

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

AUG 3 2 41 PM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**ST. LOUISIANS FOR BETTER GOVERNMENT**

ADDRESS (number and street)  Check if different than previously reported  
**C/O BERNARD PASTERNAK  
801 S. SKINKER #10C**

CITY, STATE and ZIP CODE  
**ST. LOUIS, MO 63105**

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

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

4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

NOTE: IN ACCORDANCE WITH CORRESPONDENCE FROM THE FEC DATED 12/93, THIS COMMITTEE HAS SATISFIED CRITERIA OF MULTI-CANDIDATE STATUS PRIOR TO 1-1-94.

Monthly Report Due On:

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

- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

| SUMMARY   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date   |
|---|-------------------------|---|
| 5. Covering Period <b>JANUARY 1, 1997 through JUNE 30, 1997</b>                               |                         |   |
| 6. (a) Cash on Hand January 1, 1997   |                         | \$ 5565.17  |
| (b) Cash on Hand at Beginning of Reporting Period   | \$ 5565.17              |   |
| (c) Total Receipts (from Line 19)   | \$ 35,882.67            | \$ 35,882.67  |
| (d) Subtotal (add Lines 6(b) and 8(c) for Column A and Lines 6(a) and 8(c) for Column B)      | \$ 41,447.84            | \$ 41,447.84  |
| 7. Total Disbursements (from Line 30)   | \$ 17,282.62            | \$ 17,282.62  |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))                 | \$ 24,165.22            | \$ 24,165.22  |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)  | \$                      | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9530<br>Local 202-219-3429 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 268.31               |   |

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

Type or Print Name of Treasurer  
**BERNARD PASTERNAK**

Signature of Treasurer  
*Bernard Pasternak*

Date  
**July 31, 1997**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5487g.

|  |  |  |  |  |  |  |  |  |  |
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FEC FORM 3X  
(revised 8/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE<br><b>ST. LOUISIANS FOR BETTER GOVERNMENT</b>                           | REPORT COVERING PERIOD<br>FROM <b>JANUARY 1, 1997</b> TO <b>JUNE 30, 1997</b> |                           |
|---|---|---------------------------|
|   | COLUMN A<br>Total This Period   | COLUMN B<br>Calendar Year |
| <b>I. Receipts</b>  |   |                           |
| 11. Contributions (other than loans) From:  |   |                           |
| a. Individual/Persons Other Than Political Committees                                     |   |                           |
| i. Itemized (use Schedule A)  | 35775.00  | 35775.00                  |
| ii. Unitemized  |   |                           |
| iii. Total (add i and ii) >   | 35775.00  | 35775.00                  |
| b. Political Party Committees   |   |                           |
| c. Other Political Committees (such as PACs)  |   |                           |
| d. Total Contributions (add a ii, b and c) >  | 35775.00  | 35775.00                  |
| 12. Transfers From Affiliated/Other Party Committees                                      |   |                           |
| 13. All Loans Received  |   |                           |
| 14. Loan Repayments Received  |   |                           |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)                            |   |                           |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees    |   |                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.)                                    | 107.67  | 107.67                    |
| 18. Transfers from Nonfederal Account for Joint Activity                                  |   |                           |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >                            | 35882.67  | 35882.67                  |
| 20. Total Federal Receipts (subtract line 18 from line 19) >                              | 35882.67  | 35882.67                  |
| <b>II. Disbursements</b>  |   |                           |
| 21. Operating Expenditures:   |   |                           |
| a. Shared Federal/Non-Federal Activity (from Schedule H4)                                 |   |                           |
| i. Federal Share  |   |                           |
| ii. Non-Federal Share   |   |                           |
| b. Other Federal Operating Expenditures   | 5782.62   | 5782.62                   |
| c. Total Operating Expenditures (add a i, a ii, and b) >                                  | 5782.62   | 5782.62                   |
| 22. Transfers to Affiliated/Other Party Committees  |   |                           |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees         | 11500.00  | 11500.00                  |
| 24. Independent Expenditures (use Schedule E)   |   |                           |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) |   |                           |
| 26. Loan Repayments Made  |   |                           |
| 27. Loans Made  |   |                           |
| 28. Refunds of Contributions To:  |   |                           |
| a. Individual/Persons Other Than Political Committees                                     |   |                           |
| b. Political Party Committees   |   |                           |
| c. Other Political Committees (such as PACs)  |   |                           |
| d. Total Contribution Refunds (add a, b and c) >  |   |                           |
| 29. Other Disbursements   |   |                           |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >                  | 17282.62  | 17282.62                  |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) >                    | 17282.62  | 17282.62                  |
| <b>III. Net Contributions/Operating Expenditures</b>                                      |   |                           |
| 32. Total Contributions (other than loans) (from line 11d)                                | 35775.00  | 35775.00                  |
| 33. Total Contribution Refunds (from line 28d)  |   |                           |
| 34. Net Contributions (other than loans) (subtract line 33 from 32)                       | 35775.00  | 35775.00                  |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) >                          | 5782.62   | 5782.62                   |
| 36. Offsets to Operating Expenditures (from line 15)                                      |   |                           |
| 37. Net Operating Expenditures (subtract line 35 from 36) >                               | 5782.62   | 5782.62                   |

