

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00021972  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period 07 01 2006 through 09 30 2006

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

Type or Print Name of Treasurer Anne Holmes

Signature of Treasurer Electronically Filed by Anne Holmes Date 10 13 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Pharmaceutical Research & Manufacturers of America Better Government Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		6721.11
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	15184.40									
(c) Total Receipts (from Line 19) .....	32757.19	68232.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	47941.59	74953.51								
7. Total Disbursements (from Line 31) .....	44000.00	71011.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3941.59	3941.59								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Pharmaceutical Research & Manufacturers of America Better Government Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	21127.19	49559.79
(i) Itemized (use Schedule A) .....	630.00	2672.61
(ii) Unitemized .....	21757.19	52232.40
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	11000.00	16000.00
(c) Other Political Committees (such as PACs) .....	32757.19	68232.40
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	32757.19	68232.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32757.19	68232.40

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44000.00	71000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	11.92
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	44000.00	71011.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	44000.00	71011.92

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	32757.19	68232.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32757.19	68232.40
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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) <b>A. GlaxoSmithKline PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 1100 15th Street, NW		<b>Transaction ID: 16026619</b>	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Schering-Plough Better Government Fund</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 1130 Connecticut Avenue, NW Suite 500		<b>Transaction ID: 16026632</b>	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Bayer PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address Bayer Road		<b>Transaction ID: 16898234</b>	
City State Zip Code Pittsburgh PA 15205-9741	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00281162			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	11000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 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) <b>A.</b> Diane Bieri		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006	
Mailing Address 950 F Street, NW Suite 300		<b>Transaction ID:</b> 16137458	
City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ken Johnson		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 950 F Street, NW Suite 300		<b>Transaction ID:</b> 16898236	
City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PhRMA	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Kurt Malmgren		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 950 F Street, NW		<b>Transaction ID:</b> 16904733	
City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PHRMA	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	





# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 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

<b>A.</b> Full Name (Last, First, Middle Initial) Tara Ryan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR133808438435	
Mailing Address 950 F Street, NW Suite 300		Amount of Each Receipt this Period 240.00	
City Washington State DC Zip Code 20004-1404	FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 240.00		P/R Deduction (\$40.00 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) Christopher Singer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR133808458435	
Mailing Address 950 F Street, NW Suite 300		Amount of Each Receipt this Period 1152.00	
City Washington State DC Zip Code 20004-1404	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PhRMA Occupation Exec VP & COO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 1152.00		P/R Deduction (\$192.00 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) Kevin Walker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR133808468435	
Mailing Address 950 F Street, NW Suite 300		Amount of Each Receipt this Period 1152.00	
City Washington State DC Zip Code 20004-1404	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PhRMA Occupation VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 1152.00		P/R Deduction (\$192.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2544.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 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

<b>A.</b> Full Name (Last, First, Middle Initial) Clelia Walters		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR133808488435	
Mailing Address 950 F Street, NW Suite 300		Amount of Each Receipt this Period 450.00	
City Washington State DC Zip Code 20004-1404	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PhRMA Occupation Director, IT	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$75.00 Bi-Weekly)		

<b>B.</b> Full Name (Last, First, Middle Initial) Conan Grames		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR133808538435	
Mailing Address 950 F Street, NW Suite 300		Amount of Each Receipt this Period 480.00	
City Washington State DC Zip Code 20004-1404	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PhRMA Occupation Sr. VP, Gen'l Counsel	Aggregate Year-to-Date ▼ 480.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$96.00 Bi-Weekly)		

