

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 01 01 2011 through 06 30 2011

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 07 29 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		51489.92
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	51489.92									
(c) Total Receipts (from Line 19)	54560.57	54560.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	106050.49	106050.49								
7. Total Disbursements (from Line 31)	54590.80	54590.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	51459.69	51459.69								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	32558.21	32558.21
(ii) Unitemized	1002.36	1002.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)	33560.57	33560.57
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	21000.00	21000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	54560.57	54560.57
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))	54560.57	54560.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	54560.57	54560.57

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.....	54500.00	54500.00
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.....	90.80	90.80
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))..	54590.80	54590.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54590.80	54590.80

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)	54560.57	54560.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54560.57	54560.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Abbott Laboratories Employee PAC
Mailing Address 100 Abbott Park Road
City State Zip Code
Abbott Park IL 60064-6028
FEC ID number of contributing federal political committee. **C** C00040279
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 02 / 07 / 2011
Transaction ID: 38621288
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Zeneca Inc PAC
Mailing Address 1800 Concord Pike
City State Zip Code
Wilmington DE 19850
FEC ID number of contributing federal political committee. **C** C00279455
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 02 / 25 / 2011
Transaction ID: 39285372
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
Merck Employees PAC
Mailing Address 601 Pennsylvania Avenue, NW
North Building-Suite 1200
City State Zip Code
Washington DC 20004
FEC ID number of contributing federal political committee. **C** C00097485
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 02 / 20 / 2011
Transaction ID: 39285373
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► 15000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 32
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Pfizer PAC		Date of Receipt
Mailing Address 325 7th Street, NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 3 / 2 8 / 2 0 1 1
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee.		Transaction ID: 39619142
C C00016683		Amount of Each Receipt this Period
		5000.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 5000.00	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Bayer PAC		Date of Receipt
Mailing Address Bayer Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 0 2 / 2 0 1 1
City	State	Zip Code
Pittsburgh	PA	15205-9741
FEC ID number of contributing federal political committee.		Transaction ID: 40525426
C C00281162		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	21000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Hallie Maranchick	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 950 F Street, NW	Transaction ID: PR1275760022351
	City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 1299.96
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$108.33 Semi-Monthly)
Name of Employer PhRMA	Occupation Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1299.96	

B.	Full Name (Last, First, Middle Initial) Sharon Marshall	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338083622351
	City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 299.04
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$24.92 Semi-Monthly)
Name of Employer PhRMA	Occupation Board Materials Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.04	

C.	Full Name (Last, First, Middle Initial) Tara Ryan	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338084322351
	City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 519.96
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$43.33 Semi-Monthly)
Name of Employer PhRMA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.96	

SUBTOTAL of Receipts This Page (optional)	2118.96
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kevin Walker	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338084622351
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.00 Semi-Monthly)
	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 600.00	

B.	Full Name (Last, First, Middle Initial) Jennifer Page	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338085622351
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 650.04
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$54.17 Semi-Monthly)
	Name of Employer PhRMA Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 650.04	

C.	Full Name (Last, First, Middle Initial) Clement Cypra	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1342353722351
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 597.96
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$49.83 Semi-Monthly)
	Name of Employer PhRMA Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 597.96	

SUBTOTAL of Receipts This Page (optional)	1848.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 32
(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"/>	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)
Matthew Sulkala

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004-1404

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

Name of Employer PhRMA Occupation Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1387142422351
Amount of Each Receipt this Period 1200.00
P/R Deduction (\$100.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Thomas Hardaway

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004-1404

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

Name of Employer PhRMA Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1407527622351
Amount of Each Receipt this Period 300.00
P/R Deduction (\$25.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Valerie Jewett

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004-1438

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

Name of Employer PhRMA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 846.96

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1416900922351
Amount of Each Receipt this Period 846.96
P/R Deduction (\$70.58 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 2346.96

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 32

(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"/> 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)

Jeff Woodhouse

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing federal political committee.

C

Name of Employer
PhRMA

Occupation

Regional Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2011

Transaction ID: PR1521550922351

Amount of Each Receipt this Period

600.00

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

B.

Full Name (Last, First, Middle Initial)

Dave Boyer

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing federal political committee.

C

Name of Employer
PhRMA

Occupation

Sr. Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2011

Transaction ID: PR1668002922351

Amount of Each Receipt this Period

312.00

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

C.

Full Name (Last, First, Middle Initial)

Lea Fisher

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing federal political committee.

