

# 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  
 Check if different than previously reported. (ACC)  
Washington DC 20004

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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2009 through 12 31 2009

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 01 29 2010

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

Office Use Only **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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		36505.40
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	30722.88									
(c) Total Receipts (from Line 19) .....	58990.76	119086.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	89713.64	155591.72								
7. Total Disbursements (from Line 31) .....	55604.01	121482.09								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	34109.63	34109.63								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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:    To:

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		
(i) Itemized (use Schedule A) .....	38890.76	87832.34
(ii) Unitemized .....	100.00	1253.98
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	38990.76	89086.32
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	16000.00	26000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	54990.76	115086.32
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 .....	4000.00	4000.00
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)) .....	58990.76	119086.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	58990.76	119086.32

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	55500.00	121300.00
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.....	104.01	182.09
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))..	55604.01	121482.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55604.01	121482.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	54990.76	115086.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54990.76	115086.32
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: PAGE 6 / 35

(check only one)

<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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Pfizer PAC

Mailing Address 325 7th Street, NW

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
09 / 10 / 2009

Transaction ID: 31500320

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)

Abbott Laboratories Employee PAC

Mailing Address 100 Abbott Park Road

City	State	Zip Code
Abbott Park	IL	60064-6028

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
11 / 01 / 2009

Transaction ID: 32260331

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)

Bayer PAC

Mailing Address Bayer Road

City	State	Zip Code
Pittsburgh	PA	15205-9741

FEC ID number of contributing federal political committee. **C** C00281162

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
11 / 25 / 2009

Transaction ID: 32470216

Amount of Each Receipt this Period  
1000.00

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

11000.00

**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:		PAGE 7 / 35	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Amgen PAC		Date of Receipt	
	Mailing Address One Amgen Center Drive		M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> 32674950
	Thousand Oaks	CA	91320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C C00251876	5000.00
	Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	16000.00

**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 8 / 35
	<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Pharmaceutical Research & Manufacturers of America Better Government Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Next Century Fund		Date of Receipt
	Mailing Address 116 South Royal Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 09 / 18 / 2009
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee.		Transaction ID: 31577810
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"/> 2000.00
		<input type="text"/> C C00343947	Refund of check #1389 issued June 2009

<b>B.</b>	Full Name (Last, First, Middle Initial) Next Century Fund		Date of Receipt
	Mailing Address 116 South Royal Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 12 / 13 / 2009
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee.		Transaction ID: 32674955
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"/> 4000.00
		<input type="text"/> C C00343947	Refund of check #1424 issued 9/21/09

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 4000.00

# 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 9 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Durham	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 950 F Street, NW	<b>Transaction ID:</b> PR1100334618532
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 1248.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 2496.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Hallie Maranchick	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 950 F Street, NW	<b>Transaction ID:</b> PR1275760018532
	City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 1299.96
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 2599.92	

<b>C.</b>	Full Name (Last, First, Middle Initial) Alan Goldhammer	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 950 F Street, NW Suite 300	<b>Transaction ID:</b> PR1338083318532
	City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 780.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 1560.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3327.96</b>
<b>TOTAL</b> 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 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sharon Marshall	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 950 F Street, NW Suite 300	<b>Transaction ID:</b> PR1338083618532
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 299.04
	FEC ID number of contributing federal political committee. <b>C</b>	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 598.08	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tara Ryan	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 950 F Street, NW Suite 300	<b>Transaction ID:</b> PR1338084318532
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 519.96
	FEC ID number of contributing federal political committee. <b>C</b>	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 1039.92	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher Singer	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 950 F Street, NW Suite 300	<b>Transaction ID:</b> PR1338084518532
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 2496.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 4992.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3315.00</b>
<b>TOTAL</b> 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 11 / 35

(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)

Kevin Walker

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

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

Name of Employer Occupation  
PhRMA VP

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
4992.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1338084618532

Amount of Each Receipt this Period

2496.00

P/R Deduction (\$208.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Page

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

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

Name of Employer Occupation  
PhRMA Director

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
1300.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1338085618532

Amount of Each Receipt this Period

650.04

P/R Deduction (\$54.17 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Clement Cypra

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

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

Name of Employer Occupation  
PhRMA Director

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
1195.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1342353718532

Amount of Each Receipt this Period

597.96

P/R Deduction (\$49.83 Semi-Monthly)