<b>C.</b> Full Name (Last, First, Middle Initial) Jennifer Page		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR133808568435	
Mailing Address 950 F Street, NW Suite 300		Amount of Each Receipt this Period 250.00	
City Washington State DC Zip Code 20004-1404	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PhRMA Occupation Director	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$50.00 Bi-Weekly)		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 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) <b>A. Chris Badgley</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 950 F Street, NW		<b>Transaction ID: PR18053208435</b>	
City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period _____ 213.48		
FEC ID number of contributing federal political committee. C _____			
Name of Employer PHRMA Occupation VP	Aggregate Year-to-Date ▼ _____ 676.02		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			P/R Deduction (\$46.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Anne Berry</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 950 F Street, NW		<b>Transaction ID: PR18053238435</b>	
City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period _____ 135.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer PHRMA Occupation Director	Aggregate Year-to-Date ▼ _____ 265.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Janice Faiks</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 950 F Street, NW		<b>Transaction ID: PR18053308435</b>	
City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period _____ 507.05		
FEC ID number of contributing federal political committee. C _____			
Name of Employer PHRMA Occupation Director	Aggregate Year-to-Date ▼ _____ 598.70		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>855.53</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 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) <b>A. Anne Holmes</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 950 F Street, NW		<b>Transaction ID: PR18053368435</b>
City Washington	State DC	Zip Code 20004-1404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer PHRMA	Occupation Sr. Manager	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Merrill Jacobs</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 950 F Street, NW		<b>Transaction ID: PR18053388435</b>
City Washington	State DC	Zip Code 20004-1404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer PHRMA	Occupation Regional Director	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>C. Kurt Malmgren</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 950 F Street, NW		<b>Transaction ID: PR18053448435</b>
City Washington	State DC	Zip Code 20004-1404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer PHRMA	Occupation VP	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 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) <b>A.</b> Kimberly Martin		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 950 F Street, NW		Transaction ID: PR18053458435	
City Washington	State DC	Zip Code 20004-1404	Amount of Each Receipt this Period 69.24
FEC ID number of contributing federal political committee. C			
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 ▼ 219.26		
		P/R Deduction (\$11.54 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Hugh Metheny		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 950 F Street, NW		Transaction ID: PR18053468435	
City Washington	State DC	Zip Code 20004-1404	Amount of Each Receipt this Period 1152.00
FEC ID number of contributing federal political committee. C			
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 ▼ 1477.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> John O'Connor		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 950 F Street, NW		Transaction ID: PR18053508435	
City Washington	State DC	Zip Code 20004-1404	Amount of Each Receipt this Period 138.42
FEC ID number of contributing federal political committee. C			
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 ▼ 438.33		
		P/R Deduction (\$23.07 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1359.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 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

<b>A.</b> Full Name (Last, First, Middle Initial) Peter Rubin Mailing Address 950 F Street, NW City Washington State DC Zip Code 20004-1404 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR18053588435 Amount of Each Receipt this Period 625.00
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 ▼ 2250.00	P/R Deduction (\$125.00 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) Richard Smith Mailing Address 950 F Street, NW City Washington State DC Zip Code 20004-1404 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR18053598435 Amount of Each Receipt this Period 512.00
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 ▼ 1552.00	P/R Deduction (\$80.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) Nico Stemple Mailing Address 950 F Street, NW City Washington State DC Zip Code 20004-1404 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR18053618435 Amount of Each Receipt this Period 120.00
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 ▼ 380.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1257.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 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) <b>A.</b> Bryant Hall		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 950 F Street, N.W.		Transaction ID: PR37748058435	
City Washington	State DC	Zip Code 20004-1404	Amount of Each Receipt this Period 1200.00
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 ▼ 3700.00		
		P/R Deduction (\$100.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Filippone		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 950 F Street, NW		Transaction ID: PR53305118435	
City Washington	State DC	Zip Code 20004-1404	Amount of Each Receipt this Period 473.10
FEC ID number of contributing federal political committee. C			
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 ▼ 1498.15		
		P/R Deduction (\$78.85 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Patrick Stone		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 950 F Street, NW		Transaction ID: PR53305128435	
City Washington	State DC	Zip Code 20004-1404	Amount of Each Receipt this Period 69.24
FEC ID number of contributing federal political committee. C			
Name of Employer PhRMA	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.26		
		P/R Deduction (\$11.54 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1742.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 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"/> 15
<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

Full Name (Last, First, Middle Initial) <b>A.</b> Steven Tilton		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR53305158435	
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 900.00	
City Washington	State DC	Zip Code 20004-1404	P/R Deduction (\$150.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2850.00	
Name of Employer PhRMA	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Byron Patterson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66186048435	
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 150.00	
City Washington	State DC	Zip Code 20004-1404	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 475.00	
Name of Employer PhRMA	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Heather Keiser Strawn		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73780498435	
Mailing Address 950 F Street, NW		Amount of Each Receipt this Period 450.00	
City Washington	State DC	Zip Code 20004-1404	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1225.00	
Name of Employer PhRMA	Occupation Sr. Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 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) <b>A.</b> Alan Gilbert		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 950 F Street, NW		<b>Transaction ID:</b> PR74302988435
City Washington	State DC	Zip Code 20004-1404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1176.44
Name of Employer PhRMA	Occupation Sr. VP	P/R Deduction (\$294.12 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Brian Nagle		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 950 F Street, NW		<b>Transaction ID:</b> PR74303008435
City Washington	State DC	Zip Code 20004-1404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer PhRMA	Occupation Director	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Lori Reilly		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 950 F Street, NW		<b>Transaction ID:</b> PR91737498435
City Washington	State DC	Zip Code 20004-1404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 450.00
Name of Employer PhRMA	Occupation Director	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2226.44
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 29	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mimi Simoneaux

