

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2008 through 06 30 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 07 14 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.

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FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

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	41538.11									
(c) Total Receipts (from Line 19)	38137.69	67469.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	79675.80	100175.80								
7. Total Disbursements (from Line 31)	42000.00	62500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37675.80	37675.80								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

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	22529.53	44111.94
(i) Itemized (use Schedule A)	608.16	2357.40
(ii) Unitemized	23137.69	46469.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	15000.00	21000.00
(c) Other Political Committees (such as PACs)	38137.69	67469.34
(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))	38137.69	67469.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	38137.69	67469.34

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	42000.00	62500.00
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))..	42000.00	62500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42000.00	62500.00

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)	38137.69	67469.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38137.69	67469.34
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: (check only one)	PAGE 6 / 30
	<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) Merck Employees PAC		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue, NW North Building-Suite 1200		<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 0 4 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. C C00097485		Transaction ID: 24331667
Name of Employer		Occupation	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"/> 5000.00

B.	Full Name (Last, First, Middle Initial) Schering-Plough Better Government Fund		Date of Receipt
	Mailing Address 1130 Connecticut Avenue, NW Suite 500		<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 0 6 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee. C C00108290		Transaction ID: 25053443
Name of Employer		Occupation	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"/> 5000.00

C.	Full Name (Last, First, Middle Initial) Zeneca Inc PAC		Date of Receipt
	Mailing Address 1800 Concord Pike		<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 0 5 / 0 7 / 2 0 0 8
	City	State	Zip Code
	Wilmington	DE	19850
	FEC ID number of contributing federal political committee. C C00279455		Transaction ID: 25408647
Name of Employer		Occupation	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"/> 5000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 15000.00
TOTAL This Period (last page this line number only)	<input type="text"/> 15000.00

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 7 / 30
	<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) Daniel Durham	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW	Transaction ID: PR1100334614198
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 624.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$104.00 Semi-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 ▼ 1248.00	

B.	Full Name (Last, First, Middle Initial) Hallie Maranchick	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW	Transaction ID: PR1275760014198
	City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 649.98
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$108.33 Semi-Monthly)
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 ▼ 1299.96	

C.	Full Name (Last, First, Middle Initial) Andrea Bergman	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1312790014198
	City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 325.02
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$54.17 Semi-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 ▼ 650.04	

SUBTOTAL of Receipts This Page (optional)	1599.00
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: (check only one)	PAGE 8 / 30
	<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) Julie Corcoran	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338083114198
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 149.52
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$24.92 Semi-Monthly)
	Name of Employer PhRMA Occupation Deputy VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 299.04	

B.	Full Name (Last, First, Middle Initial) Alan Goldhammer	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338083314198
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 390.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$65.00 Semi-Monthly)
	Name of Employer PhRMA Occupation Associate VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00	

C.	Full Name (Last, First, Middle Initial) Sharon Marshall	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338083614198
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 149.52
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$24.92 Semi-Monthly)
	Name of Employer PhRMA Occupation Board Materials Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 299.04	

SUBTOTAL of Receipts This Page (optional)	689.04
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 9 / 30
	<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) Tara Ryan	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338084314198
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 259.98
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$43.33 Semi-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 519.96	

B.	Full Name (Last, First, Middle Initial) Christopher Singer	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338084514198
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 1248.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.00 Semi-Monthly)
	Name of Employer PhRMA Occupation Exec VP & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2496.00	

C.	Full Name (Last, First, Middle Initial) Kevin Walker	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338084614198
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 1248.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.00 Semi-Monthly)
	Name of Employer PhRMA Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2496.00	

SUBTOTAL of Receipts This Page (optional)	2755.98
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: (check only one)	PAGE 10 / 30
	<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) Jennifer Page		Date of Receipt
	Mailing Address 950 F Street, NW Suite 300		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1338085614198
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" value="650.04"/>	<input type="text" value="325.02"/>
			P/R Deduction (\$54.17 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Clement Cypra		Date of Receipt
	Mailing Address 950 F Street, NW Suite 300		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1342353714198
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" value="597.96"/>	<input type="text" value="298.98"/>
			P/R Deduction (\$49.83 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Erin Ravelette		Date of Receipt
	Mailing Address 950 F Street, NW Suite 300		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1360289014198
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" value="274.12"/>	<input type="text" value="149.52"/>
			P/R Deduction (\$24.92 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="773.52"/>
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 11 / 30
	<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) Matthew Sulkala		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 950 F Street, NW Suite 300		Transaction ID: PR1387142414198		
	City Washington	State DC	Zip Code 20004-1404	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Semi-Monthly)		
	Name of Employer PhRMA	Occupation Sr. Manager	Aggregate Year-to-Date 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Thomas Hardaway		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 950 F Street, NW Suite 300		Transaction ID: PR1407527614198		
	City Washington	State DC	Zip Code 20004-1404	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Semi-Monthly)		
	Name of Employer PhRMA	Occupation Regional Director	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Valerie Jewett		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 950 F Street, NW Suite 300		Transaction ID: PR1416900914198		
	City Washington	State DC	Zip Code 20004-1438	Amount of Each Receipt this Period 423.48	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$70.58 Semi-Monthly)		
	Name of Employer PhRMA	Occupation Director	Aggregate Year-to-Date 846.96		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1173.48
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 12 / 30
	<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) Michael Woody		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW Suite 300		Transaction ID: PR1485193014198
	City Washington	State DC	Zip Code 20004-1438
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer PhRMA	Occupation Director, Federal Affairs	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

