

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
FEB 3 11 43 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) ST. LOUISIANS FOR BETTER GOVERNMENT	2. FEC IDENTIFICATION NUMBER C-0048155
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported c/o BERNARD PASTERNAK	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) SEE NOTE BELOW
CITY, STATE and ZIP CODE ST. LOUIS, MISSOURI 63105	

NOTE - IN ACCORDANCE WITH CORRESPONDENCE FROM FEC DATED DECEMBER 1993 THIS COMMITTEE HAS SATISFIED CRITERIA OF MULTICANDIDATE STATUS PRIOR TO 1-1-94. Monthly Report Due On:

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>JULY 1, 1993</u> through <u>DECEMBER 31, 1993</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 3416.31
(b) Cash on Hand at Beginning of Reporting Period	\$ 37522.66	
(c) Total Receipts (from Line 19)	\$ 14572.17	\$ 57340.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 52394.83	\$ 60757.03
7. Total Disbursements (from Line 30)	\$ 17676.25	\$ 26038.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 34718.58	\$ 34718.58
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 888 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)	\$ 169.65	

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

Type or Print Name of Treasurer BERNARD PASTERNAK	Date
Signature of Treasurer <i>Bernard Pasternak</i>	JANUARY 29, 1994

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

2 4 5 3 3 3 1 1 3 5 7

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
ST. LOUISIANS FOR BETTER GOVERNMENT	FROM 7-1-93	TO 12-31-93
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	14500.00	56750.00
ii. Unitemized		
iii. Total (add i and ii) >	14500.00	56750.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a, ii, b and c) >	14500.00	56750.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	372.17	590.72
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	14872.17	57340.72
20. Total Federal Receipts (subtract line 18 from line 19) >	14872.17	57340.72
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	4176.25	7538.45
c. Total Operating Expenditures (add a, i, ii, and b) >	4176.25	7538.45
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	13500.00	18500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	17676.25	26038.45
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	17676.25	26038.45
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	14500.00	18500.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	14500.00	18500.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	4176.25	7538.45
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 35 from 35) >	4176.25	7538.45

2 4 0 3 9 3 1 1 3 6 0

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

A. Full Name, Mailing Address and ZIP Code CHARLES NEWMAN 110 LAKE FOREST ST. LOUIS, MO 63117	Name of Employer SELF	Date (month, day, year) 7-1-93	Amount of Each Receipt this Period 500.00
	Occupation ATTORNEY Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code YUSEF HAKIMIAN 58 LAKE FOREST ST. LOUIS, MO 63117	Name of Employer IMPEX CORP.	Date (month, day, year) 8-4-93 8-19-93 11-29-93	Amount of Each Receipt this Period 250.00 250.00 500.00
	Occupation CEO Aggregate Year-to-Date > \$ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code ISAAC BONIUK 10 WESTFIELD LANE ST. LOUIS, MO 63131	Name of Employer RETINA CONSULTANTS	Date (month, day, year) 8-5-93	Amount of Each Receipt this Period 1000.00
	Occupation PHYSICIAN Aggregate Year-to-Date > \$ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code JOSEPH ROTHBERG 1012 HAMPTON PARK ST. LOUIS, MO 63117	Name of Employer MANHATTAN DISTRIBUTING	Date (month, day, year) 8-21-93	Amount of Each Receipt this Period 1000.00
	Occupation PRESIDENT Aggregate Year-to-Date > \$ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code CHAIM H. ZIMBALIST 192 PLANTATION DR. ST. LOUIS, MO 63141	Name of Employer CHAIM ZIMBALIST, P.C.	Date (month, day, year) 8-24-93	Amount of Each Receipt this Period 1000.00
	Occupation ATTORNEY Aggregate Year-to-Date > \$ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code FRANCINE CANTOR 11700 TARRYTOWN ST. LOUIS, MO 63141	Name of Employer	Date (month, day, year) 9-10-93	Amount of Each Receipt this Period 1000.00
	Occupation HOMEMAKER Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code ADAM J. SKY 109 CAUFIELD SQ. ST. LOUIS, MO 63141	Name of Employer SELF	Date (month, day, year) 9-13-93	Amount of Each Receipt this Period 500.00
	Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 6000.00

TOTAL This Period (last page this line number only)

2439511353

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERROLD BLUMOFF 6330 ALEXANDER ST. LOUIS, MO 63105	SELF	9-26-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY Aggregate Year-to-Date > \$ 1000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAX UHRMACHNER 319 CARLYLE LAKE DR. ST. LOUIS, MO 63141	DARLING BABY SHOE COMPANY, INC.	11-29-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 1000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HENRY GROSSBERG 1440 LADUE ST. LOUIS, MO 63017	DELMAR GARDENS, INC.	11-28-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 1000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANKLIN LANSON 146 PINENURST ESTATES DR. ST. LOUIS, MO 63141	IMPRES, LTD.	12-11-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT Aggregate Year-to-Date > \$ 1000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MILTON L. FRY 33 LADUE ESTATES ST. LOUIS, MO 63141	FRY-WAGNER MOVING & STORAGE CO.	12-16-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT Aggregate Year-to-Date > \$ 1000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID R. BOHM 465 STEEPLE LANE CHESTERFIELD, MO 63005	DIANNA, SORGHAN, STOCKENBERG & SHAW	12-8-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY Aggregate Year-to-Date > \$ 1000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK H. ZORENSKY 11 CARRSWOOD DR. ST. LOUIS, MO. 63105	HYCEL PROPERTIES CO.	12-19-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT Aggregate Year-to-Date > \$ 1000.00		