Mailing Address 950 F Street, NW

City State Zip Code  
Washington DC 20004-1404

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

Name of Employer Occupation  
PhRMA Vice President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID: PR91737518435**

Amount of Each Receipt this Period  
576.00

P/R Deduction (\$96.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>576.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>21127.19</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 29

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

<p><b>A. VOLPAC</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 158552</p> <p>City Nashville State TN Zip Code 37215</p> <p>Purpose of Disbursement Federal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 16647669</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Federal Contribution</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="011"/></p>

<p><b>B. Hatch Election Committee Inc</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 1480</p> <p>City Washington State DC Zip Code 20013-1480</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sen. Orrin Hatch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District: 1</p>		<p><b>Transaction ID:</b> 16647667</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Federal Contribution</p>
<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="011"/></p>

<p><b>C. Mike Dewine For Us Senate</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 406 Virginia Avenue</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sen. Mike DeWine</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 1</p>		<p><b>Transaction ID:</b> 16647671</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p> <p>Federal Contribution</p>
<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="011"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="7500.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**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) <b>A. Santorum 2006</b>		<b>Transaction ID: 16647674</b> Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
Mailing Address One Tower Bridge Suite 1440		Amount of Each Disbursement this Period 3000.00	
City West Conshohocken	State PA		011 Category/ Type
Zip Code 19428			
Purpose of Disbursement			
Candidate Name Sen. Rick Santorum		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			
State: PA District: 2			

Full Name (Last, First, Middle Initial) <b>B. Glacier PAC</b>		<b>Transaction ID: 16647675</b> Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
Mailing Address 818 Connecticut Ave., NW Suite 1100		Amount of Each Disbursement this Period 2500.00	
City Washington	State DC		011 Category/ Type
Zip Code 20006			
Purpose of Disbursement Federal Contribution			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Senate Victory Fund</b>		<b>Transaction ID: 16647666</b> Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
Mailing Address 228 S. Washington Street Suite B-20		Amount of Each Disbursement this Period 2000.00	
City Alexandria	State VA		011 Category/ Type
Zip Code 22314			
Purpose of Disbursement Federal Contribution			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

<p><b>A. Committee To Re Elect Ed Towns</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 438 Lewis Ave</p> <p>City Brooklyn State NY Zip Code 11233</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Edolphus Towns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 10</p>		<p><b>Transaction ID:</b> 16920248</p> <p><b>Date of Disbursement</b></p> <p><input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><input type="text" value="011"/> Category/Type</p> <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. Ensign For Senate</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 26568</p> <p>City Las Vegas State NV Zip Code 89126</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sen. John Ensign</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 2</p>		<p><b>Transaction ID:</b> 16920209</p> <p><b>Date of Disbursement</b></p> <p><input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="text" value="011"/> Category/Type</p> <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C. Restore America PAC</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2436 SW Camelot Place</p> <p>City Topeka State KS Zip Code 66614</p> <p>Purpose of Disbursement Federal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 16920284</p> <p><b>Date of Disbursement</b></p> <p><input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p><input type="text" value="011"/> Category/Type</p> <p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Federal Contribution</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="5500.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

<b>A. BOMP</b> Full Name (Last, First, Middle Initial) Mailing Address 1155 21st Street, NW Suite 330 City Washington State DC Zip Code 20036 Purpose of Disbursement Federal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 16920513 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 Federal Contribution
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<b>B. Simmons For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 268 Drawer 271 P.O. Box 268 Drawer 271 City Stonington State CT Zip Code 06378 Purpose of Disbursement Candidate Name Rep. Robert Simmons Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 16962070 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
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<b>C. Pryce For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 145 E. Rich Street City Columbus State OH Zip Code 43215 Purpose of Disbursement Candidate Name Rep. Deborah Pryce Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 16962075 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) John D Dingell For Congress Committee</p>		<p><b>Transaction ID:</b> 16962076 <b>Date of Disbursement</b></p>	
<p>Mailing Address 607 Fourteenth Street Nw</p>		<p><input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2006"/></p>	
<p>City Washington State DC Zip Code 20005</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>		
<p>Purpose of Disbursement</p>		<p><input type="text" value="011"/> Category/Type</p>	
<p>Candidate Name Rep. John Dingell</p>			
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: MI District: 15</p>			

