

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines
Pharmaceutical Research & Manufacturers of America Better Government Committee

ADDRESS (number and street) 950 F Street, NW Suite 300 Washington DC 20004
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00021972
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15 Quarterly Report(Q1) [X]
(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G)
(d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 01 2008 through 03 31 2008

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 Anne Holmes
Signature of Treasurer Electronically Filed by Anne Holmes Date 04 15 2008

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

Office Use Only
FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Pharmaceutical Research & Manufacturers of America Better Government Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		32706.46
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	32706.46									
(c) Total Receipts (from Line 19)	29331.65	29331.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	62038.11	62038.11								
7. Total Disbursements (from Line 31)	20500.00	20500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41538.11	41538.11								
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									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Pharmaceutical Research & Manufacturers of America Better Government Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	21582.41	21582.41
(i) Itemized (use Schedule A)	1749.24	1749.24
(ii) Unitemized	23331.65	23331.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	6000.00	6000.00
(c) Other Political Committees (such as PACs)	29331.65	29331.65
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29331.65	29331.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29331.65	29331.65

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	20500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20500.00	20500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20500.00	20500.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	29331.65	29331.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29331.65	29331.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 22
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial) Pfizer PAC		Date of Receipt
Mailing Address 325 7th Street, NW		<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee.		Transaction ID: 23632651
<input type="checkbox"/> C C00016683		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Bayer PAC		Date of Receipt
Mailing Address Bayer Road		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
City	State	Zip Code
Pittsburgh	PA	15205-9741
FEC ID number of contributing federal political committee.		Transaction ID: 23632652
<input type="checkbox"/> C C00281162		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="6000.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 22
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A.

Full Name (Last, First, Middle Initial) Ken Johnson		Date of Receipt MM / DD / YYYY 03 / 27 / 2008	
Mailing Address 950 F Street, NW Suite 300		Transaction ID: 24125462	
City Washington	State DC	Zip Code 20004-1404	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer PhRMA	Occupation Senior VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

B.

Full Name (Last, First, Middle Initial) Daniel Durham		Date of Receipt MM / DD / YYYY	
Mailing Address 950 F Street, NW		Transaction ID: PR1100334613349	
City Washington	State DC	Zip Code 20004-1438	Amount of Each Receipt this Period 624.00
FEC ID number of contributing federal political committee. C			
Name of Employer PhRMA	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.00	P/R Deduction (\$104.00 Se- mi-Monthly)	

C.

Full Name (Last, First, Middle Initial) Hallie Maranchick		Date of Receipt MM / DD / YYYY	
Mailing Address 950 F Street, NW		Transaction ID: PR1275760013349	
City Washington	State DC	Zip Code 20004-1404	Amount of Each Receipt this Period 649.98
FEC ID number of contributing federal political committee. C			
Name of Employer PhRMA	Occupation Sr. Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 649.98	P/R Deduction (\$108.33 Se- mi-Monthly)	

SUBTOTAL of Receipts This Page (optional)	3273.98
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Andrea Bergman</p> <p>Mailing Address 950 F Street, NW Suite 300</p> <p>City State Zip Code <u>Washington</u> DC 20004-1404</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PhRMA Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 325.02</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1312790013349</p> <p>Amount of Each Receipt this Period 325.02</p> <p>P/R Deduction (\$54.17 Semi-Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Alan Goldhammer</p> <p>Mailing Address 950 F Street, NW Suite 300</p> <p>City State Zip Code <u>Washington</u> DC 20004-1404</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PhRMA Associate VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 390.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1338083313349</p> <p>Amount of Each Receipt this Period 390.00</p> <p>P/R Deduction (\$65.00 Semi-Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Tara Ryan</p> <p>Mailing Address 950 F Street, NW Suite 300</p> <p>City State Zip Code <u>Washington</u> DC 20004-1404</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PhRMA Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 259.98</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1338084313349</p> <p>Amount of Each Receipt this Period 259.98</p> <p>P/R Deduction (\$43.33 Semi-Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	975.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 22
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A. Full Name (Last, First, Middle Initial)
Christopher Singer

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004-1404

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Exec VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR1338084513349

Amount of Each Receipt this Period 1248.00

P/R Deduction (\$208.00 Se-mi-Monthly)

B. Full Name (Last, First, Middle Initial)
Kevin Walker

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004-1404

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR1338084613349

Amount of Each Receipt this Period 1248.00

P/R Deduction (\$208.00 Se-mi-Monthly)

C. Full Name (Last, First, Middle Initial)
Jennifer Page

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004-1404

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.02

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR1338085613349

Amount of Each Receipt this Period 325.02

P/R Deduction (\$54.17 Sem-i-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 2821.02

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 22
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