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 7  
FOR LINE NUMBER 11(A)(1)

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

NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------|------------------------------------|
| Harry Berkand<br>29 Emerald Way<br>St. Louis, MO 63124<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):          | Retired<br>Occupation: <b>PHYSICIAN</b><br>Aggregate Year-to-Date > \$ 1,000.00                                     | 1-10-97                 | 1,000.00                           |
| Gina Bernstein<br>1418 Rankin<br>St. Louis, Mo. 63117<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):           | Ernst's Young<br>Occupation: <b>CONSULTANT</b><br>Aggregate Year-to-Date > \$ 125.00                                | 1-3-97                  | 125.00                             |
| Samuel Goldstein<br>14 TWIN SPRINGS LANE<br>ST. LOUIS, MO 63124<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | RETIRED<br>Occupation: <b>RETIRED</b><br>Aggregate Year-to-Date > \$ 1,000.00                                       | 1-3-97                  | 1,000.00                           |
| Godofredo Herzog<br>9 WENDOVER<br>ST. LOUIS, MO 63124<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):           | OB-GYN Dx & Cons.<br>Occupation: <b>PHYSICIAN</b><br>Aggregate Year-to-Date > \$ 250.00                             | 1-28-97                 | 250.00                             |
| Belinda Jenks<br>710 BERKE DR.<br>ST. LOUIS, MO 63132<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):           | RALSTON - PURINA CORP<br>Occupation: <b>SENIOR NUTRITION SCIENTIST</b><br>Aggregate Year-to-Date > \$ 150.00        | 1-17-97                 | 150.00                             |
| Michael Karl<br>14 THORNDELL DR.<br>ST. LOUIS, MO 63117<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):         | WASHINGTON U. SCHOOL OF MEDICINE<br>Occupation: <b>PHYSICIAN</b><br>Aggregate Year-to-Date > \$ 1,000.00            | 1-8-97                  | 1,000.00                           |
| Sander Korein<br>701 MARKET ST., STE 300<br>ST. LOUIS, MO 63101<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | CAER, KOREIN, TILNEY, KUNIN, MONTROY & GLASS<br>Occupation: <b>ATTORNEY</b><br>Aggregate Year-to-Date > \$ 1,000.00 | 1-13-97                 | 1,000.00                           |

