

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Pharmaceutical Research & Manufacturers of America Better Government Committee

ADDRESS (number and street) 950 F Street, NW Suite 300 Washington DC 20004
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00021972
3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2013 through 12 / 31 / 2013

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 Anne Holmes [Electronically Filed] Date 01 / 30 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		76822.20
(b) Cash on Hand at Beginning of Reporting Period.....	79901.34	
(c) Total Receipts (from Line 19) .....	58972.92	113787.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	138874.26	190609.66
7. Total Disbursements (from Line 31).....	58249.39	109984.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	80624.87	80624.87
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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	44480.43	87698.27
(ii) Unitemized .....	992.49	2589.19
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45472.92	90287.46
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	55472.92	110287.46
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.....	3500.00	3500.00
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 Transfers (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))..... ▶	58972.92	113787.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	58972.92	113787.46

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	58000.00	109500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	249.39	484.79
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	58249.39	109984.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58249.39	109984.79

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

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) .....	55472.92	110287.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55472.92	110287.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 42
<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

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

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

**A. Tara Ryan**  
Full Name (Last, First, Middle Initial)  
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 Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1039.92**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : PR1338084330027**  
Amount of Each Receipt this Period **519.96**  
P/R Deduction (\$43.33 Semi-Monthly)

**B. Jennifer Page Wall**  
Full Name (Last, First, Middle Initial)  
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 Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **975.06**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : PR1338085630027**  
Amount of Each Receipt this Period **325.02**  
P/R Deduction (\$54.17 Semi-Monthly)

**C. Clement Cypra**  
Full Name (Last, First, Middle Initial)  
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 Deputy VP  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2392.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : PR1342353730027**  
Amount of Each Receipt this Period **1144.00**  
P/R Deduction (\$104.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1988.98</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 7 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Matthew Sulkala**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 4998.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : PR1387142430027**  
 Amount of Each Receipt this Period  
 2499.00  
 P/R Deduction (\$208.25 Semi-Monthly)

**B. Thomas Hardaway**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : PR1407527630027**  
 Amount of Each Receipt this Period  
 300.00  
 P/R Deduction (\$25.00 Semi-Monthly)

**C. Valerie Jewett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 F Street, NW  
 Suite 300  
 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 ▼ 1693.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : PR1416900930027**  
 Amount of Each Receipt this Period  
 846.96  
 P/R Deduction (\$70.58 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3645.96
<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 8 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Jeff Woodhouse**  
Full Name (Last, First, Middle Initial)

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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

Name of Employer PhRMA Occupation Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR1521550930027**

Amount of Each Receipt this Period 600.00

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

**B. Lea Fisher**  
Full Name (Last, First, Middle Initial)

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 ▼ 1800.00

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR1698847630027**

Amount of Each Receipt this Period 900.00

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

**C. Sandra J. Dickerson**  
Full Name (Last, First, Middle Initial)

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 Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR1727896230027**

Amount of Each Receipt this Period 600.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00

**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 9 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Jeffrey A. Bond**  
 Full Name (Last, First, Middle Initial)  
 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 SVP, State Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : PR1759644930027**  
 Amount of Each Receipt this Period 900.00  
 P/R Deduction (\$75.00 Semi-Monthly)

**B. Mark Grayson**  
 Full Name (Last, First, Middle Initial)  
 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 Asst. VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.92

Date of Receipt 12 / 31 / 2013  
**Transaction ID : PR180533230027**  
 Amount of Each Receipt this Period 129.96  
 P/R Deduction (\$10.83 Semi-Monthly)

**C. Anne Holmes**  
 Full Name (Last, First, Middle Initial)  
 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. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : PR180533630027**  
 Amount of Each Receipt this Period 600.00  
 P/R Deduction (\$50.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1629.96
<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 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Merrill Jacobs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 950 F Street, NW  
City Washington State DC Zip Code 20004-1438  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PHRMA Occupation Regional Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2599.92

Date of Receipt 12 / 31 / 2013  
**Transaction ID : PR180533830027**  
Amount of Each Receipt this Period 1299.96  
P/R Deduction (\$108.33 Semi-Monthly)

**B. Kimberly Martin**  
Full Name (Last, First, Middle Initial)  
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 ▼ 391.50

