

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="80624.87"/>	<input type="text" value="80624.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="65581.07"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8795.03"/>	<input type="text" value="132153.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="74376.10"/>	<input type="text" value="212778.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1124.41"/>	<input type="text" value="139526.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="73251.69"/>	<input type="text" value="73251.69"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Pharmaceutical Research & Manufacturers of America Better Government Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8516.37	98793.56
(ii) Unitemized	278.66	5859.63
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8795.03	104653.19
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8795.03	129653.19
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
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))..... ▶	8795.03	132153.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8795.03	132153.19

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.....	1000.00	139000.00
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	124.41	526.37
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)) ..	1124.41	139526.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1124.41	139526.37

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	8795.03	129653.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8795.03	129653.19
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 29
<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

Full Name (Last, First, Middle Initial) A. Tara Ryan		Date of Receipt 12 / 31 / 2014 Transaction ID : PR1338084338130
Mailing Address 950 F Street, NW Suite 300		Amount of Each Receipt this Period 86.66
City Washington State DC Zip Code 20004-1404	FEC ID number of contributing federal political committee. C	P/R Deduction (\$43.33 Semi-Monthly)
Name of Employer PhRMA Occupation Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1039.92

Full Name (Last, First, Middle Initial) B. Matthew Sulkala		Date of Receipt 12 / 31 / 2014 Transaction ID : PR1387142438130
Mailing Address 950 F Street, NW Suite 300		Amount of Each Receipt this Period 416.50
City Washington State DC Zip Code 20004-1404	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.25 Semi-Monthly)
Name of Employer PhRMA Occupation Sr. Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4998.00

Full Name (Last, First, Middle Initial) C. Thomas Hardaway		Date of Receipt 12 / 31 / 2014 Transaction ID : PR1407527638130
Mailing Address 950 F Street, NW Suite 300		Amount of Each Receipt this Period 50.00
City Washington State DC Zip Code 20004-1404	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer PhRMA Occupation Regional Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

SUBTOTAL of Receipts This Page (optional).....▶	553.16
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 7 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR1521550938130
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Semi-Monthly)

B. 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR1727896238130
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$25.00 Semi-Monthly)

C. 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR1759644938130
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$75.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
<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. Andrew Corsig
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, State Govt Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR180532538130

Amount of Each Receipt this Period
 20.00

P/R Deduction (\$50.00 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR180533238130

Amount of Each Receipt this Period
 21.66

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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR180533638130

Amount of Each Receipt this Period
 100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	141.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
<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) A. Merrill Jacobs		Date of Receipt 12 / 31 / 2014 Transaction ID : PR180533838130
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 216.66
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. C	P/R Deduction (\$108.33 Semi-Monthly)
Name of Employer PHRMA Occupation Regional Director	Aggregate Year-to-Date 2599.92	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kimberly Martin		Date of Receipt 12 / 31 / 2014 Transaction ID : PR180534538130
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 208.00
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. C	P/R Deduction (\$104.00 Semi-Monthly)
Name of Employer PHRMA Occupation Director	Aggregate Year-to-Date 2496.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michelle Nyman		Date of Receipt 12 / 31 / 2014 Transaction ID : PR180534938130
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 21.66
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.83 Semi-Monthly)
Name of Employer PHRMA Occupation Director	Aggregate Year-to-Date 259.92	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	446.32
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 29
	<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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR180535038130

Amount of Each Receipt this Period
49.98

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

B. Del Persinger
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 EVP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3332.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR180535438130

Amount of Each Receipt this Period
416.50

P/R Deduction (\$208.25 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR1828048038130

Amount of Each Receipt this Period
416.50

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

SUBTOTAL of Receipts This Page (optional).....▶	882.98
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Chip Davis
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 EVP, Advocacy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **4998.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : PR1849830238130
Amount of Each Receipt this Period **416.50**
P/R Deduction (\$208.25 Semi-Monthly)

B. Jenny Wolff Cline
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 **1200.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : PR1856317238130
Amount of Each Receipt this Period **100.00**
P/R Deduction (\$50.00 Semi-Monthly)