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

4525.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 7  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer   | Date (month, day, year)      | Amount of Each Receipt this Period |
|--|--|------------------------------|------------------------------------|
| Carl Lyss<br>721 S. Central<br>St. Louis, Mo 63105   | Internal Medical Consultants<br>Occupation: PHYSICIAN          | 2-10-97<br>3-19-97<br>6-3-97 | 250.00<br>250.00<br>250.00         |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$750.00                              |                              |                                    |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer   | Date (month, day, year)      | Amount of Each Receipt this Period |
| Sam Mironitz<br>#4 LADUE ESTATES<br>ST. LOUIS, MO 63141  | DELMAR FINANCIAL CO<br>Occupation: MORTGAGE BANKER             | 2-10-97                      | 1000.00                            |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$1000.00                             |                              |                                    |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer   | Date (month, day, year)      | Amount of Each Receipt this Period |
| Craig Olschansky<br>840 WENNEKER<br>ST. LOUIS, MO 63124  | THE SOLAR PARTNERSHIP<br>Occupation: ATTORNEY                  | 2-9-97                       | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$250.00                              |                              |                                    |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer   | Date (month, day, year)      | Amount of Each Receipt this Period |
| Marcia Weiss<br>4 FAIR OAKS<br>LADUE, MO 63124   | HOME MAKER<br>Occupation: HOME MAKER                           | 1-28-97                      | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$250.00                              |                              |                                    |
| E. Full Name, Mailing Address and ZIP Code   | Name of Employer   | Date (month, day, year)      | Amount of Each Receipt this Period |
| Preston Bank<br>635 Sawwood Lane<br>St. Louis Mo 63141   | SELF<br>Occupation: REAL ESTATE APPRAISER                      | 3-4-97                       | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$1000.00                             |                              |                                    |
| F. Full Name, Mailing Address and ZIP Code   | Name of Employer   | Date (month, day, year)      | Amount of Each Receipt this Period |
| Sydney Jacobs<br>9666 Olive St. Rd., Ste. 385<br>ST. LOUIS, MO 63132   | INVESTOR ASSOCIATES<br>Occupation: COMMERCIAL INVESTOR         | 3-4-97                       | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$1000.00                             |                              |                                    |
| G. Full Name, Mailing Address and ZIP Code   | Name of Employer   | Date (month, day, year)      | Amount of Each Receipt this Period |
| John Silber<br>10519 FRONTENAC WOODS LN.<br>ST. LOUIS, MO 63131  | DR. SHERMAN SILBER<br>Occupation: OFFICE MANAGEMENT CONSULTANT | 3-5-97                       | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$1000.00                             |                              |                                    |

SUBTOTAL of Receipts This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 7  
FOR LINE NUMBER 116(X1)

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NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------|------------------------------------|
| Morton Baron<br>8124 UNIVERSITY DRNE<br>ST. LOUIS, MO 63105   |   | 3-24-97                 | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>RETIRED<br>Aggregate Year-to-Date > \$1000.00     |                         |                                    |
| B. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
| Paul Colvin<br>649 W. POLO<br>CLAYTON, MO 63105   | ELAN-POLO, INC  | 3-31-97                 | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>EXECUTIVE<br>Aggregate Year-to-Date > \$1000.00   |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert Denlow<br>Mrs Rankin<br>St. Louis Mo 63117   | SELF  | 4-15-97                 | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY<br>Aggregate Year-to-Date > \$1000.00    |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
| Yusef Hakimian<br>750 S. Hanley<br>St. Louis Mo 63105   | IMPEX INC.  | 4-11-97                 | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Aggregate Year-to-Date > \$1000.00                |                         |                                    |
| E. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
| Wilma MESSING<br>30 WESTWOOD COUNTRY CLUB<br>ST LOUIS MO 63131  | MISSING ENTERPRISES   | 3-26-97                 | 600.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>PRESIDENT<br>Aggregate Year-to-Date > \$1000.00   |                         |                                    |
| F. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
| JOHN RASTAS<br>750 HANLEY RD.<br>ST. LOUIS, MO 63105  |   | 3-24-97                 | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>HOME MAKER<br>Aggregate Year-to-Date > \$500.00   |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
| Joseph Rothberg<br>750 S. HANLEY RD., #60<br>ST. LOUIS, MO 63105  | MANHATTAN DISTRIBUTING CO.                                      | 3-31-97                 | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>BUSINESSMAN<br>Aggregate Year-to-Date > \$1000.00 |                         |                                    |

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this time number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 7  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