Date of Receipt 12 / 31 / 2013  
**Transaction ID : PR180534530027**  
Amount of Each Receipt this Period 241.50  
P/R Deduction (\$104.00 Semi-Monthly)

**C. Michelle Nyman**  
Full Name (Last, First, Middle Initial)  
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 ▼ 259.92

Date of Receipt 12 / 31 / 2013  
**Transaction ID : PR180534930027**  
Amount of Each Receipt this Period 129.96  
P/R Deduction (\$10.83 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1671.42  
**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 11 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. John O'Connor**  
Full Name (Last, First, Middle Initial)

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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

Name of Employer PHRMA Occupation Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **599.76**

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR180535030027**

Amount of Each Receipt this Period  
**299.88**

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

**B. Jeffrey Trehwhitt**  
Full Name (Last, First, Middle Initial)

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 Asst. VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **324.96**

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR180536330027**

Amount of Each Receipt this Period  
**162.48**

P/R Deduction (\$13.54 Semi-Monthly)

**C. John J. Castellani**  
Full Name (Last, First, Middle Initial)

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 President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4998.00**

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR1828048030027**

Amount of Each Receipt this Period  
**2499.00**

P/R Deduction (\$208.25 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **2961.36**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 42
<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**

Full Name (Last, First, Middle Initial) <b>A. Chip Davis</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : PR1849830230027</b>
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 2499.00
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$208.25 Semi-Monthly)
Name of Employer PhRMA Occupation EVP, Advocacy	Aggregate Year-to-Date 4998.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jenny Wolff Cline</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : PR1856317230027</b>
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 550.00
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer PhRMA Occupation Director	Aggregate Year-to-Date 1150.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Naomi Morales</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : PR1856318430027</b>
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 600.00
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$200.00 Semi-Monthly)
Name of Employer PhRMA Occupation VP, HR & Admin	Aggregate Year-to-Date 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3649.00
<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 13 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

Full Name (Last, First, Middle Initial) <b>A. Josephine Martin</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : PR1872660830027</b>
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 2300.00
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C	Name of Employer PhRMA	Occupation EVP, Public Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	P/R Deduction (\$225.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>B. Kimberly Love</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : PR1884612430027</b>
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 774.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2022.00	P/R Deduction (\$104.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. Jennifer Romans</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : PR1902212730027</b>
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 1248.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	P/R Deduction (\$104.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4322.00
<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 14 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Cara Moon**  
Full Name (Last, First, Middle Initial)

Mailing Address 950 F Street, NW  
Suite 300

City Washington State DC Zip Code 20004-1440

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 ▼  
1800.00

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR1923874730027**

Amount of Each Receipt this Period  
900.00

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

**B. Matthew Bennett**  
Full Name (Last, First, Middle Initial)

Mailing Address 950 F Street, NW  
Suite 300

City Washington State DC Zip Code 20004-1440

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

Name of Employer PhRMA Occupation Sr. VP, Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4998.00

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR1932280130027**

Amount of Each Receipt this Period  
2499.00

P/R Deduction (\$208.25 Bi-Weekly)

**C. Scott LaGanga**  
Full Name (Last, First, Middle Initial)

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 Deputy VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR1942076630027**

Amount of Each Receipt this Period  
600.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3999.00

**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 OF 42
<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**

Full Name (Last, First, Middle Initial) <b>A. Jay Taylor</b>			Date of Receipt 12 / 31 / 2013 <b>Transaction ID : PR1952911330027</b>
Mailing Address 950 F Street, NW			Amount of Each Receipt this Period 600.00
City Washington	State DC	Zip Code 20004-1438	P/R Deduction (\$50.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer PhRMA	Occupation Vice President	Aggregate Year-to-Date 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Kristy Lupejkis</b>			Date of Receipt 12 / 31 / 2013 <b>Transaction ID : PR1960864330027</b>
Mailing Address 950 F Street, NW			Amount of Each Receipt this Period 120.00
City Washington	State DC	Zip Code 20004-1438	P/R Deduction (\$10.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer PhRMA	Occupation Mgr., Policy & Research	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Lucia Cretella Lynch</b>			Date of Receipt 12 / 31 / 2013 <b>Transaction ID : PR1965270630027</b>
Mailing Address 950 F Street, NW			Amount of Each Receipt this Period 600.00
City Washington	State DC	Zip Code 20004-1438	P/R Deduction (\$50.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer PhRMA	Occupation Deputy VP	Aggregate Year-to-Date 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1320.00
<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 OF 42
<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. Jill Kronisch**  
Full Name (Last, First, Middle Initial)  
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 **1200.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : PR1965270730027**  
Amount of Each Receipt this Period **600.00**  
P/R Deduction (\$50.00 Semi-Monthly)