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

3744.00

**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: PAGE 12 / 35  
(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)  
Erin Ravelette

Mailing Address 950 F Street, NW  
Suite 300

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 ▼ 598.08

Date of Receipt 12 / 31 / 2009

**Transaction ID:** PR1360289018532

Amount of Each Receipt this Period 299.04

P/R Deduction (\$24.92 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Matthew Sulkala

Mailing Address 950 F Street, NW  
Suite 300

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 ▼ 2400.00

Date of Receipt 12 / 31 / 2009

**Transaction ID:** PR1387142418532

Amount of Each Receipt this Period 1200.00

P/R Deduction (\$100.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Hardaway

Mailing Address 950 F Street, NW  
Suite 300

City Washington State DC Zip Code 20004-1404

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 ▼ 600.00

Date of Receipt 12 / 31 / 2009

**Transaction ID:** PR1407527618532

Amount of Each Receipt this Period 300.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1799.04

**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: PAGE 13 / 35

(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)

Valerie Jewett

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1438

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

Name of Employer Occupation  
PhRMA Director

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
1693.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1416900918532

Amount of Each Receipt this Period

846.96

P/R Deduction (\$70.58 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Michael Woody

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1438

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

Name of Employer Occupation  
PhRMA Director, Federal Affairs

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1485193018532

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Jeff Woodhouse

Mailing Address 950 F Street, NW

City State Zip Code  
Washington DC 20004-1438

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

Name of Employer Occupation  
PhRMA Regional Director

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1521550918532

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Semi-Monthly)

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

2046.96

**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 14 / 35  
(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)  
Jennifer Swenson

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 Sr. Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2392.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** PR1666764818532  
 Amount of Each Receipt this Period: 1248.00  
 P/R Deduction (\$104.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Dave Boyer

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 Sr. Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2288.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** PR1668002918532  
 Amount of Each Receipt this Period: 1248.00  
 P/R Deduction (\$104.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Lea Fisher

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, Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** PR1698847618532  
 Amount of Each Receipt this Period: 900.00  
 P/R Deduction (\$75.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3396.00**

**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 15 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Chris Badgley	Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Mailing Address 950 F Street, NW	<b>Transaction ID:</b> PR180532018532
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 462.60
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.55 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 ▼ 925.20	

<b>B.</b>	Full Name (Last, First, Middle Initial) Janice Faiks	Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Mailing Address 950 F Street, NW	<b>Transaction ID:</b> PR180533018532
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 1299.96
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$108.33 Semi-Monthly)
Name of Employer PHRMA	Occupation VP, Govt Affairs & Law	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2599.92	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Grayson	Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Mailing Address 950 F Street, NW	<b>Transaction ID:</b> PR180533218532
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 129.96
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.83 Semi-Monthly)
Name of Employer PHRMA	Occupation Asst. VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.92	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1892.52</b>
<b>TOTAL</b> 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 16 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anne Holmes		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 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR180533618532
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 ▼ 649.92	<input type="text"/> 324.96
			P/R Deduction (\$27.08 Semi-Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Merrill Jacobs		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 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR180533818532
Name of Employer PHRMA		Occupation Regional 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 ▼ 2599.92	<input type="text"/> 1299.96
			P/R Deduction (\$108.33 Semi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) William Lucas		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 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR180534218532
Name of Employer PHRMA		Occupation Assoc. 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 ▼ 259.92	<input type="text"/> 129.96
			P/R Deduction (\$10.83 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>1754.88</b>
<b>TOTAL</b> 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: PAGE 17 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Kimberly Martin  
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 ▼ 300.00  
Date of Receipt 12 / 31 / 2009  
Transaction ID: PR180534518532  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$12.50 Semi-Monthly)