ST. LOUISANS FOR BETTER GOVERNMENT

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------|------------------------------------|
| Miriam Schonfeld<br>7384 WEST MORELAND DR.<br>ST. LOUIS, MO 63130<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):   | Occupation<br>HOME MAKER<br>Aggregate Year-to-Date > \$1000.00  | 4-1-97                  | 1,000.00                           |
| B. Full Name, Mailing Address and ZIP Code<br>Michael Solomon<br>700 ARMSWAY<br>GODFREY, IL 62035<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):                   | Name of Employer<br>M.R.S. ENTERPRISES, INC.<br>Occupation<br>PRESIDENT<br>Aggregate Year-to-Date > \$1000.00 | 4-7-97                  | 1,000.00                           |
| C. Full Name, Mailing Address and ZIP Code<br>Craig Shapiro<br>981 GARDENVIEW OFFICE PARKWAY<br>ST. LOUIS, MO 63141<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer<br>S. SHAPIRO & SON, INC.<br>Occupation<br>HOME BUILDER<br>Aggregate Year-to-Date > \$250.00 | 4-23-97                 | 250.00                             |
| D. Full Name, Mailing Address and ZIP Code<br>Robert Kleiser<br>433 Laclede<br>St. Louis Mo 63108<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):                   | Name of Employer<br>Jewish Hospital<br>Occupation<br>PHYSICIAN<br>Aggregate Year-to-Date > \$1000.00          | 4-29-97                 | 1,000.00                           |
| E. Full Name, Mailing Address and ZIP Code<br>Michael Litwack<br>404 Tregaron Place<br>St. Louis Mo 63131<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):           | Name of Employer<br>Retired<br>Occupation<br>INVESTOR<br>Aggregate Year-to-Date > \$1000.00                   | 4-28-97                 | 1,000.00                           |
| F. Full Name, Mailing Address and ZIP Code<br>Ronald Rubin<br>750 S. HANLEY RD. # 40<br>CLAYTON, MO 63105<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):           | Name of Employer<br>THE REPUBLIC OF TEA<br>Occupation<br>OWNER<br>Aggregate Year-to-Date > \$1000.00          | 4-28-97                 | 1,000.00                           |
| G. Full Name, Mailing Address and ZIP Code<br>Carl Carlie<br>14248 Forest Crest Dr<br>Chesterfield Mo 63017<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):         | Name of Employer<br>Stone Carlie & Company<br>Occupation<br>CPA<br>Aggregate Year-to-Date > \$1000.00         | 5-1-97                  | 1,000.00                           |

SUBTOTAL of Receipts This Page (optional)

6,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7  
FOR LINE NUMBER 11 (a)(i)

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NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer               | Date (month, day, year)             | Amount of Each Receipt this Period |
|--|--------------------------------|-------------------------------------|------------------------------------|
| Ira Gall<br>14 Woodbridge Manor Rd<br>St. Louis MO 63111   | Self                           | 5-3-97                              | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: <b>PHYSICIAN</b>   | Aggregate Year-to-Date > \$1,000.00 |                                    |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer               | Date (month, day, year)             | Amount of Each Receipt this Period |
| BETTY GERSHMAN<br>6 FORDYCE<br>ST. LOUIS, MO   |                                | 4-29-97                             | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: <b>HOME MAKER</b>  | Aggregate Year-to-Date > \$1,000.00 |                                    |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer               | Date (month, day, year)             | Amount of Each Receipt this Period |
| Allan Hoffman<br>#3 ROLLING ROCK LA.<br>ST. LOUIS, MO 63124  | SELF                           | 5-14-97                             | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: <b>REAL ESTATE</b> | Aggregate Year-to-Date > \$1,000.00 |                                    |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer               | Date (month, day, year)             | Amount of Each Receipt this Period |
| Elizabeth Rubenstein<br>#1 RUDY ROAD<br>SULLIVAN, MO 63080   |                                | 5-8-97                              | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: <b>HOUSEWIFE</b>   | Aggregate Year-to-Date > \$250.00   |                                    |
| E. Full Name, Mailing Address and ZIP Code   | Name of Employer               | Date (month, day, year)             | Amount of Each Receipt this Period |
| Jerald Blumoff<br>300 HUNTER AVE., STE 104<br>ST. LOUIS, MO 63124  | SELF                           | 6-2-97                              | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: <b>ATTORNEY</b>    | Aggregate Year-to-Date > \$500.00   |                                    |
| F. Full Name, Mailing Address and ZIP Code   | Name of Employer               | Date (month, day, year)             | Amount of Each Receipt this Period |
| Mari Lynn Fox<br>23 GARRETTWOOD<br>ST. LOUIS, MO 63105   |                                | 6-11-97                             | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: <b>NONE</b>        | Aggregate Year-to-Date > \$1,000.00 |                                    |
| G. Full Name, Mailing Address and ZIP Code   | Name of Employer               | Date (month, day, year)             | Amount of Each Receipt this Period |
| Harvey Friedman<br>7 WOODBRIDGE MANOR RD<br>ST. LOUIS, MO 63141  | HADORCO                        | 6-6-97                              | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: <b>BUSINESSMAN</b> | Aggregate Year-to-Date > \$1,000.00 |                                    |

