ABBOTT LABORATORIES BETTER GOVERNMENT FUND
100 Abbott Park Road • Abbott Park, Illinois 60064-3500

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 MAY 12 P 1:45

Federal Election Commission
999 E. Street, NW
Washington, DC 20463

RE: ID # C00040279

Attached is the monthly Report of Receipts and Disbursements, covering period 4/01/00 - 4/30/00 for the Abbott Laboratories Better Government Fund.

Sincerely,

C. A. Sebesta
Treasurer, ALBGF

cc:	C. Babington	D383 AP6D
	M. E. Barmak	D39U AP6D
	V. Gallagher	D38L AP6D
	D. Johnson	D38L AP6D
	D. Landsidle	Washington
	J. E. Rivera, Jr.	D324 AP6D

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 MAY 12 P 1:45

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Abbott Laboratories Better Government Fund

ADDRESS (number and street) ☐ Check if different than previously reported
100 Abbott Park Road D-312 AP8D/2

CITY, STATE and ZIP CODE
Abbott Park, IL 60064-6028

2. FEC IDENTIFICATION NUMBER
C00040279

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

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 04/01/00 through 04/30/00		
6. (a) Cash on Hand January 1, 19 00		$ 8,906.56
(b) Cash on Hand at Beginning of Reporting Period	$ 21,155.98	
(c) Total Receipts (from Line 19)	$ 10,410.00	$ 43,314.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 31,565.98	$ 52,220.98
7. Total Disbursements (from Line 30)	$ 15,761.00	$ 36,416.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 15,804.98	$ 15,804.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 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
Carol A. Sebesta

Signature of Treasurer: Carol A. Sebesta

Date: 5/4/00

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 9/93)

1 00179

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

(revised 1/1/91)

NAME OF COMMITTEE: Abbott Laboratories Better Government Fund

REPORT COVERING PERIOD FROM: 04/01/00 TO: 04/30/00

	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)	4,374.74	15,998.35	11(a)(i)
ii. Unitemized	6,035.26	27,313.92	11(a)(ii)
iii. Total (add i and ii) ➤	10,410.00	43,312.27	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	10,410.00	43,312.27	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	2.15	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	10,410.00	43,314.42	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	10,410.00	43,314.42	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	14,750.00	34,500.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	1.00	1.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	1.00	1.00	28(d)
29. Other Disbursements	1,010.00	1,915.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	15,761.00	36,416.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	15,761.00	36,416.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10,410.00	43,312.27	32
33. Total Contribution Refunds (from line 28d)	1.00	1.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,409.00	43,311.27	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
Abbott Laboratories Better Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JOY A AMUNDSON 111 E CHESTNUT APT 53C CHICAGO, IL 60611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: SR VP ROSS Aggregate Year-to-Date > $ 1,098.60	Payroll Deduction	249.24 ($124.62 Biweekly)
B. JACK S ATEN 540 SEDGEWICK LIBERTYVILLE, IL 60048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: DIV VP HOS PRD OPS Aggregate Year-to-Date > $ 420.75	Payroll Deduction	93.50 ($46.75 Biweekly)
C. CATHERINE V BABINGTON 566 THORNGATE LN RIVERWOODS, IL 60015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: VP INV REL/PUB AFR Aggregate Year-to-Date > $ 853.60	Payroll Deduction	155.76 ($77.88 Biweekly)
D. CHARLES M BROCK 1440 S RIDGE RD LAKE FOREST, IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: DVP ASC GN CNS INT Aggregate Year-to-Date > $ 352.89	Payroll Deduction	78.42 ($39.21 Biweekly)
E. THOMAS D BROWN 29690 TANYA TR LIBERTYVILLE, IL 60048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: SVP DIAG/PRES ADD Aggregate Year-to-Date > $ 714.17	Payroll Deduction	161.92 ($80.96 Biweekly)
F. GARY R BYERS 682 E HARVEY LAKE DR VERNON HILLS, IL 60061 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: VP INTERNAL AUDIT Aggregate Year-to-Date > $ 555.11	Payroll Deduction	125.76 ($62.88 Biweekly)
G. THOMAS F CHEN 1331 KAJER LN LAKE FOREST, IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: VP PCFC ASIA AFRIC Aggregate Year-to-Date > $ 225.00	Payroll Deduction	50.00 ($25.00 Biweekly)

