

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NAME OF COMMITTEE (In Full)

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morris Lazaroff 72 Meadowbrook Country Club Bellwin, MO 63011 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Clean Overall Occupation: Businessman/Owner Aggregate Year-to-Date > \$ 25000	2-17-98	250.00
Eugene Weissman 62 Briardiff St. Louis, MO 63124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation: Retired Aggregate Year-to-Date > \$ 1000.00	3-23-98	1000.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

11250.00

TOTAL This Period (last page this line number only)

27437.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Magna Bank 1401 S. Brentwood St. Louis, MO 63144		1-16-98 2-17-98 3-17-98	18.03 21.62 17.97
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest Received	Occupation	Aggregate Year-to-Date > \$57.62	
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) .....

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

57.62



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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 MO Dept. of Revenue Jefferson City, MO 65105	Missouri Unemployment Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-29-98	5.20
B. Full Name, Mailing Address and ZIP Code Internal Revenue Service Kansas City, MO 64999	Federal Unemployment Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-29-98	48.00
C. Full Name, Mailing Address and ZIP Code Missouri Dept. of Revenue Jefferson City, MO 65108	Missouri Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-29-98	20.00
D. Full Name, Mailing Address and ZIP Code Barbara Bianco 8165 Whitburn Dr., Apt 1W St. Louis, MO 63105	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-14-98	856.16
E. Full Name, Mailing Address and ZIP Code Magna Bank 1461 S. Brentwood St. Louis, MO 63144	Federal Withholding & Social Security Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-14-98	217.00
F. Full Name, Mailing Address and ZIP Code Southwestern Bell P.O. Box 630059 Dallas, Texas 75263-0059	Telephone/Fax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-22-98	53.24
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

**SUBTOTAL** of Disbursements This Page (optional) ..... 1199.60

**TOTAL** This Period (last page this line number only) ..... 1199.60

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Berkley for Congress 7432 Silver Palm Ct. Las Vegas, NV 89117		2-2-98	2,000.00
B. Full Name, Mailing Address and ZIP Code Brownback for U.S. Senate P.O. Box 2008 Topeka, KS 66601	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-18-98	5,000.00
C. Full Name, Mailing Address and ZIP Code Missourians for Kit Bond 34 N. Brentwood, #14 St. Louis, MO 63105	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-22-98	5,000.00
D. Full Name, Mailing Address and ZIP Code Feingold Senate Committee P.O. Box 620062 Middleton, WI 53562	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-27-98	5,000.00
E. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

17,000.00

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

17,000.00

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans


Page 1 of 1 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

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 Dept. of Revenue Jefferson City, Missouri 65108	20.00	3.00	25.00	3.00
Nature of Debt (Purpose): State Withholding Tax				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Missouri Dept. of Revenue Jefferson City, MO 65105	5.20		5.20	
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	8.00	48.00	8.00
Nature of Debt (Purpose): Federal Unemployment Tax				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Pasternak's Co 7710 Carondelet, Suite 216 St. Louis, MO 63105	80.00	4.00		84.00
Nature of Debt (Purpose): Mortgage				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Barbara Bianco 8165 Whitburn Dr IN St. Louis MO 63105	260.73			260.73
Nature of Debt (Purpose): Reimbursement				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor INTERNAL REVENUE SERVICE KANSAS CITY, MO 64999		64.00		64.00
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				419.73
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				419.73

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 	 4-18-98
PREPARER	DATE PREPARED