

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

AUG 4 1 10 PM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street)  Check if different than previously reported  
c/o Bernard Pasternak  
41 Cloverach Drive

CITY, STATE and ZIP CODE  
St. Louis, Missouri 63105

2. FEC IDENTIFICATION NUMBER  
C-00148155

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

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

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

- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>Jan 1, 1995</u> through <u>June 30, 1995</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ <u>4444.68</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>4444.68</u>	
(c) Total Receipts (from Line 19)	\$ <u>34154.68</u>	\$ <u>34154.68</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>38599.36</u>	\$ <u>38599.36</u>
7. Total Disbursements (from Line 20)	\$ <u>13369.04</u>	\$ <u>13369.04</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>25230.32</u>	\$ <u>25230.32</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>122.06</u>	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		

Type or Print Name of Treasurer  
Bernard Pasternak

Signature of Treasurer  
Bernard Pasternak

Date  
July 31, 1995

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

2 5 0 3 9 3 1 3 4 3

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

(revised 1/1/91)

NAME OF COMMITTEE  
St. Louisians for Better Government

REPORT COVERING PERIOD  
FROM Jan. 1, 1995 TO June 30, 1995

		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	34,000.00	34,000.00	11(a)(i)
ii.	Unitemized			11(a)(ii)
iii.	Total (add i and a) >	34,000.00	34,000.00	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a, b and c) >	34,000.00	34,000.00	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	154.68	154.68	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	34,154.68	34,154.68	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	34,154.68	34,154.68	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
I.	Federal Share			21(a)(i)
II.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures	3,369.04	3,369.04	21(b)
c.	Total Operating Expenditures (add a, a II, and b) >	3,369.04	3,369.04	21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	10,000.00	10,000.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	13,369.04	13,369.04	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	13,369.04	13,369.04	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	34,000.00	34,000.00	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	34,000.00	34,000.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	3,369.04	3,369.04	35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >	3,369.04	3,369.04	37

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1  
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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 16  
FOR LINE NUMBER 11a.1.

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

**NAME OF COMMITTEE (in Full)**

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Preston Bank 635 Saraswood Ln. St. Louis, MO 63141</u>	<u>Self</u>	<u>1-3-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Real Estate Appraiser</u> Aggregate Year-to-Date: <u>&gt; \$1000.00</u>		
<u>Dr. Harry Berland 89 Granada Way St. Louis, MO 63124</u>	<u>Retired</u>	<u>1-11-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Physician</u> Aggregate Year-to-Date: <u>&gt; \$1000.00</u>		
<u>Milford Bohm 11502 New London St. Louis, MO 63141</u>	<u>Self</u>	<u>5-1-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Businessman</u> Aggregate Year-to-Date: <u>&gt; \$1000.00</u>		
<u>Paul Brown 700 Office Parkway, #207 St. Louis, MO 63141</u>	<u>Quatrix, Inc.</u>	<u>4-10-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Computers</u> Aggregate Year-to-Date: <u>&gt; \$1000.00</u>		
<u>Carl Carlie 14248 Forest Crest Drive Chesterfield, MO 63017</u>	<u>Self</u>	<u>1-30-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>CPA</u> Aggregate Year-to-Date: <u>&gt; \$1000.00</u>		
<u>Mark S. Carlie 7710 Carondelet Ave, #200 St. Louis, MO 63105</u>	<u>Stone Carlie &amp; Co., LLC.</u>	<u>3-23-98</u>	<u>500.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>CPA</u> Aggregate Year-to-Date: <u>&gt; \$500.00</u>		
<u>Robert Dentlow 1405 Rankin St. Louis, MO 63117</u>	<u>Self</u>	<u>1-10-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Attorney</u> Aggregate Year-to-Date: <u>&gt; \$1000.00</u>		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<u>6500.00</u>
<b>TOTAL</b> This Period (last page this line number only) .....	