SUBTOTAL of Receipts This Page (optional)

\$7,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 7  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer             | Date (month, day, year)             | Amount of Each Receipt (this Period) |
|---|------------------------------|-------------------------------------|--------------------------------------|
| Kenneth Krantzberg<br>50 PICARDY LANE<br>ST. LOUIS, MO 63124  | KRANSON INDUSTRIES           | 1-12-97                             | 1,000.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>CEO            | Aggregate Year-to-Date > \$ 1000.00 |                                      |
| B. Full Name, Mailing Address and ZIP Code  | Name of Employer             | Date (month, day, year)             | Amount of Each Receipt (this Period) |
| Miriam Miller<br>2007 W. KENT<br>CARBONDALE, IL 62901   | SOUTHERN ILLINOIS UNIVERSITY | 1-1-97                              | 500.00                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>SOCIAL WORKER  | Aggregate Year-to-Date > \$ 500.00  |                                      |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer             | Date (month, day, year)             | Amount of Each Receipt (this Period) |
| J.E. Milkstone<br>801 S. SHINKER<br>ST. LOUIS MO 63105  | K&M Investors                | 2-4-97                              | 1,000.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>EXECUTIVE      | Aggregate Year-to-Date > \$ 1000.00 |                                      |
| D. Full Name, Mailing Address and ZIP Code  | Name of Employer             | Date (month, day, year)             | Amount of Each Receipt (this Period) |
| Rosalind Newman<br>848 S. MERAMEC<br>ST. LOUIS, MO 63105  | WASHINGTON U.                | 1-8-97                              | 1,000.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>MATHEMATICIAN  | Aggregate Year-to-Date > \$ 1000.00 |                                      |
| E. Full Name, Mailing Address and ZIP Code  | Name of Employer             | Date (month, day, year)             | Amount of Each Receipt (this Period) |
| Jerome Osherow<br>17 Upper Price Road<br>St. Louis MO 63132   | -                            | 1-4-97                              | 1,000.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Retired        | Aggregate Year-to-Date > \$ 1000.00 |                                      |
| F. Full Name, Mailing Address and ZIP Code  | Name of Employer             | Date (month, day, year)             | Amount of Each Receipt (this Period) |
| Robert Dolgin<br>28 PORTLAND PLACE<br>ST. LOUIS, MO 63108   | R.M. Dolgin, INC.            | 2-27-97                             | 1,000.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>TAX CONSULTANT | Aggregate Year-to-Date > \$ 1000.00 |                                      |
| G. Full Name, Mailing Address and ZIP Code  | Name of Employer             | Date (month, day, year)             | Amount of Each Receipt (this Period) |
| Bertha Faust<br>550 S. BRENTWOOD<br>ST. LOUIS, MO 63105   |                              | 2-28-97                             | 1,000.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>HOME MAKER     | Aggregate Year-to-Date > \$ 1000.00 |                                      |