B.	Full Name (Last, First, Middle Initial) Jeff Woodhouse		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW		Transaction ID: PR1521550914198
	City Washington	State DC	Zip Code 20004-1438
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer PhRMA	Occupation Regional Director	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

C.	Full Name (Last, First, Middle Initial) Brian C Toohey		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW Suite 300		Transaction ID: PR1548145514198
	City Washington	State DC	Zip Code 20004-1438
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1249.98
	Name of Employer PhRMA	Occupation Vice President	P/R Deduction (\$208.33 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96		

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: (check only one)	PAGE 13 / 30
	<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) Amy JD Chevalier		Date of Receipt
	Mailing Address 950 F Street, NW Suite 300		<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 06 / 30 / 2008
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1554691614198
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 ▼ 1152.00	576.00
			P/R Deduction (\$96.00 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Chris Badgley		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 06 / 30 / 2008
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR180532014198
Name of Employer PhRMA		Occupation VP	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 ▼ 462.60	231.30
			P/R Deduction (\$38.55 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Janice Faiks		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 06 / 30 / 2008
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR180533014198
Name of Employer PhRMA		Occupation VP, Govt Affairs & Law	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 ▼ 1299.96	649.98
			P/R Deduction (\$108.33 Semi-Monthly)

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: (check only one)	PAGE 14 / 30
	<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) Anne Holmes	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW	Transaction ID: PR180533614198
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 162.48
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$27.08 Semi-Monthly)
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 ▼ 324.96	

B.	Full Name (Last, First, Middle Initial) Merrill Jacobs	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW	Transaction ID: PR180533814198
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 649.98
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$108.33 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 ▼ 1299.96	

C.	Full Name (Last, First, Middle Initial) Kurt Malmgren	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 950 F Street, NW	Transaction ID: PR180534414198
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 649.98
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$108.33 Semi-Monthly)
Name of Employer PHRMA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1299.96	

SUBTOTAL of Receipts This Page (optional)	1462.44
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 15 / 30
(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)
Hugh Metheny

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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 ▼ 875.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR180534614198

Amount of Each Receipt this Period 750.00

P/R Deduction (\$125.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Thomas Moore

Mailing Address 1100 15th Street, NW

City Washington State DC Zip Code 20005-1707

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 ▼ 624.75

Date of Receipt 06 / 30 / 2008

Transaction ID: PR180534814198

Amount of Each Receipt this Period 624.75

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
John O'Connor

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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

Name of Employer PHRMA Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 299.88

Date of Receipt 06 / 30 / 2008

Transaction ID: PR180535014198

Amount of Each Receipt this Period 149.94

P/R Deduction (\$24.99 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **1524.69**

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 16 / 30
(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)
Richard Smith

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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 ▼ 1248.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR180535914198

Amount of Each Receipt this Period 624.00

P/R Deduction (\$104.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Nico Stemple

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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 ▼ 216.70

Date of Receipt 06 / 30 / 2008

Transaction ID: PR180536114198

Amount of Each Receipt this Period 86.68

P/R Deduction (\$21.67 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Derrick White

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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 ▼ 2079.96

Date of Receipt 06 / 30 / 2008

Transaction ID: PR180536714198

Amount of Each Receipt this Period 1039.98

P/R Deduction (\$173.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1750.66

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 / 30

(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)

Edward Belkin

Mailing Address 950 F Street, N.W.

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 ▼

500.04

Date of Receipt

MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR267310214198

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Bryant Hall

Mailing Address 950 F Street, N.W.

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing federal political committee.