<p>A. Full Name (Last, First, Middle Initial) Clement Cypra</p> <p>Mailing Address 950 F Street, NW Suite 300</p> <p>City Washington State DC Zip Code 20004-1404</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer PhRMA Occupation Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 298.98</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1342353713349</p> <p>Amount of Each Receipt this Period 298.98</p> <p>P/R Deduction (\$49.83 Semi-Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Matthew Sulkala</p> <p>Mailing Address 950 F Street, NW Suite 300</p> <p>City Washington State DC Zip Code 20004-1404</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer PhRMA Occupation Sr. Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1387142413349</p> <p>Amount of Each Receipt this Period 600.00</p> <p>P/R Deduction (\$100.00 Semi-Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Valerie Jewett</p> <p>Mailing Address 950 F Street, NW Suite 300</p> <p>City Washington State DC Zip Code 20004-1438</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer PhRMA Occupation Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 423.48</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1416900913349</p> <p>Amount of Each Receipt this Period 423.48</p> <p>P/R Deduction (\$70.58 Semi-Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	1322.46
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Michael Woody	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1485193013349
	City Washington State DC Zip Code 20004-1438	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
	Name of Employer PhRMA Occupation Director, Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Jeff Woodhouse	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 950 F Street, NW	Transaction ID: PR1521550913349
	City Washington State DC Zip Code 20004-1438	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
	Name of Employer PhRMA Occupation Regional Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Brian C Toohey	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1548145513349
	City Washington State DC Zip Code 20004-1438	Amount of Each Receipt this Period 1249.98
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Semi-Monthly)
	Name of Employer PhRMA Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.98	

SUBTOTAL of Receipts This Page (optional)	1849.98
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Amy JD Chevalier		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 950 F Street, NW Suite 300		Transaction ID: PR1554691613349
	City Washington	State DC	Zip Code 20004-1438
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 576.00
	Name of Employer PhRMA	Occupation Director	P/R Deduction (\$96.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00		

B.	Full Name (Last, First, Middle Initial) Chris Badgley		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 950 F Street, NW		Transaction ID: PR180532013349
	City Washington	State DC	Zip Code 20004-1438
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 231.30
	Name of Employer PhRMA	Occupation VP	P/R Deduction (\$38.55 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.30		

C.	Full Name (Last, First, Middle Initial) Janice Faiks		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 950 F Street, NW		Transaction ID: PR180533013349
	City Washington	State DC	Zip Code 20004-1438
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 649.98
	Name of Employer PhRMA	Occupation VP, Govt Affairs & Law	P/R Deduction (\$108.33 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 649.98		

SUBTOTAL of Receipts This Page (optional)	▶	1457.28
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Merrill Jacobs</p> <p>Mailing Address 950 F Street, NW</p> <p>City State Zip Code Washington DC 20004-1438</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PHRMA Regional Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 649.98</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR180533813349</p> <p>Amount of Each Receipt this Period 649.98</p> <p>P/R Deduction (\$108.33 Se- mi-Monthly)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Kurt Malmgren</p> <p>Mailing Address 950 F Street, NW</p> <p>City State Zip Code Washington DC 20004-1438</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PHRMA VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 649.98</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR180534413349</p> <p>Amount of Each Receipt this Period 649.98</p> <p>P/R Deduction (\$108.33 Se- mi-Monthly)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Richard Smith</p> <p>Mailing Address 950 F Street, NW</p> <p>City State Zip Code Washington DC 20004-1438</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PHRMA Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 624.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR180535913349</p> <p>Amount of Each Receipt this Period 624.00</p> <p>P/R Deduction (\$104.00 Se- mi-Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	1923.96
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Derrick White	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 950 F Street, NW	Transaction ID: PR180536713349
	City Washington State DC Zip Code 20004-1438	Amount of Each Receipt this Period 1039.98
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$173.33 Se-mi-Monthly)
	Name of Employer PHRMA Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1039.98	

B.	Full Name (Last, First, Middle Initial) Edward Belkin	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 950 F Street, N.W.	Transaction ID: PR267310213349
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 250.02
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$41.67 Sem-i-Monthly)
	Name of Employer PhRMA Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02	

C.	Full Name (Last, First, Middle Initial) Bryant Hall	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 950 F Street, N.W.	Transaction ID: PR377480513349
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 1805.80
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$177.45 Se-mi-Monthly)
	Name of Employer PhRMA Occupation Sr. Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1805.80	