C

Name of Employer
PhRMA

Occupation

Director, Federal Affairs

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2011

Transaction ID: PR1698847622351

Amount of Each Receipt this Period

900.00

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

SUBTOTAL of Receipts This Page (optional)

1812.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 32
(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"/>	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)
Sandra J. Dickerson

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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

Name of Employer PhRMA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: PR172789622351
 Amount of Each Receipt this Period: 300.00
 P/R Deduction (\$25.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Jeffrey A. Bond

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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

Name of Employer PhRMA Occupation SVP, State Govt Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: PR175964492351
 Amount of Each Receipt this Period: 900.00
 P/R Deduction (\$75.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Anne Holmes

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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

Name of Employer PhRMA Occupation Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: PR180533622351
 Amount of Each Receipt this Period: 600.00
 P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 32

(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"/> 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)

Merrill Jacobs

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing federal political committee.

C

Name of Employer
PHRMA

Occupation

Regional Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1299.96

Date of Receipt

MM / DD / YYYY
06 / 30 / 2011

Transaction ID: PR180533822351

Amount of Each Receipt this Period

1299.96

P/R Deduction (\$108.33 Se-
mi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Hugh Metheny

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing federal political committee.

C

Name of Employer
PHRMA

Occupation

Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2011

Transaction ID: PR180534622351

Amount of Each Receipt this Period

1500.00

P/R Deduction (\$125.00 Se-
mi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas Moore

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing federal political committee.

C

Name of Employer
PHRMA

Occupation

Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1249.50

Date of Receipt

MM / DD / YYYY
06 / 30 / 2011

Transaction ID: PR180534822351

Amount of Each Receipt this Period

1249.50

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

SUBTOTAL of Receipts This Page (optional)

4049.46

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John O'Connor	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 950 F Street, NW	Transaction ID: PR180535022351
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 299.88
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$24.99 Semi-Monthly)
Name of Employer PHRMA	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.88	

B.	Full Name (Last, First, Middle Initial) Richard Smith	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 950 F Street, NW	Transaction ID: PR180535922351
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 1248.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$104.00 Semi-Monthly)
Name of Employer PHRMA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

C.	Full Name (Last, First, Middle Initial) John J. Castellani	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 950 F Street, NW	Transaction ID: PR1828048022351
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 2499.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.25 Semi-Monthly)
Name of Employer PhRMA	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.00	

SUBTOTAL of Receipts This Page (optional)	4046.88
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 32
(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"/>	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)
Chip Davis

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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

Name of Employer PhRMA Occupation EVP, Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1849830222351

Amount of Each Receipt this Period 2499.00

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

B.

Full Name (Last, First, Middle Initial)
Jenny Wolff

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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

Name of Employer PhRMA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1856317222351

Amount of Each Receipt this Period 600.00

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

C.

Full Name (Last, First, Middle Initial)
Brian Smith

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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

Name of Employer PhRMA Occupation Deputy VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1856318122351

Amount of Each Receipt this Period 1248.00

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

SUBTOTAL of Receipts This Page (optional) ► 4347.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 32
(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"/>	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)
Naomi Morales

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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

Name of Employer PhRMA Occupation VP, HR & Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: PR1856318422351
 Amount of Each Receipt this Period: 2400.00
 P/R Deduction (\$200.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Michael Anway

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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

Name of Employer PhRMA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: PR1872436522351
 Amount of Each Receipt this Period: 400.00
 P/R Deduction (\$50.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Josephine Martin

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

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

Name of Employer PhRMA Occupation EVP, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: PR1872660822351
 Amount of Each Receipt this Period: 1800.00
 P/R Deduction (\$225.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 4600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kimberly Love	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 950 F Street, NW	Transaction ID: PR1884612422351
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 728.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$104.00 Se- mi-Monthly)
	Name of Employer Occupation PhRMA Sr Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 728.00	

B.	Full Name (Last, First, Middle Initial) Jennifer Romans	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 950 F Street, NW	Transaction ID: PR1902212722351
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 416.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$104.00 Se- mi-Monthly)
	Name of Employer Occupation PhRMA Sr. Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

C.	Full Name (Last, First, Middle Initial) Matthew Bennett	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1932280122351
	City State Zip Code Washington DC 20004-1440	Amount of Each Receipt this Period 208.25
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.25 Bi- Weekly)
	Name of Employer Occupation PhRMA Sr. VP, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.25	

SUBTOTAL of Receipts This Page (optional)	1352.25
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 32
(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"/>	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)
Edward Belkin

Mailing Address 950 F Street, N.W.