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 6  
FOR LINE NUMBER 11a-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
<u>Robert M. Dolgin</u> <u>28 Portland Place</u> <u>St. Louis, MO 63108</u>	<u>R.M. Dolgin, Inc.</u>	<u>2-3-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Tax Consultant</u>		
	Aggregate Year-to-Date <u>&gt; \$1000.00</u>		
<u>Bertha Feist</u> <u>550 S. Brentwood</u> <u>St. Louis, MO 63105</u>	<u>—</u>	<u>4-11-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Homemaker</u>		
	Aggregate Year-to-Date <u>&gt; \$1000.00</u>		
<u>Robert Frey</u> <u>970 N. Spolde Rd. #37</u> <u>St. Louis, MO 63146</u>	<u>Al Edwards &amp; Sons</u>	<u>4-10-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Stock Broker</u>		
	Aggregate Year-to-Date <u>&gt; \$1000.00</u>		
<u>Harvey A. Friedman</u> <u>7 Woodbridge Manor</u> <u>St. Louis, MO 63141</u>	<u>Hadeco Management Services, Inc.</u>	<u>4-11-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Businessman</u>		
	Aggregate Year-to-Date <u>&gt; \$1000.00</u>		
<u>Ira L. Gall</u> <u>14 Woodbridge Manor Rd.</u> <u>St. Louis, MO 63141</u>	<u>OB-6YN, Inc.</u>	<u>5-2-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Physician</u>		
	Aggregate Year-to-Date <u>&gt; \$1000.00</u>		
<u>Sam R. Goldstein</u> <u>14 Twin Springs</u> <u>St. Louis, MO 63124</u>	<u>Apex Oil</u>	<u>4-24-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Executive</u>		
	Aggregate Year-to-Date <u>&gt; \$1000.00</u>		
<u>Sam I. Golman</u> <u>1 Terryhill Lane</u> <u>St. Louis, MO 63131</u>	<u>Miss Elaine, Inc.</u>	<u>4-21-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Businessman</u>		
	Aggregate Year-to-Date <u>&gt; \$1000.00</u>		

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

7000.00

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 316 OF  
FOR LINE NUMBER  
112.1

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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
<u>Yusuf Hakimian 750 S. Hanley Rd. St. Louis, MO 63105</u>	<u>Impey, Inc.</u>	<u>3-24-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Businessman</u>	Aggregate Year-to-Date <u>&gt; \$1000.00</u>	
<u>Irene E. Karl 14 Thorndell Drive St. Louis, MO 63117</u>	<u>Washington University School of Medicine</u>	<u>1-10-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Biochemist</u>	Aggregate Year-to-Date <u>&gt; \$1000.00</u>	
<u>Robert Kleiger 4333 Laclede St. Louis, MO 63108</u>	<u>Jewish Hospital</u>	<u>2-28-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Physician</u>	Aggregate Year-to-Date <u>&gt; \$1000.00</u>	
<u>Jandor Korein 128 Fox Creek Rd. Bellville, IL 62223</u>	<u>Partner in Carr Korein, Tillery, Kunin Montroy &amp; Glass</u>	<u>1-9-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Attorney</u>	Aggregate Year-to-Date <u>&gt; \$1000.00</u>	
<u>Samuel Krain 17 Briarcliff St. Louis, MO 63124</u>	<u>Berland Radiology</u>	<u>5-9-95</u>	<u>250.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Physician</u>	Aggregate Year-to-Date <u>&gt; \$250.00</u>	
<u>Morris Lazaroff 72 Meadowbrook C.C. Estates Ballwin, MO 63011</u>	<u>Clean Coverall</u>	<u>2-28-95</u> <u>4-14-95</u>	<u>250.00</u> <u>250.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Owner/Businessman</u>	Aggregate Year-to-Date <u>&gt; \$500.00</u>	
<u>Michael Litwack 404 Tregaron Place St. Louis, MO 63131</u>	<u>Retired</u>	<u>3-23-95</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>&gt; \$1000.00</u>	

SUBTOTAL of Receipts This Page (optional) ..... 5750.00

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

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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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
Carl A. Lyss 721 S. Central St. Louis, MO 63105	Internal Medicine Consultants	3-9-95 4-4-95 6-6-95	250.00 250.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 750.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Meltzer 8007 West Kent Drive Carbondale, IL 62901	Southern Illinois University	3-9-95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Professor	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilma E. Messing 30 Westwood C.C. Grounds St. Louis, MO 63131	Messing Enterprises	2-8-95	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Isadore Millstone 801 S. Skinker St. Louis, MO 63105	K & M Investors	1-17-95	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
David Mogil 431 Strawbridge Drive Chesterfield, MO 63141	Self	3-10-95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: attorney	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rosalind Neuman 848 S. Meramec St. Louis, MO 63105	Washington University	1-3-95	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Faculty Member	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
Jerome B. Osherow 17 Upper Price Rd St. Louis, MO 63132	Retired	1-4-95	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

20  
14  
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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 16  
FOR LINE NUMBER 112.1.