C

Name of Employer
PhRMA

Occupation
Sr. Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2870.50

Date of Receipt

MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR377480514198

Amount of Each Receipt this Period

1064.70

P/R Deduction (\$177.45 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Robert Filippone

Mailing Address 950 F Street, NW

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 ▼

1025.04

Date of Receipt

MM / DD / YYYY
06 / 30 / 2008

Transaction ID: PR533051114198

Amount of Each Receipt this Period

512.52

P/R Deduction (\$85.42 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

1827.24

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 18 / 30
(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)
Steven Tilton

Mailing Address 950 F Street, NW

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 ▼ 2304.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR533051514198

Amount of Each Receipt this Period 1152.00

P/R Deduction (\$192.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Heather Keiser Strawn

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1404

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

Name of Employer PhRMA Occupation Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR737804914198

Amount of Each Receipt this Period 450.00

P/R Deduction (\$75.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Alan Gilbert

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1404

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

Name of Employer PhRMA Occupation Sr. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2695.55

Date of Receipt 06 / 30 / 2008

Transaction ID: PR743029814198

Amount of Each Receipt this Period 1347.78

P/R Deduction (\$224.63 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 2949.78

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 19 / 30
	<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) Brian Nagle	Date of Receipt 06 / 30 / 2008
	Mailing Address 950 F Street, NW	Transaction ID: PR743030014198
	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 Semi-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 ▼ 1299.96	

B.	Full Name (Last, First, Middle Initial) Lori Reilly	Date of Receipt 06 / 30 / 2008
	Mailing Address 950 F Street, NW	Transaction ID: PR917374914198
	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 Semi-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 ▼ 975.00	

C.	Full Name (Last, First, Middle Initial) Mimi Simoneaux	Date of Receipt 06 / 30 / 2008
	Mailing Address 950 F Street, NW	Transaction ID: PR917375114198
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 1578.96
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$263.16 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 ▼ 1842.12	

SUBTOTAL of Receipts This Page (optional)	2716.44
TOTAL This Period (last page this line number only)	22529.53

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) Nelson For U S Senate <hr/> Mailing Address PO Box 540154 <hr/> City Omaha State NE Zip Code 68154 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Ben Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:	Transaction ID: 24580473 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; width: 100%;">2500.00</div>
B.	Full Name (Last, First, Middle Initial) Citizens For Harkin <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Tom Harkin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: 24580650 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; width: 100%;">2000.00</div>
C.	Full Name (Last, First, Middle Initial) Lindsey Graham For Senate <hr/> Mailing Address P.O. Box 29576 <hr/> City Washington State DC Zip Code 20017 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Lindsey Graham Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District:	Transaction ID: 24580798 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; width: 100%;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px; width: 100%;">5500.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; width: 100%; height: 20px;"></div>

**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) Committee for a Democratic Majority <hr/> Mailing Address 301 Fourth Street, NE Suite 202 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Federal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24580865 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Federal Contribution
B. Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress <hr/> Mailing Address 200 North Main St PO Box 712 <hr/> City Monticello State IN Zip Code 47960 <hr/> Purpose of Disbursement Candidate Name Rep. Steve Buyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24580906 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Federal Contribution
C. Full Name (Last, First, Middle Initial) Lautenberg For Senate <hr/> Mailing Address 236 Massachusetts Avenue, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Candidate Name Sen. Frank Lautenberg <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24580907 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Federal Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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) Rogers For Congress	Transaction ID: 24580911 Date of Disbursement 05 / 08 / 2008
	Mailing Address P.O. Box 2776	Amount of Each Disbursement this Period 2500.00
	City Arlington State VA Zip Code 22203	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael Rogers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee, The	Transaction ID: 24580963 Date of Disbursement 05 / 08 / 2008
	Mailing Address P.O. Box 1444	Amount of Each Disbursement this Period 2000.00
	City Ennis State TX Zip Code 75120	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Joe Barton	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn	Transaction ID: 24581035 Date of Disbursement 05 / 08 / 2008
	Mailing Address 2725 Devine Street	Amount of Each Disbursement this Period 1000.00
	City Columbia State SC Zip Code 29205	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. James Clyburn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)
Cantor For Congress

Mailing Address 4914 Fitzhugh Ave Ste 202

City Richmond State VA Zip Code 23230

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Eric Cantor

Office Sought: House Senate President
State: VA District: 07

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 24581110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Latham For Congress

Mailing Address 217 Third Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Thomas Latham

Office Sought: House Senate President
State: IA District: 04

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 24581165

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Kind For Congress Committee

Mailing Address P.O. Box 184

City La Crosse State WI Zip Code 54602

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Ron Kind

Office Sought: House Senate President
State: WI District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 24581255