SUBTOTAL of Receipts This Page (optional) 6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 7
FOR LINE NUMBER 11, 8, 1

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NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MILFORD BOHM 11502 NEW LONDON DR ST. LOUIS, MO 63141		12-21-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED Aggregate Year-to-Date > \$1000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RUBIN FELDMAN 28 SOMERSET DOWNS ST. LOUIS, MO. 63124	THERMAL SCIENCE, INC.	12-22-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > \$1000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only) 14500.00

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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 17

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NAME OF COMMITTEE (In Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAGNA BANK 1401 S. BRENTWOOD ST. LOUIS, MO 63144		7-19-93 8-17-93 9-17-93 10-18-93 11-16-93 12-17-93	72.23 62.01 67.20 65.95 54.11 50.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): INTEREST	Occupation	Aggregate Year-to-Date > \$ 590.72	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

372.17

TOTAL This Period (last page this line number only)

372.17

24038311372

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 216

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NAME OF COMMITTEE (In Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DIVISION OF EMPLOYMENT SECURITY MISSOURI DEPARTMENT OF REVENUE JEFFERSON CITY, MO 65108	STATE UNEMPLOYMENT TAX	7-27-93	56.23
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-93	40.95
MISSOURI DEPARTMENT OF REVENUE JEFFERSON CITY, MO 65108	STATE WITHHOLDING TAX	7-27-93	6.55
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-93	5.00
BARBARA BIANCO 10 WARSON HILLS ST. LOUIS, MO 63124	REVENUE EXPENSES - STATIONERY, SUPPLIES, POSTAGE	7-29-93	628.64
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-20-93	12.71
		12-19-93	161.47
BARBARA BIANCO 10 WARSON HILLS ST. LOUIS, MO 63124	SALARY - ADMINISTRATIVE ASSISTANT	7-29-93	428.08
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-22-93	428.08
		9-20-93	428.08
		10-20-93	428.08
		12-28-93	428.08
MAGNA BANK 1401 S. BRENTWOOD ST LOUIS, MO. 63144	FEDERAL WITHHOLDING & SOCIAL SECURITY TAXES	7-29-93	108.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-22-93	108.50
		9-20-93	108.50
		10-26-93	108.50
		12-28-93	108.50
MAGNA BANK 1401 S. BRENTWOOD ST LOUIS, MO. 63144	CHECKS	8-13-93	13.24
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
MIRIAM SCHONFELD 7384 WESTMORELAND ST. LOUIS, MO 63130	POSTAGE & STATIONERY	12-19-93	25.98
M. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
L. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

4,176.25

TOTAL This Period (last page this line number only)

4,176.25

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR SARBANES SENATE HART OFFICE BLDG. WASHINGTON, DC 20510	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-26-93	5000.00
KERLEY FOR SENATE 245 2ND ST. NE, #300 WASHINGTON, DC 20002	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-93	5000.00
GEHARDY FOR CONGRESS LANGWORTH HOUSE OFFICE BLDG WASHINGTON, DC 20515	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-16-93	2500.00
SKELTON FOR CONGRESS COMMITTEE RAYBURN HOUSE OFFICE BLDG WASHINGTON, DC 20515	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-26-93	1000.00
E. Full Name, Mailing Address and ZIP Code	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	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	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	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	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) 13500.00

TOTAL This Period (last page this line number only) 13500.00

LOANS

Name of Committee (in Full) ST. LOUISIANA FOR BETTER GOVERNMENT			
A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: Primary General Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR) Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: Primary General Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR) Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			0
TOTALS This Period (last page in this line only)			0

Carry outstanding balance only to LINE 5, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2 4 3 3 3 1 1 3 7 3

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
ST. LOUISIANS FOR BETTER GOVERNMENT				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MISSOURI DEPARTMENT OF REVENUE JEFFERSON CITY, MO 65108	6.55	10.00	11.55	6.00
Nature of Debt (Purpose): STATE WITHHOLDING TAX				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MISSOURI DEPARTMENT OF REVENUE JEFFERSON CITY, MO 65108	54.60	83.53	97.18	40.95
Nature of Debt (Purpose): STATE UNEMPLOYMENT TAX				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor INTERNAL REVENUE SERVICE KANSAS CITY, MO 64999	24.00	24.00		48.00
Nature of Debt (Purpose): FEDERAL UNEMPLOYMENT TAX				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor BARRARD BIANCO 10 WARSON HILLS ST. LOUIS, MO 63124	603.30	251.39	808.82	45.87
Nature of Debt (Purpose): VARIOUS OUT OF POCKET EXPENSES				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor PASTERNAK SCHWEDDE & Co., P.C. 12400 OLIVE BLVD., SUITE 500 ST LOUIS, MO 63141	29.83			29.83
Nature of Debt (Purpose): POSTAGE				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				169.65
2) TOTALS This Period (last page in this line only)				169.65
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)				169.65

24 J 3 8 3 1 3 7 6

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

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Name of Committee (in Full) ST. LOUISIANS FOR BETTER GOVERNMENT		C-00148155		
Full Name, Mailing Address & ZIP Code of Each Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 0	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ 0	
(c) TOTAL Independent Expenditures			\$ 0	

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

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

My Commission expires: _____

NOTARY PUBLIC

Signature

Date

SCHEDULE F

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

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

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

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**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/29/94
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>Eric Smith</i> PREPARER	2/3/94 DATE PREPARED

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