<p><b>B.</b> Full Name (Last, First, Middle Initial) First State PAC</p>		<p><b>Transaction ID:</b> 16962079 <b>Date of Disbursement</b></p>	
<p>Mailing Address 426 C Street, NE</p>		<p><input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2006"/></p>	
<p>City Washington State DC Zip Code 20002</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>		
<p>Purpose of Disbursement Federal Contribution</p>		<p><input type="text" value="011"/> Category/Type</p>	
<p>Candidate Name</p>			
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p><b>C.</b> Full Name (Last, First, Middle Initial) Blue Dog PAC</p>		<p><b>Transaction ID:</b> 16962077 <b>Date of Disbursement</b></p>	
<p>Mailing Address P.O. Box 7668</p>		<p><input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2006"/></p>	
<p>City Washington State DC Zip Code 20044</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>		
<p>Purpose of Disbursement Federal Contribution</p>		<p><input type="text" value="011"/> Category/Type</p>	
<p>Candidate Name</p>			
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 29

<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) <b>A. Texas Freedom Fund</b>		<b>Transaction ID:</b> 16962084 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22301	011 Category/ Type  Federal Contribution	
Purpose of Disbursement Federal Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sweeney For Congress Inc</b>		<b>Transaction ID:</b> 16962069 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address Post Office Box 1465		Amount of Each Disbursement this Period 1000.00
City Clifton Park State NY Zip Code 12065	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John Sweeney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Clay Shaw</b>		<b>Transaction ID:</b> 16962071 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 2188		Amount of Each Disbursement this Period 1000.00
City Fort Lauderdale State FL Zip Code 33303	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. E. Shaw, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 29

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

<p><b>A. Heather Wilson For Congress</b></p> <p>Full Name (Last, First, Middle Initial) Heather Wilson For Congress</p> <p>Mailing Address P.O. Box 14070</p> <p>City Albuquerque State NM Zip Code 87191</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Heather Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 16962072</b></p> <p>Date of Disbursement 09 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
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<p><b>B. Geoff Davis For Congress</b></p> <p>Full Name (Last, First, Middle Initial) Geoff Davis For Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 4</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 16962073</b></p> <p>Date of Disbursement 09 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
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<p><b>C. Friends Of Craig Thomas</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Craig Thomas</p> <p>Mailing Address 2780 Olive Dr</p> <p>City Cheyenne State WY Zip Code 82001</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Sen. Craig Thomas</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 1</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 16962078</b></p> <p>Date of Disbursement 09 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>3000.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 29

<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) <b>A. Friends Of Joe Lieberman</b>		<b>Transaction ID:</b> 16962081 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address PO Box 231294 State House Square		Amount of Each Disbursement this Period 1000.00	
City State House Square	State Zip Code CT 06123		
Purpose of Disbursement			011 Category/ Type
Candidate Name Sen. Joseph Lieberman			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 2			

Full Name (Last, First, Middle Initial) <b>B. Boyd For Congress</b>		<b>Transaction ID:</b> 17111537 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address 236 Massachusetts Ave., NE Suite 508		Amount of Each Disbursement this Period 1000.00	
City Washington	State Zip Code DC 20002		
Purpose of Disbursement			011 Category/ Type
Candidate Name Rep. Allen Boyd			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 2			

Full Name (Last, First, Middle Initial) <b>C. Nelson For U S Senate</b>		<b>Transaction ID:</b> 17111358 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address PO Box 540154		Amount of Each Disbursement this Period 1000.00	
City Omaha	State Zip Code NE 68154		
Purpose of Disbursement			011 Category/ Type
Candidate Name Sen. Ben Nelson			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 2			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial) <b>A. Talent For Senate Committee</b>		<b>Transaction ID: 17111355</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 507 Capitol Court NE #100		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Sen. James Talent			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Kent Conrad</b>		<b>Transaction ID: 17111367</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address PO Box 812		Amount of Each Disbursement this Period 1000.00	
City Bismarck State ND Zip Code 58502	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Sen. Kent Conrad			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

2000.00

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

44000.00