REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

DEC 5 3 03 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Pharmaceutical Research and Manufacturers of America Better Government Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1100 15th Street NW
Suite 900

CITY, STATE and ZIP CODE
Washington D.C. 20005

2. FEC IDENTIFICATION NUMBER
C00021972

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

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 _____

[X] Thirtieth day report following the General Election on 11/05/96 in the State of D.C.

(b) Is this Report an Amendment? ☐ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/1/96 through 11/25/96		
6. (a) Cash on Hand January 1, 19 96		$ 3504.87
(b) Cash on Hand at Beginning of Reporting Period	$ 96.34	
(c) Total Receipts (from Line 19)	$ 1920.30	$ 13226.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 2016.64	$ 16731.55
7. Total Disbursements (from Line 30)	$ 750	$ 15464.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1266.64	$ 1266.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Joy A. Garrish

Signature of Treasurer
Joy A. Garrish

Date
12/05/96

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

FEC FORM 3X
(revised 9/93)

FE8AN135

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

(revised 1/1/91)

NAME OF COMMITTEE: Pharmaceutical Research and Manufacturers of America Better Government Committee

REPORT COVERING PERIOD FROM 10/1/96 TO: 11/25/96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
I. Itemized (use Schedule A)	1850.28	11530.67	11(a)(i)
II. Unitemized	70.02	1696.01	11(a)(ii)
III. Total (add I and II) ➤	1920.30	13226.68	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a III, b and c) ➤	1920.30	13226.68	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1920.30	1920.30	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1920.30	1920.30	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
I. Federal Share	0	0	21(a)(i)
II. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	750.00	15464.91	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	750.00	15464.91	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	0	0	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1920.30	13226.68	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1920.30	15464.91	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11(a) (i)

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 and Manufacturers of America Better Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
G. Gilbert Cloyd Procter & Gamble Plaza P.O. Box 599 Cincinatti, Ohio 45202 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Procter and Gamble Occupation: Vice President Aggregate Year-to-Date > $1000.00	October 3, 1996	$1000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harvey E. Bale, Jr., CPh.D. 9404 Duxford Court Potomac, Maryland 20854 Receipt For: [ ] Primary [X] General [ ] Other (specify):	PhRMA Occupation: Sr. Vice President Aggregate Year-to-Date > $ 770	bi-weekly payroll deduction of $35 for $70 total	$70.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Russel A. Bantham 7615 Swinks Court Mc Lean, Virginia 22102 Receipt For: [ ] Primary [X] General [ ] Other (specify):	PhRMA Occupation: Sr. V.P. and General Counsel Aggregate Year-to-Date > $1100	biweekly payroll deduction of $50 for $100 total	$100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard E. Buckley 422 8th Street NE Apt. A Washington D.C. 20002 Receipt For: [ ] Primary [X] General [ ] Other (specify):	PhRMA Occupation: Legislative Counsel Aggregate Year-to-Date > $423.06	biweekly payroll deduction of $19.23 for $38.46 total	$38.46
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Corsig 2800 Quebec Street NW #715 Washington D.C. 20008 Receipt For: [ ] Primary [X] General [ ] Other (specify):	PhRMA Occupation: Regional Director Aggregate Year-to-Date > $226.38	biweekly payroll deduction of $10.29 for $20.58 total	$20.58
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mark E. Grayson 1607 34th Street NW Washington D.C. 20007 Receipt For: [ ] Primary [X] General [ ] Other (specify):	PhRMA Occupation: Asst. Vice President Aggregate Year-to-Date > $ 220	biweekly payroll deduction of $10 for $20 total	$20.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William L. Lucas 11515 Marjorie Drive Mitchelville, Maryland 20721 Receipt For: [ ] Primary [X] General [ ] Other (specify):	PhRMA Occupation: Assoc. Vice President Aggregate Year-to-Date > $540.24	biweekly payroll deduction of $24.56 for $49.12 total	$49.12

SUBTOTAL of Receipts This Page (optional) $1298.16

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 (a) (i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kurt L. Malmgren 6522 Summerton Way Springfield, Virginia 22150 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: PhRMA Occupation: Vice President Aggregate Year-to-Date: $ 1036.64	biweekly payroll deduction of $47.12 for $94.24 total	$94.24
B. Gerald J. Mossinghoff 1530 N. Key Boulevard PH 28 Arlington, Virginia 22209 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: PhRMA Occupation: Senior Counsel Aggregate Year-to-Date: $1988.36	biweekly payroll deduction of 90.38 for 180.76 total	$180.76
C. Lynn Newbury 1821 N. Larrimore Street Arlington, Virginia 22205 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: PhRMA Occupation: Director of Operations Aggregate Year-to-Date: $ 279.18	biweekly payroll deduction of $12.69 for $25.38 total	$25.38
D. Gary S. Persinger 17809 Howe Drive Olney, Maryland 20832 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: PhRMA Occupation: Asst. Vice President Aggregate Year-to-Date: $605	biweekly payroll deduction of $27.50 for $55.00 total	$55.00
E. James W. Singer III 2920 44th Place NW Washington D.C. 20016 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: PhRMA Occupation: Vice President Aggregate Year-to-Date: $ 440.00	biweekly payroll deduction of $20 for $40 total	$40.00
F. Marion Torchia 11110 Waycross Way Kensington, Maryland 20895 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: PhRMA Occupation: Dir. State Policy Aggregate Year-to-Date: $ 349.14	biweekly payroll deduction of $15.87 for $31.74 total	$31.74
G. Jeffrey Trewhitt 9406 Amboy Road Gaithersburg, Maryland 20879 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: PhRMA Occupation: Asst. Vice President Aggregate Year-to-Date: $ 275.00	biweekly payroll deduction of $12.50 for $25.00 total	$25.00

SUBTOTAL of Receipts This Page (optional) $452.12

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full)

Pharmaceutical Research and Manufacturers of America Better Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Warren 1602 Hunting Avenue Mc Lean, Virginia 22102	PhRMA	biweekly payroll deduction of $50 for $100 total	$100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Vice President Aggregate Year-to-Date > $1100.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) ..... > $100.00

TOTAL This Period (last page this line number only) ..... > $1850.28

FEC Form 3A

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)
Pharmaceutical Research and Manufacturers of America Better Government Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Solomon for Congress 285 Broadway Saratoga Springs, New York 12866	Political Disbursement for: [ ] Primary [X] General [ ] Other (specify)	October 28, 1996	$500.00
B. Sybert for Congress P.O. Box 8572 Calabasas, California 91372	Purpose of Disbursement Disbursement for: [ ] Primary [X] General [ ] Other (specify)	October 28, 1996	$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) $750.00

FE6AN135

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 12-5-96
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

[signature] 12-6-96

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)