SUBTOTAL of Receipts This Page (optional)	3095.80
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert Filippone		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Washington	DC	20004-1404
FEC ID number of contributing federal political committee.		C <input type="text"/>	Transaction ID: PR533051113349
Name of Employer PhRMA		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 512.52
			P/R Deduction (\$85.42 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Steven Tilton		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Washington	DC	20004-1404
FEC ID number of contributing federal political committee.		C <input type="text"/>	Transaction ID: PR533051513349
Name of Employer PhRMA		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1152.00
			P/R Deduction (\$192.00 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Heather Keiser Strawn		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Washington	DC	20004-1404
FEC ID number of contributing federal political committee.		C <input type="text"/>	Transaction ID: PR737804913349
Name of Employer PhRMA		Occupation Sr. Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 450.00
			P/R Deduction (\$75.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2114.52
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Alan Gilbert	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 950 F Street, NW	Transaction ID: PR743029813349
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 1347.77
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$224.63 Se- mi-Monthly)
	Name of Employer PhRMA Occupation Sr. VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1347.77	

B.	Full Name (Last, First, Middle Initial) Brian Nagle	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 950 F Street, NW	Transaction ID: PR743030013349
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 649.98
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$108.33 Se- mi-Monthly)
	Name of Employer PhRMA Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 649.98	

C.	Full Name (Last, First, Middle Initial) Lori Reilly	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 950 F Street, NW	Transaction ID: PR917374913349
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 487.50
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$81.25 Sem- i-Monthly)
	Name of Employer PhRMA Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 487.50	

SUBTOTAL of Receipts This Page (optional)	2485.25
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 22	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mimi Simoneaux		Date of Receipt	
	Mailing Address 950 F Street, NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
	City	State	Zip Code	Transaction ID: PR917375113349
	Washington	DC	20004-1404	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C <input type="text"/>		<input type="text"/> 263.16	
Name of Employer PhRMA		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 263.16		
				P/R Deduction (\$263.16 Se- mi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 263.16
TOTAL This Period (last page this line number only)	<input type="text"/> 21582.41

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Max Baucus <hr/> Mailing Address PO Box 586 <hr/> City Helena State MT Zip Code 59624 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Max Baucus <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 General	Transaction ID: 23991153 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) First State PAC <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Federal Contribution <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23991142 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type Federal Contribution
C.	Full Name (Last, First, Middle Initial) Nathan Deal For Congress <hr/> Mailing Address PO Box 902 <hr/> City Gainesville State GA Zip Code 30503 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Nathan Deal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23991116 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1500.00 <hr/> 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) New Democrat Coalition PAC	Transaction ID: 23991141 Date of Disbursement 03 / 24 / 2008
	Mailing Address 901 15th Street, NW	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Federal Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Federal Contribution

B.	Full Name (Last, First, Middle Initial) Melissa Bean For Congress	Transaction ID: 23991070 Date of Disbursement 03 / 24 / 2008
	Mailing Address Post Office Box 3068	Amount of Each Disbursement this Period 1000.00
	City Barrington State IL Zip Code 60011	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Melissa Bean	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		2008 General

C.	Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc	Transaction ID: 23991145 Date of Disbursement 03 / 24 / 2008
	Mailing Address 607 14th Street Nw Suite 800 Suite 1434	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Mary Landrieu	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Citizens For Altmire	Transaction ID: 23991104 Date of Disbursement 03 / 24 / 2008
	Mailing Address c/o Sutters Mill Fund Raising & St 499 S. Capitol St., SW, Ste. 404	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Jason Altmire	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress	Transaction ID: 23991105 Date of Disbursement 03 / 24 / 2008
	Mailing Address c/o Sutters Mill Fund Raising & St 499 S. Capitol St., SW, Ste. 404	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Patrick Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) People For English	Transaction ID: 23991117 Date of Disbursement 03 / 24 / 2008
	Mailing Address 104 Hume Avenue	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22301	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Phil English	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee	Transaction ID: 23991118 Date of Disbursement
	Mailing Address 700 12th Street, NW Suite 700	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name Rep. James Gerlach	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008	Transaction ID: 23991119 Date of Disbursement
	Mailing Address 2501 Wisconsin Avenue, NW Number 304	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. David Camp	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Coleman For Senate 08	Transaction ID: 23991147 Date of Disbursement
	Mailing Address 680 Transfer Road Suite A	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City St Paul State MN Zip Code 55114	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Sen. Norm Coleman	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Orrin PAC</p> <p>Mailing Address P.O. Box 1480</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Federal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 23991150 Date of Disbursement 03 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Federal Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mikulski For Senate Committee</p> <p>Mailing Address P O Box 13147</p> <p>City Baltimore State MD Zip Code 21208</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sen. Barbara Mikulski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 23991154 Date of Disbursement 03 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Don Payne For Congress</p> <p>Mailing Address 1924 Oakwood Street</p> <p>City Temple Hills State MD Zip Code 20748</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Donald Payne</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 10</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 23991073 Date of Disbursement 03 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

20500.00