**B.** 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 ▼ 3000.00  
Date of Receipt 12 / 31 / 2009  
Transaction ID: PR180534618532  
Amount of Each Receipt this Period 1500.00  
P/R Deduction (\$125.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Moore  
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 ▼ 4998.00  
Date of Receipt 12 / 31 / 2009  
Transaction ID: PR180534818532  
Amount of Each Receipt this Period 2499.00  
P/R Deduction (\$208.25 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4149.00  
**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 18 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michelle Nyman		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR180534918532
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="259.92"/>	<input type="text" value="129.96"/>
			P/R Deduction (\$10.83 Semi-Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) John O'Connor		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR180535018532
Name of Employer PHRMA		Occupation Regional 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="599.76"/>	<input type="text" value="299.88"/>
			P/R Deduction (\$24.99 Semi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Marjorie Powell		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR180535618532
Name of Employer PHRMA		Occupation Asst. General Counsel	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="259.92"/>	<input type="text" value="129.96"/>
			P/R Deduction (\$10.83 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="559.80"/>
<b>TOTAL</b> 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 19 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Smith		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR180535918532
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="2496.00"/>	<input type="text" value="1248.00"/>
			P/R Deduction (\$104.00 Semi-Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Trehwitt		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR180536318532
Name of Employer PHRMA		Occupation Asst. 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 ▼ <input type="text" value="324.96"/>	<input type="text" value="162.48"/>
			P/R Deduction (\$13.54 Semi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward Belkin		Date of Receipt
	Mailing Address 950 F Street, N.W.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR267310218532
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="1000.08"/>	<input type="text" value="500.04"/>
			P/R Deduction (\$41.67 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1910.52"/>
<b>TOTAL</b> 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 20 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bryant Hall		Date of Receipt
	Mailing Address 950 F Street, N.W.		<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 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR377480518532
Name of Employer PhRMA		Occupation Sr. 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"/> 2499.00
		<input type="text"/> 4844.00	P/R Deduction (\$208.25 Semi-Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Filippone		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 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR533051118532
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"/> 1025.04
		<input type="text"/> 2050.08	P/R Deduction (\$85.42 Semi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick Stone		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 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR533051218532
Name of Employer PhRMA		Occupation 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"/> 150.00
		<input type="text"/> 300.00	P/R Deduction (\$12.50 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>3674.04</b>
<b>TOTAL</b> 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: PAGE 21 / 35

(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 ▼

4608.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2009

Transaction ID: PR533051518532

Amount of Each Receipt this Period

2304.00

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 ▼

1800.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2009

Transaction ID: PR737804918532

Amount of Each Receipt this Period

900.00

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

**C.**

Full Name (Last, First, Middle Initial)

Brian Nagle

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 ▼

2599.92

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2009

Transaction ID: PR743030018532

Amount of Each Receipt this Period

1299.96

P/R Deduction (\$108.33 Semi-Monthly)

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

4503.96

**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 22 / 35
	(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) Lori Reilly		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 950 F Street, NW		<b>Transaction ID:</b> PR917374918532
City Washington	State DC	Zip Code 20004-1404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 975.00
Name of Employer PhRMA	Occupation Director	P/R Deduction (\$81.25 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	

**B.**

Full Name (Last, First, Middle Initial) Mimi Simoneaux		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 950 F Street, NW		<b>Transaction ID:</b> PR917375118532
City Washington	State DC	Zip Code 20004-1404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1842.08
Name of Employer PhRMA	Occupation Vice President	P/R Deduction (\$263.16 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2817.08
<b>TOTAL</b> This Period (last page this line number only) .....	38890.76

# 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends For Harry Reid <hr/> Mailing Address P.O. Box 19163 <hr/> City Las Vegas State NV Zip Code 89132 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Sen. Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	<b>Transaction ID:</b> 30841173 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Bennett Election Committee Inc <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Sen. Robert F. Bennett Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District:	<b>Transaction ID:</b> 30841214 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) David Scott For Congress <hr/> Mailing Address P.O. Box 960821 <hr/> City Riverdale State GA Zip Code 30296 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. David Albert Scott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 13	<b>Transaction ID:</b> 30841215 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">7500.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; 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

<b>A.</b>	Full Name (Last, First, Middle Initial) New Apollo Energy PAC <hr/> Mailing Address 303 Massachusetts Avenue, NE <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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30841216 Date of Disbursement 07 / 27 / 2009	Amount of Each Disbursement this Period 1000.00  Federal Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Meeks For Congress <hr/> Mailing Address 219-10 South Conduit Avenue <hr/> City Springfield Garden State NY Zip Code 11413 <hr/> Purpose of Disbursement Candidate Name Rep. Gregory Meeks <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30841217 Date of Disbursement 07 / 27 / 2009	Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Matheson For Congress <hr/> Mailing Address P.O. Box 521048 Suite A <hr/> City Salt Lake City State UT Zip Code 84152 <hr/> Purpose of Disbursement Candidate Name Rep. James D. Matheson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30841218 Date of Disbursement 07 / 27 / 2009	Amount of Each Disbursement this Period 1000.00