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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
Phillip J. Paster 19 W. Brentmoor Park St. Louis, MO 63105	Paster, West & Kramer, P.C. Occupation: Attorney	1-3-95	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Bernard Pasternak 41 Claverach St. Louis, MO 63105	Self Occupation: CPA	3-4-95	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Fred R. Sale 11529 Sandhurst St. Louis, MO 63141	Self Occupation: Life Insurance Sales	5-20-95	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Jean M. Schneider 200 S. Brentwood St. Louis, MO 63105	Retired Occupation:	4-25-95	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Gustav Schonfeld 7384 Westmoreland Drive St. Louis, MO 63130	Washington University Occupation: Professor of Medicine	3-22-95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Shapiro 10842 Rondelay Dr. St. Louis, MO 63141	Self Occupation: Real Estate	1-5-95 5-15-95	250.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce I. White 5 University Lane St. Louis, MO 63105	Self Occupation: Physician	3-24-95	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1000.00		

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

2 5 0 3 9 3 1 3 4 9

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 16  
FOR LINE NUMBER 119.1

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NAME OF COMMITTEE (In Full)

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code Mitchell Vanow 8 Rolling Rock Lane St. Louis, MO 63124	Name of Employer Retired	Date (month, day, year) 2-8-95	Amount of Each Receipt this Period 1000.00
	Occupation	Aggregate Year-to-Date > \$ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code LOUIS I. ZORENSKY 2100 S. WARSON ROAD ST. LOUIS, MO 63124	Name of Employer Self	Date (month, day, year) 2-6-95	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):			

C. Full Name, Mailing Address and ZIP Code Mary Zorensky 2100 S. Warson Road St. Louis, MO 63124	Name of Employer	Date (month, day, year) 2-6-95	Amount of Each Receipt this Period 1000.00
	Occupation Homemaker Volunteer	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	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) ..... 3000.00

TOTAL This Period (last page this line number only) ..... 21000.00

9503921540



**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 Magna Bank 1401 S. Brentwood St. Louis, MO 63144 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest earned	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 154.68	Date (month, day, year) 1-18-95 2-13-95 3-7-95 4-18-95 5-17-95 6-14-95	Amount of Each Receipt this Period 6.03 5.09 20.19 34.31 40.02 49.04
B. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... 154.68

TOTAL This Period (last page this line number only) ..... 154.68

25039915471

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MO Dept. of Revenue Jefferson City, MO 65108	State Withholding Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-31-95	5.00
Internal Revenue Service Kansas City, MO 64999	Federal Unemployment Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-31-95	48.00
Division of Employment Security MO Dept. of Revenue Jefferson City, MO 65105	State Unemployment Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-31-95 4-27-95	33.90 19.50
Barbara Bianco 10 Warson Hills Lane St. Louis, MO 63124	Salary - Administrative Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-12-95 5-31-95	1284.24 1284.24
Magna Bank 1401 S. Brentwood St. Louis, MO 63144	Federal Withholding & Social Security Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-12-95 5-31-95	325.50 325.50
Barbara Bianco 10 Warson Hills Lane St. Louis, MO 63124	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-12-95	43.16
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

3369.04

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

3369.04

24  
4  
11  
1  
2  
3  
5  
2

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Harkin P.O. Box 811 Des Moines IO 50304	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-31-95	5000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cohen for Senator P.O. Box 1379 Portland, ME 04104	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-31-95	5000.00
C. 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)		
D. 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)		
E. 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)		
F. 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)		
G. 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)		
H. 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)		
I. 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)		

3  
4  
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9  
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2

SUBTOTAL of Disbursements This Page (optional)

10,000.00

TOTAL This Period (last page this line number only)

10,000.00

**SCHEDULE D**  
(Revised 3/90)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Name of Comptroller (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 MO Dept. of Revenue Jefferson City, MO 65108	5.00	10.00		15.00
Nature of Debt (Purpose): State Withholding Tax				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MO Dept. of Revenue Jefferson City, MO 65105	33.90	39.00	53.40	39.00
Nature of Debt (Purpose): State Unemployment Tax				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Internal Revenue Service Kansas City, MO 64999	48.00	24.00	48.00	24.00
Nature of Debt (Purpose): Federal Unemployment Tax				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Pasternak's Co. 7710 Carondelet, Suite 319 St. Louis, MO 63105	40.63	4.03		44.66
Nature of Debt (Purpose): Postage				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	122.06
2) TOTALS This Period (last page in this line only)	122.06
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)	122.06

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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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

7-31-95

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

*SMH*  
PREPARER

*8/4/95*  
DATE PREPARED

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