

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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  
**40 Bernard Pasternak  
41 Claverach Drive**

CITY, STATE and ZIP CODE  
**St. Louis, MO 63105**

DEC 12 5 21 PM '94

2. FEC IDENTIFICATION NUMBER  
**C-00148155**

3.  This committee has qualified as a multicandidate committee. (See FEC FORM 1M)  
**See Note Below**

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 FEC dated 12-93, this committee has satisfied criteria for multicandidate status prior to 1-1-94.  
Monthly Report Due On:

- February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on  
**Nov 8, 1994** 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	<b>Oct. 1, 1994 through Nov. 28, 1994</b>		
6. (a) Cash on Hand January 1, 19 <b>94</b>			\$ 34,718.58
(b) Cash on Hand at Beginning of Reporting Period		\$ 1,326.91	
(c) Total Receipts (from Line 10)		\$ 1,036.31	\$ 55,191.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 2,363.22	\$ 89,910.42
7. Total Disbursements (from Line 30)		\$ <1,387.94>	\$ 86,159.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 3,751.16	\$ 3,751.16
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ 110.56	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-218-3420

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

Type or Print Name of Treasurer  
**Bernard Pasternak**

Signature of Treasurer  
*Bernard Pasternak*

Date  
**December 7, 1994**

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

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**FEC FORM 3X**

(revised 8/93)

9 4 0 3 9 5 2 2 3 5 0

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

(revised 1/1/91)

NAME OF COMMITTEE <i>St. Louisians for Better Government</i>		REPORT COVERING PERIOD	
		FROM <i>Oct. 1, 1994</i>	TO <i>Nov. 28, 1994</i>
		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)	<i>1,000.00</i>	<i>54,500.00</i>
ii.	Unitemized		
iii.	Total (add i and ii) >	<i>1,000.00</i>	<i>54,500.00</i>
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a ii, b and c) >	<i>1,000.00</i>	<i>54,500.00</i>
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)	<i>26.31</i>	<i>691.84</i>
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>1,026.31</i>	<i>55,191.84</i>
20.	Total Federal Receipts (subtract line 18 from line 19) >	<i>1,026.31</i>	<i>55,191.84</i>
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures	<i>1,112.06</i>	<i>6,659.26</i>
c.	Total Operating Expenditures (add a i, a ii, and b) >	<i>1,112.06</i>	<i>6,659.26</i>
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	<i>&lt; 2,500.00 &gt;</i>	<i>79,500.00</i>
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds (add a, b and c) >		
29.	Other Disbursements		
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>&lt; 1,387.94 &gt;</i>	<i>86,159.26</i>
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	<i>&lt; 1,387.94 &gt;</i>	<i>86,159.26</i>
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans)(from line 11d)	<i>1,000.00</i>	<i>54,500.00</i>
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans)(subtract line 33 from 32)	<i>1,000.00</i>	<i>54,500.00</i>
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	<i>1,112.06</i>	<i>6,659.26</i>
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures (subtract line 36 from 35) >	<i>1,112.06</i>	<i>6,659.26</i>

94039022351

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

NAME OF COMMITTEE (in Full)

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code Saul N. Mirowitz 4 Ladue Estates St. Louis, MO 63141	Name of Employer Delmar Financial Co. Occupation Chairman of Board Aggregate Year-to-Date > \$2000.00	Date (month, day, year) 10-7-94	Amount of Each Receipt this Period 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			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

94039522552

SUBTOTAL of Receipts This Page (optional) .....	1000.00
TOTAL This Period (last page this line number only) .....	1000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 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)

*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
<i>Magna Bank 1401 S. Brentwood St. Louis, MO 63144</i>		<i>10-19-94</i>	<i>30.20</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Interest earned</i>	Occupation	<i>11-17-94</i>	<i>6.11</i>
	Aggregate Year-to-Date <i>&gt; \$69184</i>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date <i>&gt; \$</i>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date <i>&gt; \$</i>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date <i>&gt; \$</i>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date <i>&gt; \$</i>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date <i>&gt; \$</i>		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date <i>&gt; \$</i>		

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

*36.31*

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

*36.31*

94037522550

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 21.6

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Division of Employment Security Missouri Department of Revenue Jefferson City, MO 65105	State Unemployment Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-94	33.90
Missouri Department of Revenue Jefferson City, MO 63108	State Withholding Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-94	5.00
Barbara Bianco 10 Watson Hills Lane St. Louis, MO 63124	Salary - Administrative Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-7-94	256.16
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)	11-7-94	217.00
E. 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
F. 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
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)

1112.06

TOTAL This Period (last page this line number only)

1112.06

**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*

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Friends of Connie Mack 1211 North West Shore Blvd, #314 Tampa, FL 33607</i>	<i>Check returned to us</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Check written 9-25-94 returned to us on 10-24-94</i>	<i>(2500.00)</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

9403322000

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<i>(2500.00)</i>
<b>TOTAL</b> This Period (last page this line number only) .....	<i>(2500.00)</i>

**SCHEDULE D**  
(Revised 3/80)

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

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<b>St. Louisians for Better Government</b>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Missouri Department of Revenue Jefferson City, MO. 65108</i>	<i>5.00</i>	<i>3.33</i>	<i>5.00</i>	<i>3.33</i>
Nature of Debt (Purpose): <i>State Withholding Tax</i>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Missouri Department of Revenue Jefferson City, MO 65105</i>	<i>35.36</i>	<i>21.14</i>	<i>33.90</i>	<i>22.60</i>
Nature of Debt (Purpose): <i>State Unemployment Tax</i>				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Internal Revenue Service Kansas City, MO 64949</i>	<i>36.00</i>	<i>8.00</i>		<i>44.00</i>
Nature of Debt (Purpose): <i>Federal Unemployment Tax</i>				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Pasternak &amp; Co. (Transfer from Pasternak, Schwaizer &amp; Co., P.C.) 7710 Carondelet, Suite 319 St. Louis, MO 63105</i>	<i>40.63</i>			<i>40.63</i>
Nature of Debt (Purpose): <i>Postage</i>				
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)				<i>110.56</i>
2) TOTALS This Period (last page in this line only)				<i>110.56</i>
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)				<i>110.56</i>

9  
4  
0  
3  
9  
5  
2  
2  
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5  
6

**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

12-7-94

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

*SES*

PREPARER

12-13-94

DATE PREPARED

24039322357