**B. Christian Clymer**  
Full Name (Last, First, Middle Initial)  
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 Deputy VP  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : PR1965270830027**  
Amount of Each Receipt this Period **600.00**  
P/R Deduction (\$50.00 Semi-Monthly)

**C. Neassa Kaelan Hollon**  
Full Name (Last, First, Middle Initial)  
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 Manager  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : PR1965270930027**  
Amount of Each Receipt this Period **300.00**  
P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **1500.00**  
**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 17 OF 42
<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**

Full Name (Last, First, Middle Initial) <b>A. Karl Uhendorf</b>		Date of Receipt
Mailing Address 950 F Street, NW		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20004-1438
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR1966405930027</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
PhRMA	VP-Communications	<input type="text" value="600.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Semi-Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Alicia Subasinghe</b>		Date of Receipt
Mailing Address 950 F Street, NW		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20004-1438
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR1966944030027</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
PhRMA	Sr. Manager	<input type="text" value="120.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$10.00 Semi-Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Andrea Jean Douglas</b>		Date of Receipt
Mailing Address 950 F Street, NW		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20004-1438
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR1976885230027</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
PhRMA	Sr. Director	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Semi-Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1120.00"/>
<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 18 OF 42
<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**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth A. Lane</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013
Mailing Address 950 F Street, NW		<b>Transaction ID : PR1978739430027</b>
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 600.00
Name of Employer PhRMA	Occupation HR Director	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Leslie Wood</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013
Mailing Address 950 F Street, NW		<b>Transaction ID : PR1978739530027</b>
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 360.00
Name of Employer PhRMA	Occupation Sr. Director, State Advocacy	P/R Deduction (\$30.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) <b>C. Colleen Maloney</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013
Mailing Address 950 F Street, NW		<b>Transaction ID : PR1980251530027</b>
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 600.00
Name of Employer PhRMA	Occupation Director, Federal Affairs	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1560.00
<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 19 OF 42  
(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. Kimberly Sidhu**  
 Full Name (Last, First, Middle Initial)  
 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, Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : PR1981809530027**  
 Amount of Each Receipt this Period 180.00  
 P/R Deduction (\$15.00 Semi-Monthly)

**B. Lori Kendrick**  
 Full Name (Last, First, Middle Initial)  
 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, Board Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : PR1983560030027**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$25.00 Semi-Monthly)

**C. James 'Mit' Spears**  
 Full Name (Last, First, Middle Initial)  
 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 General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4998.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : PR1983731830027**  
 Amount of Each Receipt this Period 2499.00  
 P/R Deduction (\$208.25 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 2979.00  
**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 20 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Shannon Graham**  
Full Name (Last, First, Middle Initial)  
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 Deputy VP-Federal Advocacy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : PR1985816130027**  
Amount of Each Receipt this Period 1248.00  
P/R Deduction (\$104.00 Semi-Monthly)

**B. Michelle Artz**  
Full Name (Last, First, Middle Initial)  
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 ▼ 2496.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : PR2007427330027**  
Amount of Each Receipt this Period 1248.00  
P/R Deduction (\$104.00 Semi-Monthly)

**C. Jocelyn Ulrich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 950 F Street  
City Washington State DC Zip Code 20004-1438  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PhRMA Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 840.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : PR2023737730027**  
Amount of Each Receipt this Period 420.00  
P/R Deduction (\$35.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 2916.00  
**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 21 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Nick Shipley**  
Full Name (Last, First, Middle Initial)