City Washington State DC Zip Code 20004-1404

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

Name of Employer PhRMA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 06 / 30 / 2011

Transaction ID: PR267310222351

Amount of Each Receipt this Period 416.70

P/R Deduction (\$41.67 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Robert Filippone

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1404

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

Name of Employer PhRMA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1025.04

Date of Receipt 06 / 30 / 2011

Transaction ID: PR533051122351

Amount of Each Receipt this Period 1025.04

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

C.

Full Name (Last, First, Middle Initial)
Heather Keiser Strawn

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1404

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

Name of Employer PhRMA Occupation Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR737804922351

Amount of Each Receipt this Period 520.00

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

SUBTOTAL of Receipts This Page (optional) ► 1961.74

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 32
	(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"/> 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) Brian Nagle		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee.		Transaction ID: PR743030022351
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer PhRMA		Occupation Director	P/R Deduction (\$108.33 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 1299.96	

B.	Full Name (Last, First, Middle Initial) Lori Reilly		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee.		Transaction ID: PR917374922351
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer PhRMA		Occupation Director	P/R Deduction (\$81.25 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 975.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2274.96
TOTAL This Period (last page this line number only)	<input type="text"/> 32558.21

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

A.	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc	Transaction ID: 39201483 Date of Disbursement
	Mailing Address 175 South West Temple Suite 650	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3000.00"/>
	Candidate Name Sen. Orrin G. Hatch	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc	Transaction ID: 39201485 Date of Disbursement
	Mailing Address 175 South West Temple Suite 650	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Sen. Orrin G. Hatch	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Green Mountain PAC	Transaction ID: 39201486 Date of Disbursement
	Mailing Address 10 G Street, NE Suite 570	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Contribution	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

A.	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund Mailing Address 700 13th Street, NW Suite 600 City Washington State DC Zip Code 20005 Purpose of Disbursement Federal Contribution Candidate Name Office Sought: <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) ▼	Transaction ID: 39201488 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 1 Amount of Each Disbursement this Period 2500.00 Federal Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Eric PAC Mailing Address 209 Pennsylvania Ave., SE City Washington State DC Zip Code 20003 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) ▼	Transaction ID: 39201490 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 1 Amount of Each Disbursement this Period 2500.00 Federal Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress Mailing Address PO Box 12667 City Bakersfield State CA Zip Code 93389 Purpose of Disbursement Candidate Name Rep. Kevin McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39201492 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 1 Amount of Each Disbursement this Period 2500.00	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Rogers For Congress		Transaction ID: 39201495		
	Mailing Address PO Box 581 Post Office Box 581		Date of Disbursement MM / DD / YYYY 03 / 10 / 2011		
	City Brighton	State MI	Zip Code 48116	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement		011 Category/ Type		
	Candidate Name Rep. Michael J. Rogers				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI District: 08					
B.	Full Name (Last, First, Middle Initial) Matheson For Congress		Transaction ID: 39201498		
	Mailing Address P.O. Box 521048 Suite A		Date of Disbursement MM / DD / YYYY 03 / 10 / 2011		
	City Salt Lake City	State UT	Zip Code 84152	Amount of Each Disbursement this Period 1500.00	
	Purpose of Disbursement		011 Category/ Type		
	Candidate Name Rep. James D. Matheson				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: UT District: 02					
C.	Full Name (Last, First, Middle Initial) John D. Dingell For Congress		Transaction ID: 39201500		
	Mailing Address 607 14th Street, Nw Suite 800		Date of Disbursement MM / DD / YYYY 03 / 10 / 2011		
	City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement		011 Category/ Type		
	Candidate Name Rep. John D. Dingell				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI District: 15					

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 32

<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>A.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn</p> <p>Mailing Address PO Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39420152</p> <p>Date of Disbursement 03 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Latham For Congress</p> <p>Mailing Address P.O. Box 71 PO Box 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Thomas P. Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39421753</p> <p>Date of Disbursement 03 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39841010</p> <p>Date of Disbursement 04 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