SUBTOTAL of Receipts This Page (optional) 914.60

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

4-00172

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)
Abbott Laboratories Better Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. GARY P COUGHLAN 1138 CENTRAL ROAD GLENVIEW, IL 60026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: SR VP-FIN & CFO Aggregate Year-to-Date > $ 1,280.22	Payroll Deduction	289.62 ($144.81 Biweekly)
B. JOSE M DELASA 1120 N LAKE SHORE DR APT 6-B CHICAGO, IL 606113500 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: SR VP/SEC/GEN CNSL Aggregate Year-to-Date > $ 1,043.41	Payroll Deduction	233.08 ($116.54 Biweekly)
C. BRUCE R ERTELL 495 EXETER PLACE LAKE FOREST, IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: STRAT SYS PLN MGR Aggregate Year-to-Date > $ 214.58	Payroll Deduction	49.52 ($24.76 Biweekly)
D. PAUL B FINEGAN 30535 N BROOKHAVEN DR GREEN OAKS, IL 600481597 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: DVP PLT ENG OPS Aggregate Year-to-Date > $ 310.29	Payroll Deduction	69.96 ($34.98 Biweekly)
E. STANLEY R FLOOD 699 BIRCH HOLLOW DR ANTIOCH, IL 60002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: DIV VP INFO SVCS Aggregate Year-to-Date > $ 392.22	Payroll Deduction	87.16 ($43.58 Biweekly)
F. THOMAS C FREYMAN 912 LAKE ST LIBERTYVILLE, IL 60048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: VP & CONTROLLER Aggregate Year-to-Date > $ 852.85	Payroll Deduction	145.90 ($72.95 Biweekly)
G. DAVID B GOFFREDO 1213 LOYOLA LIBERTYVILLE, IL 60048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: VP EUROPE OPS, AI Aggregate Year-to-Date > $ 526.83	Payroll Deduction	119.24 ($59.62 Biweekly)

SUBTOTAL of Receipts This Page (optional)	884.48
TOTAL This Period (last page this line number only)	

6-00178

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a |

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NAME OF COMMITTEE (In Full)
Abbott Laboratories Better Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. RICHARD A GONZALEZ 125 S SUFFOLK LN LAKE FOREST, IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: SR VP HPD/PRES HPD Aggregate Year-to-Date > $ 1,016.56	Payroll Deduction	236.54 ($118.27 Biweekly)
B. THOMAS J HELLER 1748 34TH AVE KENOSHA, WI 53144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: DVP NAT ACCOUNTS Aggregate Year-to-Date > $ 276.94	Payroll Deduction	63.24 ($31.62 Biweekly)
C. ARTHUR J HIGGINS 5501 CHURCHILL LOT 53 LIBERTYVILLE, IL 60048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: SR VP PH OPS/PRES Aggregate Year-to-Date > $ 676.00	Payroll Deduction	157.70 ($78.85 Biweekly)
D. JEFFREY N HOGENMILLER 1212 LOYOLA DR LIBERTYVILLE, IL 60048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: DIR HUMAN RESOURCE Aggregate Year-to-Date > $ 274.28	Payroll Deduction	63.94 ($31.97 Biweekly)
E. DAN R HORN 26520 LONGMEADOW DR MUNDELEIN, IL 60060 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: DVP DIST/CS CHM Aggregate Year-to-Date > $ 329.13	Payroll Deduction	73.14 ($36.57 Biweekly)
F. DALE R JOHNSON 1406 BEN COURT WINTHROP HARBOR, IL 60096 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: DVP STATE GOV AFRS Aggregate Year-to-Date > $ 274.13	Payroll Deduction	61.54 ($30.77 Biweekly)
G. DAVID W LANDSIDLE 3289 WORTHINGTON ST NW WASHINGTON, DC 20015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: DIV VP/WASH AFF Aggregate Year-to-Date > $ 307.82	Payroll Deduction	68.36 ($34.18 Biweekly)

SUBTOTAL of Receipts This Page (optional) ..... > 724.48

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

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (In Full)
Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN F LUSSEN 1055 WESTLEIGH RD LAKE FOREST, IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: VP TAXES Aggregate Year-to-Date > $ 709.81	Payroll Deduction	159.80 ($79.90 Biweekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT L,,JR PARKINSON 1332 EDGEWOOD LN NORTHBROOK, IL 60062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: PRES & C.O.O. Aggregate Year-to-Date > $ 2,515.96	Payroll Deduction	571.16 ($285.58 Biweekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM H,,JR STADTLANDER 6139 GREY FRIAR WAY DUBLIN, OH 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: VP ROSS MED NTL PR Aggregate Year-to-Date > $ 646.85	Payroll Deduction	123.46 ($61.73 Biweekly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LESTER L STURGEON 975 ANDERSON DR GREEN OAKS, IL 60048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: DVP CORP P&F ENGR Aggregate Year-to-Date > $ 299.97	Payroll Deduction	68.08 ($34.04 Biweekly)
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MARCIA A THOMAS 309 FOREST LN LIBERTYVILLE, IL 600482117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: VP QA/RA/COMPL Aggregate Year-to-Date > $ 409.21	Payroll Deduction	91.54 ($45.77 Biweekly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN J,,JR WEGER 191 PEREGRINE LN HAWTHORN WOODS, IL 60047 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: VP CORP PLNG/DEV Aggregate Year-to-Date > $ 608.29	Payroll Deduction	137.88 ($68.94 Biweekly)
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
HENRY A WEISHAAR 727 CHATHAM ROAD GLENVIEW, IL 60025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: DVP HR - HPD Aggregate Year-to-Date > $ 354.71	Payroll Deduction	88.12 ($44.06 Biweekly)

