

# 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)  
**ST. LOUISIANS FOR BETTER GOVERNMENT**

ADDRESS (number and street)  Check if different than previously reported  
**C/O BERNARD PASTERNAK  
41 CLAVERACH DRIVE**

CITY, STATE and ZIP CODE  
**ST. LOUIS, MISSOURI 63105**

2. FEC IDENTIFICATION NUMBER  
**C-00148155**

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

NOTE: IN ACCORDANCE WITH CORRESPONDENCE FROM THE FEC DATED 12-93, THIS COMMITTEE HAS SATISFIED CRITERIA OF MULTICANDIDATE STATUS PRIOR Monthly Report Due On: 7-1-94

## 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

- 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>NOV. 29, 1994</u> through <u>DEC. 31, 1994</u>		
6.	(a) Cash on Hand January 1, 19 <u>94</u>		\$ 34,718.52
	(b) Cash on Hand at Beginning of Reporting Period	\$ 3,751.16	
	(c) Total Receipts (from Line 1B)	\$ 1,255.03	\$ 56,446.87
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 5,006.19	\$ 91,165.45
7.	Total Disbursements (from Line 3C)	\$ 561.51	\$ 86,720.77
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4,444.68	\$ 4,444.68
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 127.53	

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  
**JANUARY 30, 1995**

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

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

(revised 1/191)

NAME OF COMMITTEE <b>ST LOUISIANS FOR BETTER GOVERNMENT</b>		REPORT COVERING PERIOD FROM <b>Nov. 29, 1994</b> TO: <b>Dec. 31, 1994</b>	
		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) .....	1250.00	55,750.00	11(a)(i)
ii. Unitemized .....			11(a)(ii)
iii. Total .....	1250.00	55,750.00	11(a)(iii)
b. Political Party Committees .....			11(b)
c. Other Political Committees (such as PACs) .....			11(c)
d. Total Contributions .....	1250.00	55,750.00	11(d)
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.) .....	5.03	696.87	17
18. Transfers from Nonfederal Account for Joint Activity .....			18
19. Total Receipts .....	1255.03	56,446.87	19
20. Total Federal Receipts .....	1255.03	56,446.87	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....			21(a)(i)
ii. Non-Federal Share .....			21(a)(ii)
b. Other Federal Operating Expenditures .....	561.51	7,220.77	21(b)
c. Total Operating Expenditures .....	561.51	7,220.77	21(c)
22. Transfers to Affiliated/Other Party Committees .....			22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		79,500.00	23
24. Independent Expenditures (use Schedule E) .....			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 44(a)(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 .....			28(d)
29. Other Disbursements .....			29
30. Total Disbursements .....	561.51	86,720.77	30
31. Total Federal Disbursements .....	561.51	86,720.77	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	1250.00	55,750.00	32
33. Total Contribution Refunds (from line 28d) .....			33
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	1250.00	55,750.00	34
35. Total Federal Operating Expenditures .....	561.51	7,220.77	35
36. Offsets to Operating Expenditures (from line 15) .....			36
37. Net Operating Expenditures .....	561.51	7,220.77	37

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11A.1.

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*

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A. Full Name, Mailing Address and ZIP Code <i>MORRIS LAZAROFF 1816 S. 7TH ST. ST. LOUIS, MO 63104</i>	Name of Employer <i>CLEAR OVERALL SUPPLY CO., INC.</i>  Occupation <i>BUSINESSMAN</i> Aggregate Year-to-Date > \$ <i>1000.00</i>	Date (month, day, year) <i>12-2-94</i>	Amount of Each Receipt this Period <i>250.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>DARLING BABY SHOE COMPANY, INC.</i>  Occupation <i>EXECUTIVE</i> Aggregate Year-to-Date > \$ <i>1000.00</i>	Date (month, day, year) <i>12-2-94</i>	Amount of Each Receipt this Period <i>1000.00</i>
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
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
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
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
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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<i>1250.00</i>
<b>TOTAL</b> This Period (last page this line number only) .....	<i>1250.00</i>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (in Full)**

*ST. LOUISIANS FOR BETTER GOVERNMENT*

9 5 0 3 9 6 2 5 3 4 4

A. Full Name, Mailing Address and ZIP Code <i>MAGNA BANK 1401 S. BRENTWOOD ST. LOUIS, MO 63144</i>	Name of Employer  Occupation Aggregate Year-to-Date > \$ <i>696.87</i>	Date (month, day, year) <i>12-16-94</i>	Amount of Each Receipt this Period <i>5.08</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>INTEREST EARNED</i>			
B. Full Name, Mailing Address and ZIP Code	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	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	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	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	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....	<i>5.08</i>
TOTAL This Period (last page this line number only) .....	<i>5.08</i>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 216

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. LOUISIANE FOR BETTER GOVERNMENT**

9 5 0 3 9 6 2 3 3 4 5

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<b>BARBARA BIANCO 10 WARSON HILLS LANE ST. LOUIS, MO 63124</b>	<b>REIMBURSEMENT FOR OFFICE SUPPLIES</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>12-6-94</b>	<b>24.93</b>
<b>BARBARA BIANCO 10 WARSON HILLS LANE ST. LOUIS, MO 63124</b>	<b>SALARY - ADMINISTRATIVE ASSISTANT</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>12-6-94</b>	<b>428.08</b>
<b>MAGNA BANK 1401 S. BREATHWOOD ST. LOUIS, MO 63144</b>	<b>FEDERAL WITHHOLDING &amp; SOCIAL SECURITY TAXES</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>12-6-94</b>	<b>108.50</b>
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

**561.51**

TOTAL This Period (last page this line number only)

**561.51**

**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
<b>ST. LOUISIANS FOR BETTER GOVERNMENT</b>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <b>MISSOURI DEPARTMENT OF REVENUE JEFFERSON CITY, MO 65108</b>	3.33	1.67		5.00
Nature of Debt (Purpose): <b>STATE WITHHOLDING TAX</b>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <b>MISSOURI DEPARTMENT OF REVENUE JEFFERSON CITY, MO 65105</b>	22.60	11.30		33.90
Nature of Debt (Purpose): <b>STATE UNEMPLOYMENT TAX</b>				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <b>INTERNAL REVENUE SERVICE KANSAS CITY, MO 64999</b>	44.00	4.00		48.00
Nature of Debt (Purpose): <b>FEDERAL UNEMPLOYMENT TAX</b>				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <b>PASTERNAK &amp; CO. 7710 CARONDELLE, SUITE 319 ST. LOUIS, MO 63105</b>	40.63			40.63
Nature of Debt (Purpose): <b>POSTAGE</b>				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

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1) SUBTOTALS This Period This Page (optional)				127.53
2) TOTALS This Period (last page in this line only)				127.53
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)				127.53

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.

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Registered/Certified Mail

POSTMARKED

*1-30-55*

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

*J.M.W.*  
PREPARER

*2-2-55*  
DATE PREPARED

9 5 0 3 9 0 2 5 6 4 7