**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) Larson For Congress	Transaction ID: 30841219 Date of Disbursement 07 / 27 / 2009
	Mailing Address 29 Ruff Circle	Amount of Each Disbursement this Period 500.00
	City Glastonbury State CT Zip Code 06033	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. John B. Larson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Frelinghuysen For Congress	Transaction ID: 30841220 Date of Disbursement 07 / 27 / 2009
	Mailing Address 19 Cattano Avenue	Amount of Each Disbursement this Period 1000.00
	City Morristown State NJ Zip Code 07960	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Rodney P. Frelinghuysen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pat Roberts Victory Committee	Transaction ID: 30841428 Date of Disbursement 07 / 27 / 2009
	Mailing Address 610 S. Boulevard Street	Amount of Each Disbursement this Period 2000.00
	City Tampa State FL Zip Code 33606	
	Purpose of Disbursement Joint Fundraising Committee contribution	011 Category/Type
	Candidate Name	
	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) ▼

Joint Fundraising Committ-  
ee contribution

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

3500.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mike Crapo For Us Senate	Transaction ID: 31572116 Date of Disbursement 09 / 17 / 2009
	Mailing Address P.O. Box 1948	Amount of Each Disbursement this Period 1500.00
	City Boise State ID Zip Code 83701	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Sen. Mike Crapo	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:	
<b>B.</b>	Full Name (Last, First, Middle Initial) Coburn For Senate 2010	Transaction ID: 31572293 Date of Disbursement 09 / 17 / 2009
	Mailing Address Post Office Box 977	Amount of Each Disbursement this Period 1000.00
	City Muskogee State OK Zip Code 74402	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Sen. Thomas Allen Coburn, M.D.	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District:	
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Schumer	Transaction ID: 31572296 Date of Disbursement 09 / 17 / 2009
	Mailing Address 509 Madison Ave Suite 1902	Amount of Each Disbursement this Period 1500.00
	City New York State NY Zip Code 10022	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Sen. Charles E. Schumer	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:	

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

4000.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee Inc</p> <p>Mailing Address PO Box 549</p> <p>City Napoleonville State LA Zip Code 70390</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Charles J. Melancon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 03</p>	<p><b>Transaction ID:</b> 31572298 <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Adam Smith For Congress Committee</p> <p>Mailing Address PO Box 23626</p> <p>City Federal Way State WA Zip Code 98093</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. D. Adam Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 09</p>	<p><b>Transaction ID:</b> 31572299 <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DAKPAC</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type Federal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 31580571 <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p> <p>Federal Contribution</p>

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

8000.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Next Century Fund</p> <p>Mailing Address 116 South Royal Street</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Federal Contribution</p> <p>Candidate Name Next Century Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31580572 <b>Date of Disbursement</b> 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Federal Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress</p> <p>Mailing Address 103 West Broadway St, P.O. Box 712 200 North Main St. P.O. Box 712</p> <p>City Monticello State IN Zip Code 47960</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Steve Buyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31714434 <b>Date of Disbursement</b> 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31717400 <b>Date of Disbursement</b> 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**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) <b>AmeriPAC</b>	<b>Transaction ID:</b> 31717403 Date of Disbursement 09 / 29 / 2009	
	Mailing Address 607 14th Street, NW Suite 800		
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Federal Contribution	011 Category/ Type	
	Candidate Name _____		
	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) <b>Friends Of Ginny Brown-Waite</b>	<b>Transaction ID:</b> 32114792 Date of Disbursement 11 / 02 / 2009	
	Mailing Address PO Box 865		
	City Brooksville State FL Zip Code 34605	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement _____	011 Category/ Type	
	Candidate Name Rep. Virginia Brown-Waite		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>Lee Terry For Congress</b>	<b>Transaction ID:</b> 32114793 Date of Disbursement 11 / 02 / 2009	
	Mailing Address PO Box 540098		
	City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement _____	011 Category/ Type	
	Candidate Name Rep. Lee Terry		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