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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) Mccotter Congressional Committee <hr/> Mailing Address 700 12th Street, NW Suite 700 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 011 Category/Type <hr/> Candidate Name Rep. Thaddeus McCotter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 11	Transaction ID: 24581353 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Gillibrand For Congress <hr/> Mailing Address P.O. Box 15734 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 011 Category/Type <hr/> Candidate Name Rep. Kirsten Gillibrand <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 20	Transaction ID: 24581505 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress <hr/> Mailing Address 555 Capitol Mall Suite 1425 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement 011 Category/Type <hr/> Candidate Name Rep. Anna Eshoo <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 14	Transaction ID: 24581745 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">3000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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) Pallone For Congress	Transaction ID: 24581849 Date of Disbursement 05 / 08 / 2008
	Mailing Address PO Box 3176	Amount of Each Disbursement this Period 1000.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Frank Pallone, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ 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) Porter For Congress	Transaction ID: 24581899 Date of Disbursement 05 / 08 / 2008
	Mailing Address P.O. Box 26087	Amount of Each Disbursement this Period 500.00
	City Las Vegas State NV Zip Code 89136	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Jon Porter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Adam Smith For Congress	Transaction ID: 25080044 Date of Disbursement 06 / 23 / 2008
	Mailing Address PO Box 23626	Amount of Each Disbursement this Period 1000.00
	City Federal Way State WA Zip Code 98093	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Adam Smith	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
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) Friends Of John Tanner <hr/> Mailing Address 236 Massachusetts Ave., NE Suite 508 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name Rep. John Tanner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 08	Transaction ID: 25080046 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; width: 100%;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) John D Dingell For Congress Committee <hr/> Mailing Address 607 Fourteenth Street NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 011 Candidate Name Rep. John Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15	Transaction ID: 25080048 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; width: 100%;">2000.00</div>
C.	Full Name (Last, First, Middle Initial) Committee To Re Elect Ed Towns <hr/> Mailing Address 438 Lewis Ave <hr/> City Brooklyn State NY Zip Code 11233 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Edolphus Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 10	Transaction ID: 25080050 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; width: 100%;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; width: 100%;">4000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 5px; width: 100%; height: 20px;"> </div>

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) Ellen Tauscher For Congress <hr/> Mailing Address 422 C Street, NE Lower Level <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Category/Type <hr/> Candidate Name Rep. Ellen Tauscher <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 10	Transaction ID: 25080054 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	3		2	0	0	8													
B.	Full Name (Last, First, Middle Initial) Boyd For Congress <hr/> Mailing Address 236 Massachusetts Ave., NE Suite 508 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Category/Type <hr/> Candidate Name Rep. Allen Boyd <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 02	Transaction ID: 25080056 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">500.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	3		2	0	0	8													
C.	Full Name (Last, First, Middle Initial) Udall for Colorado <hr/> Mailing Address 236 Massachusetts Ave., NE #508 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Category/Type <hr/> Candidate Name Mark Udall <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District:	Transaction ID: 25080062 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1500.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	3		2	0	0	8													

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; width: 100%;">3000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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) Next Century Fund	Transaction ID: 25080064 Date of Disbursement
	Mailing Address 116 South Royal Street	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Contribution	<input type="text" value="2000.00"/>
	Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Federal Contribution
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Inslee For Congress	Transaction ID: 25080065 Date of Disbursement
	Mailing Address 303 Massachusetts Avenue, NE	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Jay Inslee	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01	Federal Contribution
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund	Transaction ID: 25080067 Date of Disbursement
	Mailing Address 209 Pennsylvania Avenue, SE	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Contribution	<input type="text" value="1000.00"/>
	Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Federal Contribution
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
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)

PAGE 29 / 30

<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. Full Name (Last, First, Middle Initial) Meeks For Congress</p> <p>Mailing Address 219-10 South Conduit Avenue</p> <p>City Springfield Garden State NY Zip Code 11413</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Gregory Meeks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 06</p>	<p>Transaction ID: 25080070 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address 677 South 200 West Suite A</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. James Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02</p>	<p>Transaction ID: 25080072 Date of Disbursement 06 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 01</p>	<p>Transaction ID: 25080074 Date of Disbursement 06 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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) Restore America PAC	Transaction ID: 25168381 Date of Disbursement
	Mailing Address 2436 SW Camelot Place	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Topeka State KS Zip Code 66614	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Contribution	<input type="text" value="1000.00"/>
	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) Citizens For Cochran	Transaction ID: 25168384 Date of Disbursement
	Mailing Address PO Box 7183	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Tupelo State MS Zip Code 38802	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Sen. Thad Cochran	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hoosiers For Hill	Transaction ID: 25294573 Date of Disbursement
	Mailing Address PO Box 1071	<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Seymour State IN Zip Code 47274	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Baron Hill	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="42000.00"/>