C. Naomi Morales
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 VP, HR & Admin
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : PR1856318438130
Amount of Each Receipt this Period **100.00**
P/R Deduction (\$200.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	616.50
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 29
	<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) A. Josephine Martin			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 950 F Street, NW			Transaction ID : PR1872660838130
City Washington	State DC	Zip Code 20004-1438	Amount of Each Receipt this Period 50.00
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. Kimberly Love			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 950 F Street, NW			Transaction ID : PR1884612438130
City Washington	State DC	Zip Code 20004-1438	Amount of Each Receipt this Period 50.00
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 ▼ 600.00		P/R Deduction (\$104.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) C. Jennifer Romans			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 950 F Street, NW			Transaction ID : PR1902212738130
City Washington	State DC	Zip Code 20004-1438	Amount of Each Receipt this Period 208.00
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)

SUBTOTAL of Receipts This Page (optional).....▶	308.00
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 13 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR1923874738130
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$75.00 Semi-Monthly)

B. 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR1942076638130
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Semi-Monthly)

C. Jay Taylor
 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 Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : PR1952911338130
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 14 OF 29
	<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. Kristy Lupejkis
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 Mgr., Policy & Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR1960864338130

Amount of Each Receipt this Period
200.00

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

B. Lucia Cretella Lynch
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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR1965270638130

Amount of Each Receipt this Period
100.00

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

C. 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR1965270738130

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	220.00
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 29
	<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. 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 / 2014
Transaction ID : PR1965270838130
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Semi-Monthly)

B. Alicia Subasinghe
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 ▼ 240.00

Date of Receipt 12 / 31 / 2014
Transaction ID : PR1966944038130
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Semi-Monthly)

C. Phil Levis
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 ▼ 260.00

Date of Receipt 12 / 31 / 2014
Transaction ID : PR1975068938130
Amount of Each Receipt this Period 10.00
P/R Deduction (\$5.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 130.00
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 16 OF 29
<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. Elizabeth A. Lane
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 HR Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR1978739438130

Amount of Each Receipt this Period
100.00

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

B. Leslie Wood
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, State Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR1978739538130

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 Semi-Monthly)

C. Colleen Maloney
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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR1980251538130

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	260.00
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 29
<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. 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 / 2014
Transaction ID : PR1981809538130
 Amount of Each Receipt this Period 30.00
 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 / 2014
Transaction ID : PR1983560038130
 Amount of Each Receipt this Period 50.00
 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 / 2014
Transaction ID : PR1983731838130
 Amount of Each Receipt this Period 416.50
 P/R Deduction (\$208.25 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	496.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
	<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 / 2014
Transaction ID : PR1985816138130
Amount of Each Receipt this Period 208.00
P/R Deduction (\$104.00 Semi-Monthly)

B. Christopher Kuzmuk
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 ▼ 600.00

Date of Receipt 12 / 31 / 2014
Transaction ID : PR1991519438130
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 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 / 2014
Transaction ID : PR2023737738130
Amount of Each Receipt this Period 70.00
P/R Deduction (\$35.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 328.00
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 19 OF 29
	<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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR2028383838130

Amount of Each Receipt this Period
 208.00

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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR2033625038130

Amount of Each Receipt this Period
 50.00

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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR2033625138130

Amount of Each Receipt this Period
 20.00

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

SUBTOTAL of Receipts This Page (optional).....▶	278.00
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 29
	<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. Peter Fotos
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, Fed Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : PR2039979138130
Amount of Each Receipt this Period **100.00**
P/R Deduction (\$50.00 Semi-Monthly)

B. John P. Tunnell
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 / 2014**
Transaction ID : PR2047670138130
Amount of Each Receipt this Period **100.00**
P/R Deduction (\$50.00 Semi-Monthly)

C. Carrie Robison
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 Legislative Associate
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : PR2081364338130
Amount of Each Receipt this Period **20.00**
P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... **220.00**
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 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Sarah Spurgeon		Date of Receipt 12 / 31 / 2014 Transaction ID : PR2105040538130
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 200.00
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer PhRMA	Occupation Asst General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Linda Distlerath		Date of Receipt 12 / 31 / 2014 Transaction ID : PR2106688638130
Mailing Address 950 F Street NW		Amount of Each Receipt this Period 208.00
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C		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 ▼ 2496.00	