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

6,500.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 7  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

| A. Full Name, Mailing Address and ZIP Code<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):         | Name of Employer<br>Occupation<br>Aggregate Year-to-Date                    | Date (month, day, year)        | Amount of Each Receipt this Period        |
|--|---|--------------------------------|---|
| <p><u>Bruce White</u><br/><u>5 UNIVERSITY LANE</u><br/><u>St. Louis MO 63105</u></p>   | <p><u>SELF</u><br/><u>PHYSICIAN</u><br/><u>\$ 1,000.00</u></p>              | <p><u>6-1-97</u></p>           | <p><u>1,000.00</u></p>                    |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Occupation<br/>Aggregate Year-to-Date <u>\$</u></p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Occupation<br/>Aggregate Year-to-Date <u>\$</u></p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Occupation<br/>Aggregate Year-to-Date <u>\$</u></p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Occupation<br/>Aggregate Year-to-Date <u>\$</u></p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Occupation<br/>Aggregate Year-to-Date <u>\$</u></p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Occupation<br/>Aggregate Year-to-Date <u>\$</u></p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |

SUBTOTAL of Receipts This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

35,775.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

| A. Full Name, Mailing Address and ZIP Code<br>MAGNA BANK<br>1401 S. BRENTWOOD<br>ST. LOUIS, MO 63144   | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 107.67 | Date (month, day, year)<br>1-17-97<br>2-18-97<br>3-18-97<br>4-16-97<br>5-16-97<br>6-17-97 | Amount of Each Receipt this Period<br>5.09<br>5.84<br>17.52<br>18.49<br>24.84<br>30.84 |
|--|--|---|--|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): INTEREST RECEIVED | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$        | Date (month, day, year)   | Amount of Each Receipt this Period   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$        | Date (month, day, year)   | Amount of Each Receipt this Period   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$        | Date (month, day, year)   | Amount of Each Receipt this Period   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$        | Date (month, day, year)   | Amount of Each Receipt this Period   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$        | Date (month, day, year)   | Amount of Each Receipt this Period   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$        | Date (month, day, year)   | Amount of Each Receipt this Period   |

SUBTOTAL of Receipts This Page (optional) ..... 107.67

TOTAL This Period (last page this line number only) ..... 107.67

SCHEDULE B

ITEMIZED DISBURSEMENTS

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| NAME OF COMMITTEE (in Full)  |   |   |  |
|--|---|---|--|
| ST. LOUISIANS FOR BETTER GOVERNMENT  |   |   |  |
| A. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement                   | Date (month, day, year)                           | Amount of Each Disbursement This Period        |
| DIVISION OF EMPLOYMENT SECURITY<br>MO DEPT. OF REVENUE<br>JEFFERSON CITY, MO 65105 | MISSOURI Unemployment Tax                 | 1-28-97<br>4-30-97                                | 5.85<br>2.60                                   |
| B. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement                   | Date (month, day, year)                           | Amount of Each Disbursement This Period        |
| INTERNAL REVENUE SERVICE<br>KANSAS CITY, MO 64999                                  | Federal Unemployment Tax                  | 1-28-97   | 48.00  |
| C. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement                   | Date (month, day, year)                           | Amount of Each Disbursement This Period        |
| MISSOURI DEPT. OF REVENUE<br>JEFFERSON CITY, MO 65108                              | MISSOURI Withholding                      | 1-28-97   | 20.00  |
| D. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement                   | Date (month, day, year)                           | Amount of Each Disbursement This Period        |
| Barbara Bianco<br>10 WARSON HILLS LANE<br>ST. LOUIS, MO 63124                      | Salary                                    | 2-9-97<br>5-25-97                                 | 856.16<br>1284.25                              |
| E. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement                   | Date (month, day, year)                           | Amount of Each Disbursement This Period        |
| 461 1/2<br>805 WESTWOOD, APT 2W<br>ST. LOUIS, MO 63105                             | Computer Consulting                       | 2-24-97   | 155.00   |
| F. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement                   | Date (month, day, year)                           | Amount of Each Disbursement This Period        |
| Barbara Bianco<br>10 WARSON HILLS LANE<br>ST. LOUIS, MO 63124                      | POSTAGE, PRINTING, OFFICE SUPPLIES, ETC   | 2-9-97<br>3-9-97<br>5-25-97<br>5-28-97<br>5-28-97 | 1995.54<br>57.67<br>174.56<br>205.44<br>272.00 |
| G. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement                   | Date (month, day, year)                           | Amount of Each Disbursement This Period        |
| INTERNAL REVENUE SERVICE<br>KANSAS CITY, MO  | FEDERAL WITHHOLDING & SOCIAL SECURITY TAX | 4-30-97   | 217.00   |
| H. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement                   | Date (month, day, year)                           | Amount of Each Disbursement This Period        |
| MAGNA BANK<br>1401 S. BRENTWOOD<br>ST. LOUIS, MO 63144                             | FEDERAL WITHHOLDING & SOCIAL SECURITY TAX | 5-25-97   | 325.50   |
| I. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement                   | Date (month, day, year)                           | Amount of Each Disbursement This Period        |
|  |   |   |  |
| SUBTOTAL of Disbursements This Page (optional)                                     |   |   | 5782.62  |
| TOTAL This Period (last page this line number only)                                |   |   | 5782.62  |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

