PHARMACEUTICAL MANUFACTURERS
ASSOCIATION

BETTER GOVERNMENT COMMITTEE

GERALD J. MOSSINGHOFF
CHAIRMAN

1100 FIFTEENTH ST., N.W., WASHINGTON, D.C. 20005

VINCENT J. KLAUS
TREASURER

April 5, 1994

Federal Election Commission
Reports Analysis Division
999 E Street, N.W.
Washington, D.C. 20463

Dear Sir/Madam:

Enclosed is our April 15th Quarterly Report for the period January 1, 1994 through March 31, 1994.

Sincerely,

Vincent J. Klaus

Enclosure

94038393559

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)
Pharmaceutical Manufacturers Association
Better Government Committee

ADDRESS (number and street) | | Check if different than previously reported

1100 15th Street, N.W.

CITY, STATE and ZIP CODE

Washington, D.C. 20005

2. FEC IDENTIFICATION NUMBER
C00021972

3. | | This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) [X] 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

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 _____ in the State of _____.

(b) Is this Report an Amendment? YES [XX] NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 1/1/94 through 3/31/94		
6. (a)	Cash on Hand January 1, 1994		$ 11,816.83
(b)	Cash on Hand at Beginning of Reporting Period	$ 11,816.83	
(c)	Total Receipts (from Line 19)	$ 5,700.00	$ 5,700.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 17,516.83	$ 17,516.83
7.	Total Disbursements (from Line 30)	$ 6,150.00	$ 6,150.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 11,366.83	$ 11,366.83
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)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
Vincent J. Klaus

Signature of Treasurer

Date
5 April 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.

FEC FORM 3X
(revised 1/1/91)

94038893550

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

(revised 1/1/91)

NAME OF COMMITTEE Pharmaceutical Manufacturers Association Better Government Committee

REPORT COVERING PERIOD FROM 1/1/94 TO: 3/31/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,700.00	1,700.00
ii. Unitemized		
iii. Total (add i and ii) ➤	1,700.00	1,700.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)	4,000.00	4,000.00
d. Total Contributions (add a iii, b and c) ➤	5,700.00	5,700.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5,700.00	5,700.00
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5,700.00	5,700.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (Add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,150.00	6,150.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. 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) ➤	6,150.00	6,150.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,150.00	6,150.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	5,700.00	5,700.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,700.00	5,700.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11-A

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 Manufacturers Association
Better Government Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. J.H. Patterson P.O. Box 741 Summit, NJ 07902 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hoechst-Roussel Pharmaceuticals Inc. Occupation Chairman of the Board Aggregate Year-to-Date $ 100.00	1/28/94	100.00
B. Dr. J.K. Herdklotz 28 Olden Drive Flemington, NJ 08822 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hoechst-Roussel Pharmaceuticals Inc. Occupation President Aggregate Year-to-Date $ 100.00	1/28/94	100.00
C. Mr. G.J. Acuff 220 Lyons Road Basking Ridge, NJ 07920 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hoechst-Roussel Pharmaceuticals Inc. Occupation V.P. Primary Care Sales/Cardiovascular Aggregate Year-to-Date $ 100.00	1/28/94	100.00
D. Dr. R.C. Allen 155 Hillcrest Road Flemington, NJ 08822 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hoechst-Roussel Pharmaceuticals Inc. Occupation V.P. & Gen. Mgr. Strategic Business Unit Neurosciences Aggregate Year-to-Date $ 100.00	1/28/94	100.00
E. Mr. R. Kagan 208 Tanglewood Drive Somerville, NJ 08876 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hoechst-Roussel Pharmaceuticals Inc. Occupation Vice President, Trade Affairs Aggregate Year-to-Date $ 150.00	1/28/94	50.00
F. Mr. L.G. Pavloff 28 Hampton Corner Road Ringoes, NJ 08551 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hoechst-Roussel Pharmaceuticals Inc. Occupation Vice President, Operations Aggregate Year-to-Date $100.00	1/28/94	100.00
G. Mr. J.T.Scheck, Jr. 27 Prospect Avenue Basking Ridge, NJ 07920 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hoechst-Roussell Pharmaceuticals Inc. Occupation Secretary & General Counsel Aggregate Year-to-Date $ 50.00	1/28/94	50.00

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL 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

FOR LINE NUMBER 11-A

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NAME OF COMMITTEE (in Full)
Pharmaceutical Manufacturers Association
Better Government Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mrs. A. Shendalman 12 Laurel Wood Drive Lawrenceville, NJ 08648 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hoechst-Roussel Pharmaceuticals Inc. Occupation: Director, Human Resources Aggregate Year-to-Date > $ 50.00	1/28/94	50.00
B. Mr. J. Stevens 34 Connor Avenue Metuchen, NJ 08840 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hoechst-Roussel Pharmaceuticals Inc. Occupation: Controller Aggregate Year-to-Date > $ 50.00	1/28/94	50.00
C. Mr. Gavin Herbert 2525 Dupont Drive Irvine, CA 92715 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Allergan, Inc. Occupation: Aggregate Year-to-Date > $1,000.00	3/14/94	1000.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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)	1,100.00
TOTAL This Period (last page this line number only)	1,700.00

24 3 3 9 5 5 3

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11-C

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NAME OF COMMITTEE (in Full)
Pharmaceutical Manufacturers Association
Better Government Committee

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code The Glaxo Political Action Committee Five Moore Drive Research Triangle Park, NC 27709 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Glaxo Inc. Occupation: PAC Aggregate Year-to-Date > $ 2,000.00	3/29/94	2,000.00
B. Full Name, Mailing Address and ZIP Code WLPAC A Political Action Committee of the Employees of Warner Lambert 201 Tabor Road Morris Plains, NJ 97950 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Warner Lambert Occupation: PAC Aggregate Year-to-Date > $ 2,000.00	3/29/94	2,000.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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)	
TOTAL This Period (last page this line number only)	4,000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Pharmaceutical Manufacturers Association
Better Government Committee

Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Gutierrez for Congress 1303 N. Ashland Avenue Chicago, Illinois 60622	Political Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/27/94	150.00
B. Mike Andrews for Senate Committee 1101 Pennsylvania Avenue, N.W. Suite 810 Washington, D.C.	Political Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/25/94	1,000.00
C. Skelton for Congress 1333 New Hampshire Avenue, N.W. Suite 600 Washington, D.C. 20036	Political Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/1/94	500.00
D. Campaign America 900 Second Street, N.E. Suite 118 Washington, D.C. 20002	Political Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/3/94	1,000.00
E. Kerrey for U.S. Senate 245 Second Street, N.E. Suite 300 Washington, D.C. 20002	Political Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/3/94	500.00
F. Hall for Congress 104 N. West Street Alexandria, VA 22314	Political Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/7/94	500.00
G. McCurdy for Congress Committee P.O. Box 523024 Springfield, VA 22152	Political Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/7/94	500.00
H. Lieberman '94 Committee 320 Fourth Street, N.W. Washington, D.C. 20002	Political Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/9/94	1,000.00
I. Moorhead for Congress 3869 Beech Down Drive Chantill-, VA 22021	Political Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/94	500.00

SUBTOTAL of Disbursements This Page (optional) 5,650.00

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

FE4ANI-01

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Pharmaceutical Manufacturers Association
Better Government Committee

A. Full Name, Mailing Address and ZIP Code Bliley for Congress 3830 Ingalls Avenue Alexandria, VA 22302	Purpose of Disbursement Political Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/31/94	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	6,150.00

FE4AN101

9 4 0 3 8 3 9 3 5 6 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 4-6-94
☐	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

SEG — PREPARER

4-7-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

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