Full Name (Last, First, Middle Initial) C. Jenny Bryant		Date of Receipt 12 / 31 / 2014 Transaction ID : PR2108810238130
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 208.00
City Washington	State DC	Zip Code 20004-1438
FEC ID number of contributing federal political committee. C		P/R Deduction (\$104.00 Semi-Monthly)
Name of Employer PhRMA	Occupation Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

SUBTOTAL of Receipts This Page (optional).....▶	436.00
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 22 OF 29
<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. 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 ▼ 1150.00

Date of Receipt
12 / 31 / 2014
Transaction ID : PR2108810538130
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Semi-Monthly)

B. Andrew Hu
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 ▼ 480.00

Date of Receipt
12 / 31 / 2014
Transaction ID : PR2122788238130
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Semi-Monthly)

C. Stephanie Fischer
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 ▼ 720.00

Date of Receipt
12 / 31 / 2014
Transaction ID : PR2135011638130
Amount of Each Receipt this Period 60.00
P/R Deduction (\$30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 23 OF 29
	<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. 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 ▼
4998.00

Date of Receipt
12 / 31 / 2014
Transaction ID : PR2139726938130

Amount of Each Receipt this Period
416.50

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

B. Linda Carroll Shern
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 ▼
810.00

Date of Receipt
12 / 31 / 2014
Transaction ID : PR2139727038130

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Semi-Monthly)

C. Timothy McClung
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, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
12 / 31 / 2014
Transaction ID : PR2153712838130

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 476.50

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 24 OF 29
<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) A. Ryan Garofalo		Date of Receipt 12 / 31 / 2014 Transaction ID : PR2161207938130
Mailing Address 950 F Street NW		Amount of Each Receipt this Period 50.00
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer PhRMA Occupation Sr Manager	Aggregate Year-to-Date 525.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charles M Clapton		Date of Receipt 12 / 31 / 2014 Transaction ID : PR2168909838130
Mailing Address 950 F Street NW		Amount of Each Receipt this Period 416.50
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.25 Semi-Monthly)
Name of Employer PhRMA Occupation SVP, Federal Advocacy	Aggregate Year-to-Date 3956.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Zirkelbach		Date of Receipt 12 / 31 / 2014 Transaction ID : PR2199024638130
Mailing Address 950 F Street NW		Amount of Each Receipt this Period 416.50
City Washington State DC Zip Code 20004-1438	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.25 Semi-Monthly)
Name of Employer PhRMA Occupation Sr VP, Communications	Aggregate Year-to-Date 3123.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	883.00
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 25 OF 29
	<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. Molly Mae Metheny
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 Exec Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : PR2203171238130

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Semi-Monthly)

B. Emily Griffin
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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : PR2203171338130

Amount of Each Receipt this Period
50.00

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

C. Holly Campbell
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, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : PR2250049738130

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 26 OF 29
	<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. Jon Tripp
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 **225.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : PR2265226338130
Amount of Each Receipt this Period **150.00**
P/R Deduction (\$75.00 Semi-Monthly)

B. Pamela Smith
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 VP, Federal Advocacy
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **208.25**

Date of Receipt **12 / 31 / 2014**
Transaction ID : PR2270203738130
Amount of Each Receipt this Period **208.25**
P/R Deduction (\$208.25 Semi-Monthly)

C. 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 / 2014**
Transaction ID : PR533051238130
Amount of Each Receipt this Period **25.00**
P/R Deduction (\$12.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... **383.25**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 27 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼ **4789.50**

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2014

Transaction ID : PR917374938130

Amount of Each Receipt this Period
416.50

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

B. 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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	416.50
TOTAL This Period (last page this line number only).....▶	8516.37

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. Continuing America's Strength & Security PAC

Mailing Address PO Box 80505

City State Zip Code
Baton Rouge LA 70898

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2014

Transaction ID : 63315777

Amount of Each Disbursement this Period

1000.00

Federal Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

1000.00

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

1000.00

**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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 63653231

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 63653233

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 63653235

Amount of Each Disbursement this Period

Bank fees

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

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