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 ▼  
2496.00

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR2028383830027**

Amount of Each Receipt this Period  
1248.00

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

**B. Tracy Napper**  
Full Name (Last, First, Middle Initial)

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 Mgr, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR2033625030027**

Amount of Each Receipt this Period  
300.00

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

**C. Wendy Gregg**  
Full Name (Last, First, Middle Initial)

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 Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR2033625130027**

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$10.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1668.00
<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 22 OF 42
<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**

Full Name (Last, First, Middle Initial) <b>A. Peter Fotos</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : PR2039979130027</b>
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 600.00
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer PhRMA Occupation Director, Fed Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00

Full Name (Last, First, Middle Initial) <b>B. John P. Tunnell</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : PR2047670130027</b>
Mailing Address 950 F Street NW		Amount of Each Receipt this Period 600.00
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer PhRMA Occupation Deputy VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00

Full Name (Last, First, Middle Initial) <b>C. Linda Distlerath</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : PR2106688630027</b>
Mailing Address 950 F Street NW		Amount of Each Receipt this Period 624.00
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$104.00 Semi-Monthly)
Name of Employer PhRMA Occupation Dep VP, Intl Alliance Dev	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1824.00
<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 23 OF 42
<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

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

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

**A. Jenny Bryant**  
Full Name (Last, First, Middle Initial)

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 Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : PR2108810230027**

Amount of Each Receipt this Period  
 520.00

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

**B. Michelle Drozd**  
Full Name (Last, First, Middle Initial)

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : PR2108810530027**

Amount of Each Receipt this Period  
 250.00

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

**C. William W. Chin**  
Full Name (Last, First, Middle Initial)

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 Executive VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : PR2139726930027**

Amount of Each Receipt this Period  
 208.25

P/R Deduction (\$208.25 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	978.25
<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 24 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Robert Filippone**  
Full Name (Last, First, Middle Initial)

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 ▼  
2274.54

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR533051130027**

Amount of Each Receipt this Period  
1249.50

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

**B. Patrick Stone**  
Full Name (Last, First, Middle Initial)

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 Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR533051230027**

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$12.50 Semi-Monthly)

**C. Lori Reilly**  
Full Name (Last, First, Middle Initial)

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 ▼  
2496.00

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : PR917374930027**

Amount of Each Receipt this Period  
1248.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2647.50
<b>TOTAL</b> This Period (last page this line number only).....▶	44480.43



**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 25 OF 42
<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. Amgen PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Amgen Center Drive  
City Thousand Oaks State CA Zip Code 91320  
FEC ID number of contributing federal political committee. **C** C00251876  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 30 / 2013  
**Transaction ID : 52995265**  
Amount of Each Receipt this Period  
5000.00

**B. Merck Employees PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 601 Pennsylvania Avenue, NW North Building-Suite 1200  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00097485  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 13 / 2013  
**Transaction ID : 53041199**  
Amount of Each Receipt this Period  
5000.00  
Contribution from a Federal PAC

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 26 OF 42  
(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**

Full Name (Last, First, Middle Initial)  
**A. Friends Of Max Baucus**  
 Mailing Address PO Box 586  
 City Helena State MT Zip Code 59624  
 FEC ID number of contributing federal political committee. **C** C00328211  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : 52393130**  
 Amount of Each Receipt this Period  
 3500.00  
 Refund of General 2014 election contribution

Full Name (Last, First, Middle Initial)  
**B.**  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	3500.00

**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**

Full Name (Last, First, Middle Initial)

**A. New Democrat Coalition PAC**

Mailing Address 901 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Federal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2013

**Transaction ID : 52408798**

Amount of Each Disbursement this Period

2500.00

Federal Contribution

Full Name (Last, First, Middle Initial)

**B. Blue Dog PAC**

Mailing Address P.O. Box 7668

City Washington State DC Zip Code 20044

Purpose of Disbursement  
Federal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2013

**Transaction ID : 52408799**

Amount of Each Disbursement this Period

2500.00

Federal Contribution

Full Name (Last, First, Middle Initial)

**C. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011

Candidate Name

Category/  
Type

**Rep. Anna G. Eshoo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2013

**Transaction ID : 52408800**

Amount of Each Disbursement this Period

1000.00

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

6000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Friends Of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Candidate Name