SUBTOTAL of Receipts This Page (optional)	1,240.04
TOTAL This Period (last page this line number only)	

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
Abbott Laboratories Better Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MILES D WHITE 1313 N GREEN BAY RD LAKE FOREST, IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: CHAIRMAN & C.E.O. Aggregate Year-to-Date > $ 1,380.00	Payroll Deduction	380.00 ($190.00 Biweekly)
B. LANCE B WYATT 100 BOARDMAN CT LAKE BLUFF, IL 60044 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Abbott Laboratories Occupation: VP CORP ENGINEERG Aggregate Year-to-Date > $ 645.22	Payroll Deduction	121.16 ($60.58 Biweekly)
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)	501.16
TOTAL This Period (last page this line number only)	4,374.74

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code Napolitano for Congress 227 Massachusetts Avenue, N.E. Suite 302 Washington, DC 20002	Purpose of Disbursement Grace F. Napolitano, U.S. HOUSE 34th CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 04/05/00	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Rogan for Congress P.O. Box 36 Montrose, CA 91203	Purpose of Disbursement James E. Rogan, U.S. HOUSE 27th CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 04/05/00	Amount of Each Disbursement This Period 750.00
C. Full Name, Mailing Address and ZIP Code Cunneen for Congress 6339 Prospect Road, #161 San Jose, CA 95129	Purpose of Disbursement Jim Cunneen, U.S. HOUSE 15th CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 04/12/00	Amount of Each Disbursement This Period 5,000.00
D. 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
E. 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
F. 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
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) 6,250.00

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Moran For Congress P.O. Box 1151 Hays, KS 67601	Jerry Moran, U.S. HOUSE 1st KS Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	04/05/00	500.00
B. 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
C. 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
D. 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
E. 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
F. 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
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 (options)	500.00
TOTAL This Period (last page this line number only)	

4-00175

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 6

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code Abraham Senate 2000 26555 Evergreen Road, #1220 Southfield, MI 48076	Purpose of Disbursement Spencer Abraham, U.S. SENATE MI Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 04/05/00	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Abraham Senate 2000 26555 Evergreen Road, #1220 Southfield, MI 48076	Purpose of Disbursement Spencer Abraham, U.S. SENATE MI Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 04/12/00	Amount of Each Disbursement This Period 1,000.00
C. 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
D. 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
E. 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
F. 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
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)	2,000.00
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 8

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)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Burr For Congress P.O. Box 5928 Winston-Salem, NC 27113	Richard M. Burr, U.S. HOUSE 5th NC Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/05/00	1,000.00
B. 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
C. 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
D. 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
E. 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
F. 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
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) 1,000.00

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

4-00179

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code Ensign for Senate P.O. Box 26568 Las Vegas, NV 89126	Purpose of Disbursement John Ensign, U.S. SENATE NV Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 04/12/00	Amount of Each Disbursement This Period 1,000.00
B. 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
C. 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
D. 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
E. 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
F. 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
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)	1,000.00
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code Frist 2000 2000 Glen Echo Road Suite 107 Nashville, TN 37215	Purpose of Disbursement Bill Frist, U.S. SENATE TN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 04/12/00	Amount of Each Disbursement This Period 1,000.00
B. 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
C. 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
D. 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
E. 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
F. 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
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
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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)	1,000.00
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hatch Election Committee P.O. Box 1490 Washington, DC 20013-1490	Orrin G. Hatch, U.S. SENATE UT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	04/05/00	1,000.00
B. 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
C. 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
D. 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
E. 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
F. 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
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) 1,000.00

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

4-00172

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of George Allen P.O. Box 573 Richmond, VA 23218	George Allen, U.S. SENATE VA Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 2000	04/12/00	2,000.00
B. 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
C. 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
D. 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
E. 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
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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)	2,000.00
TOTAL This Period (last page this line number only)	14,750.00

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Ehrhardt P.O. Box 140966 Dallas, TX 75214	Harryette Ehrhardt, STATE HOUSE REP. 107th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/05/00	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Leticia Van de Putte Campaign 3715 Blanco Road San Antonio, TX 78212	Leticia Van de Putte, STATE SENATOR 26th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/05/00	500.00
C. 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
D. 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
E. 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
F. 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
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) 1,000.00

TOTAL This Period (last page this line number only) 1,000.00

4-00173

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 5-8-00
☐	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
☐	Electronic Filing	

PREPARER	DATE PREPARED 5-12-00

(4/98)