| A. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Widener for Senate<br>PO Box 3448<br>Portland, OR 97208              | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 3-24-97                 | 5000.00                                 |
| B. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
| Friends of Barbara Boxer<br>P.O. Box 641751<br>Los Angeles, CA 90064 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 6-13-97                 | 5000.00                                 |
| C. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
| Friends of Roy Blunt<br>P.O. Box 278<br>Strafford, MO 65757          | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 6-23-97                 | 1500.00                                 |
| D. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            |                         |   |
| E. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            |                         |   |
| F. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            |                         |   |
| G. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            |                         |   |
| H. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            |                         |   |
| I. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            |                         |   |

SUBTOTAL of Disbursements This Page (optional)

11,500.00

TOTAL This Period (last page this line number only)

11500.00

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

**DEBTS AND OBLIGATIONS**  
Excluding Loans

| Name of Committee (in Full)  | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|--|---|-----------------------------|---------------------|---|
| <b>St. Louisians For Better Government</b>   |   |                             |                     |   |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br><b>MISSOURI DEPARTMENT OF REVENUE<br/>JEFFERSON CITY, MO 65108</b>                       | 20.00                                     | 8.00                        | 20.00               | 8.00  |
| Nature of Debt (Purpose):<br><b>STATE WITHHOLDING TAX</b>  |   |                             |                     |   |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br><b>MISSOURI DEPARTMENT OF REVENUE<br/>JEFFERSON CITY, MO 65108</b>                       | 5.85                                      | 6.50                        | 8.45                | 3.90  |
| Nature of Debt (Purpose):<br><b>STATE UNEMPLOYMENT TAX</b>   |   |                             |                     |   |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br><b>INTERNAL REVENUE SERVICE<br/>KANSAS CITY, MO 64999</b>                                | 48.00                                     | 20.00                       | 48.00               | 20.00                                       |
| Nature of Debt (Purpose):<br><b>FEDERAL UNEMPLOYMENT TAX</b>   |   |                             |                     |   |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br><b>PASTERNAK &amp; CO.<br/>7710 CARONDELET, SUITE 216<br/>ST. LOUIS, MO 63105</b>        | 71.58                                     | 4.10                        |                     | 75.68                                       |
| Nature of Debt (Purpose):<br><b>POSTAGE</b>  |   |                             |                     |   |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br><b>BARBARA DIANCO<br/>8165 WHITBURN DR, 1W<br/>ST. LOUIS, MO 63105<br/>(NEW ADDRESS)</b> | 2067.29                                   | 1041.70                     | 2868.26             | 260.73                                      |
| Nature of Debt (Purpose):<br><b>REIMBURSEMENT - OUT OF POCKET COSTS</b>  |   |                             |                     |   |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br><b>BARBARA DIANCO<br/>8165 WHITBURN DR, 1W<br/>ST. LOUIS, MO 63105</b>                   |   | 3000.00                     | 2500.00             | 500.00                                      |
| Nature of Debt (Purpose):<br><b>SALARY</b>   |   |                             |                     |   |
| 1) SUBTOTALS This Period This Page (optional)  |   |                             |                     | 868.31                                      |
| 2) TOTALS This Period (last page in this line only)  |   |                             |                     | 868.31                                      |
| 3) TOTAL OUTSTANDING LOANS from Schedule G (last page only)  |   |                             |                     |   |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)  |   |                             |                     | 868.31                                      |