**Rep. Erik Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2013

**Transaction ID : 52408801**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

011

Candidate Name

**Rep. Kevin Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2013

**Transaction ID : 52408802**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. People For Patty Murray**

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement

011

Candidate Name

**Sen. Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2013

**Transaction ID : 52408803**

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)..... ▶

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**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**

Full Name (Last, First, Middle Initial)

**A. Glacier PAC**

Mailing Address 818 Connecticut Ave., NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Federal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2013

**Transaction ID : 52408804**

Amount of Each Disbursement this Period

2500.00

Federal Contribution

Full Name (Last, First, Middle Initial)

**B. Orrin PAC**

Mailing Address P.O. Box 1480

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Federal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2013

**Transaction ID : 52408805**

Amount of Each Disbursement this Period

2500.00

Federal Contribution

Full Name (Last, First, Middle Initial)

**C. Next Century Fund**

Mailing Address 116 South Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Federal Contribution

Candidate Name

**Next Century Fund**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2013

**Transaction ID : 52408806**

Amount of Each Disbursement this Period

1000.00

Federal Contribution

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

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

6000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Dave Camp For Congress**

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. David Lee Camp**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2013

**Transaction ID : 52437941**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Rogers For Congress**

Mailing Address PO Box 581  
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Michael J. Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2013

**Transaction ID : 52437942**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Marsha Blackburn For Congress Inc.**

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

**Transaction ID : 53249042**

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

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

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**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**

Full Name (Last, First, Middle Initial)

**A. Iowans for Latham**

Mailing Address P.O. Box 8237

City State Zip Code  
Des Moines IA 50301

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Thomas P. Latham**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : 53249044**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Steve Israel For Congress Committee**

Mailing Address PO Box 777

City State Zip Code  
Deer Park NY 11729

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Steve J. Israel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : 53249045**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Sean Patrick Maloney For Congress**

Mailing Address 18 W Main St

City State Zip Code  
Beacon NY 12508

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Sean Maloney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : 53249046**

Amount of Each Disbursement this Period

500.00

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

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

2500.00

**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**

Full Name (Last, First, Middle Initial)

**A. Rely on Your Beliefs Fund**

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Federal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : 53249053**

Amount of Each Disbursement this Period

1000.00

Federal Contribution

Full Name (Last, First, Middle Initial)

**B. Alexander For Senate Inc**

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Lamar Alexander**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : 53249054**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Enzi For Us Senate**

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Michael B. Enzi**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : 53249055**

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**

Full Name (Last, First, Middle Initial)

**A. Mark Pryor For US Senate**

Mailing Address 420 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mark Pryor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

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

**Transaction ID : 53249056**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends For Harry Reid**

Mailing Address P.O. Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Harry Reid**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District:

Date of Disbursement

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

**Transaction ID : 53249058**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Long Leaf Pine PAC**

Mailing Address 700 13th Street, NW  
Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Federal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : 53249059**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Federal Contribution

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

9	0	0	0	.	0	0
---	---	---	---	---	---	---

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

9	0	0	0	.	0	0
---	---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Candidate Name

**Mr. Devin Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : 53250158**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Byrne For Congress Inc**

Mailing Address PO Box 2743

City Mobile State AL Zip Code 36652

Purpose of Disbursement  
Special Runoff Election 11/5/13

011

Candidate Name

**Bradley Byrne**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: AL District: 01

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2013

**Transaction ID : 53695177**

Amount of Each Disbursement this Period

1000.00

Special Runoff Election 11/5/13

Full Name (Last, First, Middle Initial)

**C. Eric PAC**

Mailing Address 209 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Federal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2013

**Transaction ID : 53894559**

Amount of Each Disbursement this Period

500.00

Federal Contribution

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

2500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name (Last, First, Middle Initial)

**A. Cantor For Congress**

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

011

Candidate Name

**Rep. Eric I. Cantor**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2013			

**Transaction ID : 53894560**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Connolly For Congress**

Mailing Address PO Box 563

City Merrifield State VA Zip Code 22116

Purpose of Disbursement

011

Candidate Name

**Rep. Gerald Connolly**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2013			

**Transaction ID : 53894564**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Dr. Raul Ruiz For Congress**

Mailing Address PO Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement

011

Candidate Name

**Rep. Raul Ruiz MD**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2013			

**Transaction ID : 53894565**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00
---------

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

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**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**