4500.00

**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)

PAGE 30 / 35

<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) Texas Freedom Fund <hr/> Mailing Address 104 Hume Avenue <hr/> City Alexandria State VA Zip Code 22301 <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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32114827 Date of Disbursement 11 / 02 / 2009	Amount of Each Disbursement this Period 1500.00 <hr/> Federal Contribution
B.	Full Name (Last, First, Middle Initial) Walden For Congress <hr/> Mailing Address PO Box 1091 <hr/> City Hood River State OR Zip Code 97031 <hr/> Purpose of Disbursement Candidate Name Rep. Gregory P. Walden <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32115131 Date of Disbursement 11 / 02 / 2009	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Donna Christensen Campaign <hr/> Mailing Address PO Box 5197 <hr/> City St. Croix State VI Zip Code 00823 <hr/> Purpose of Disbursement Candidate Name Rep. Donna M. Christensen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32115611 Date of Disbursement 11 / 02 / 2009	Amount of Each Disbursement this Period 1000.00

**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) Boucher For Congress Committee  Mailing Address PO Box 2000  City Abingdon State VA Zip Code 24212  Purpose of Disbursement  Candidate Name Rep. Rick Boucher  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32115784 Date of Disbursement 11 / 02 / 2009  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Heath Shuler For Congress  Mailing Address PO Box 8446  City Asheville State NC Zip Code 28814  Purpose of Disbursement  Candidate Name Rep. Heath Shuler  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32115785 Date of Disbursement 11 / 02 / 2009  Amount of Each Disbursement this Period 500.00  011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Longleaf Pine PAC  Mailing Address 426 C Street, NE  City Washington State DC Zip Code 20002  Purpose of Disbursement Federal Contribution  Candidate Name Longleaf Pine PAC  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) ▼	Transaction ID: 32115787 Date of Disbursement 11 / 02 / 2009  Amount of Each Disbursement this Period 1500.00  011 Category/ Type  Federal Contribution

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Udall For Colorado</p> <p>Mailing Address PO Box 40158</p> <p>City Denver State CO Zip Code 80204</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Sen. Mark Emery Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District:</p>	<p><b>Transaction ID:</b> 32115791 <b>Date of Disbursement:</b> 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) To Organize a Majority PAC (TOMPAC)</p> <p>Mailing Address 426 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Federal Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 32116664 <b>Date of Disbursement:</b> 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p> <p>Federal Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) New Millennium PAC</p> <p>Mailing Address P.O. Box 632</p> <p>City Union City State NJ Zip Code 07087</p> <p>Purpose of Disbursement Federal Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 32116666 <b>Date of Disbursement:</b> 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p> <p>Federal Contribution</p>

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

**4500.00**

**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)  
New Millennium PAC

Mailing Address P.O. Box 632

City State Zip Code  
Union City NJ 07087

Purpose of Disbursement  
Federal Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 32116669  
Date of Disbursement

11 / 06 / 2009

Amount of Each Disbursement this Period

2500.00

Federal Contribution

B.

Full Name (Last, First, Middle Initial)  
New Jersey First PAC

Mailing Address 236 Massachusetts Ave., NE  
Suite 602

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Federal Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 32116714  
Date of Disbursement

11 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

Federal Contribution

C.

Full Name (Last, First, Middle Initial)  
Markey For Congress

Mailing Address PO Box 1333

City State Zip Code  
Fort Collins CO 80521

Purpose of Disbursement

Candidate Name  
Rep. Betsy Markey

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CO District: 04

Transaction ID: 32674951  
Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Frank Kratovil For Congress	<b>Transaction ID:</b> 32674952 Date of Disbursement
	Mailing Address 222 Main Sail Drive PO Box 518	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Frank Kratovil	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b>	Full Name (Last, First, Middle Initial) New Jersey First PAC	<b>Transaction ID:</b> 32674953 Date of Disbursement
	Mailing Address 236 Massachusetts Ave., NE Suite 602	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City State Zip Code Washington DC 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Contribution	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="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) ▼

<b>C.</b>	Full Name (Last, First, Middle Initial) Next Century Fund	<b>Transaction ID:</b> 32674956 Date of Disbursement
	Mailing Address 116 South Royal Street	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City State Zip Code Alexandria VA 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Contribution	<input type="text" value="2000.00"/>
	Candidate Name Next Century Fund	<input type="text" value="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) ▼

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

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<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 Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. John Barrow

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Transaction ID: 32729366

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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