Full Name (Last, First, Middle Initial)

**A. Scott Peters For Congress**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement

011

Candidate Name

**Rep. Scott Peters**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2013

**Transaction ID : 53894566**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Texans For Senator John Cornyn Inc**

Mailing Address PO Box 13026 Suite 180

City Austin State TX Zip Code 78711

Purpose of Disbursement

011

Candidate Name

**Sen. John Cornyn**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: TX District:

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2013

**Transaction ID : 53894587**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Pat Roberts For U S Senate Inc**

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

011

Candidate Name

**Sen. Pat Roberts**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2013

**Transaction ID : 53894588**

Amount of Each Disbursement this Period

1000.00

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

2500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Burr Committee**

Mailing Address P.O. Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Richard Burr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2013			

**Transaction ID : 53894589**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Alexander For Senate Inc**

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Lamar Alexander**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2013			

**Transaction ID : 53894590**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Rob Portman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2013			

**Transaction ID : 53894591**

Amount of Each Disbursement this Period

1000.00
---------

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

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

3000.00
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**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**

Full Name (Last, First, Middle Initial)

**A. Friends Of Mary Landrieu Inc**

Mailing Address 607 14th Street Nw Suite 800  
Suite 1434

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

**Sen. Mary L. Landrieu**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2013			

**Transaction ID : 53894595**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Udall For Colorado**

Mailing Address PO Box 40158

City Denver State CO Zip Code 80204

Purpose of Disbursement

011

Candidate Name

**Sen. Mark Emery Udall**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2013			

**Transaction ID : 53894606**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Republican Party of Kentucky-Federal Acct**

Mailing Address c/o Leslie Small  
P.O. Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
Federal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2013			

**Transaction ID : 56710553**

Amount of Each Disbursement this Period

5000.00
---------

Federal Contribution

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

8000.00
---------

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

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**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**

Full Name (Last, First, Middle Initial)

**A. Searchlight Leadership Fund**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Federal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2013

**Transaction ID : 56864517**

Amount of Each Disbursement this Period

5000.00

Federal Contribution

Full Name (Last, First, Middle Initial)

**B. Yoder For Congress, Inc**

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement

Candidate Name

**Rep. Kevin Yoder**

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

Disbursement For: 2014  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2013

**Transaction ID : 56864519**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Committee To Re-Elect Henry Hank Johnson**

Mailing Address 4153 Flat Shoals Parkway  
Suite 322, Building C, 2nd Floor

City Decatur State GA Zip Code 30034

Purpose of Disbursement

Candidate Name

**Rep. Hank Johnson Jr.**

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

Disbursement For: 2014  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2013

**Transaction ID : 56864520**

Amount of Each Disbursement this Period

1000.00

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

7000.00

**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**

Full Name (Last, First, Middle Initial)

### A. Glacier PAC

Mailing Address 818 Connecticut Ave., NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Void - Glacier PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2013

Transaction ID : 57707692

Amount of Each Disbursement this Period

-2500.00
----------

Void - Glacier PAC

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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

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

-2500.00
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58000.00
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**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 19748

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Bank fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 09 / 2013

**Transaction ID : 52805606**

Amount of Each Disbursement this Period

41.33

Bank fees

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 19748

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Bank fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 08 / 2013

**Transaction ID : 53225769**

Amount of Each Disbursement this Period

40.41

Bank fees

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 19748

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Bank fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 10 / 2013

**Transaction ID : 57707329**

Amount of Each Disbursement this Period

39.26

Bank fees

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

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

121.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 19748

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Bank fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
10 / 08 / 2013

**Transaction ID : 57707330**

Amount of Each Disbursement this Period

28.73

Bank fees

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 19748

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Bank fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 08 / 2013

**Transaction ID : 57707331**

Amount of Each Disbursement this Period

57.65

Bank fees

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 19748

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Bank fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 10 / 2013

**Transaction ID : 57707332**

Amount of Each Disbursement this Period

42.01

Bank fees

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

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

128.39

249.39