<p>A. Full Name (Last, First, Middle Initial) Levin For Congress</p> <p>Mailing Address 209 Pennsylvania Ave., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Sander Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 12</p>	<p>Transaction ID: 39841011</p> <p>Date of Disbursement 04 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress</p> <p>Mailing Address 1071 Twin Branch Ln</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Debbie Wasserman-Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 20</p>	<p>Transaction ID: 39841012</p> <p>Date of Disbursement 04 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Anna Eshoo For Congress</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Anna G. Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 14</p>	<p>Transaction ID: 39841013</p> <p>Date of Disbursement 04 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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>A. Full Name (Last, First, Middle Initial) Lance For Congress</p> <p>Mailing Address PO Box 225</p> <p>City Colonia State NJ Zip Code 07067</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Leonard Lance</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 07</p>	<p>Transaction ID: 39841014 Date of Disbursement 04 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Roskam For Congress Committee</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Peter Roskam</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 06</p>	<p>Transaction ID: 39841015 Date of Disbursement 04 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Upton For All Of Us</p> <p>Mailing Address P.O. Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Frederick Stephen Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 06</p>	<p>Transaction ID: 39841016 Date of Disbursement 04 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(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

A.	Full Name (Last, First, Middle Initial) Ryan For Congress <hr/> Mailing Address P. O. Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01	Transaction ID: 39841017 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) McConnell Senate Committee '14 <hr/> Mailing Address PO Box 1496 <hr/> City Louisville State KY Zip Code 40201 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District:	Transaction ID: 39841018 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
C.	Full Name (Last, First, Middle Initial) Menendez for Senate <hr/> Mailing Address 315 C Street, SE Lower Level <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 011 Candidate Name Robert Menendez Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District:	Transaction ID: 39841022 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">4500.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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)

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<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

A.	Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address 200 East Jefferson Street City Falls Church State VA Zip Code 22046 Purpose of Disbursement 011 Candidate Name Mr. Jon Tester Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District:	Transaction ID: 39841031 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts Mailing Address PO Box 775 City Unionville State PA Zip Code 19375 Purpose of Disbursement 011 Candidate Name Rep. Joseph Pitts Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 16	Transaction ID: 39841033 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Friends Of Cliff Stearns Mailing Address PO Box 308 City Silver Springs State FL Zip Code 34489 Purpose of Disbursement 011 Candidate Name Rep. Clifford Stearns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 06	Transaction ID: 40544457 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 1 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.

Full Name (Last, First, Middle Initial)
Gingrey For Congress

Mailing Address PO Box U

City State Zip Code
Marietta GA 30060

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Phil Gingrey, M.D.

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: GA District: 11

Transaction ID: 40544458
Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dave Camp For Congress 2010

Mailing Address 5915 Eastman Avenue
Suite 100

City State Zip Code
Midland MI 48640

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. David Lee Camp

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MI District: 04

Transaction ID: 40544459
Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Frelinghuysen For Congress

Mailing Address 19 Cattano Avenue

City State Zip Code
Morristown NJ 07960

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Rodney P. Frelinghuysen

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NJ District: 11

Transaction ID: 40544460
Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.

Full Name (Last, First, Middle Initial)
New Democrat Coalition PAC

Mailing Address 901 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Federal Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 40544461

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

2500.00

Federal Contribution

B.

Full Name (Last, First, Middle Initial)
Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement

Candidate Name
Rep. Allyson Schwartz

011
Category/
Type

Office Sought: House Senate President

State: PA District: 13

Disbursement For: 2012 Primary General Other (specify) ▼

Transaction ID: 40544462

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

Federal Contribution

C.

Full Name (Last, First, Middle Initial)
Next Century Fund

Mailing Address 116 South Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Federal Contribution

Candidate Name
Next Century Fund

011
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 40544463

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

2000.00

Federal Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

<p>A. Full Name (Last, First, Middle Initial) Heartland Values PAC</p> <p>Mailing Address P.O. Box 505</p> <p>City Sioux Falls State SD Zip Code 57101</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 40544464 Date of Disbursement 06 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Federal Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund</p> <p>Mailing Address 209 Pennsylvania Avenue, SE</p> <p>City Washington State DC Zip Code 20003</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 40544465 Date of Disbursement 06 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Federal Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Making Business Excell PAC</p> <p>Mailing Address P.O. Box 3241</p> <p>City Cheyenne State WY Zip Code 82003</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 40544466 Date of Disbursement 06 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Federal Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Senate Majority Fund <hr/> Mailing Address 507 Capitol Court, NE Suite 100 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Federal Contribution Candidate Name <hr/> 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) ▼	Transaction ID: 40544467 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00 <hr/> Federal Contribution
B.	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund <hr/> Mailing Address 700 13th Street, NW Suite 600 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Federal Contribution Candidate Name <hr/> 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) ▼	Transaction ID: 40544468 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 1	Amount of Each Disbursement this Period 1500.00 <hr/> Federal Contribution
C.	Full Name (Last, First, Middle Initial) M - PAC <hr/> Mailing Address c/o Newman Partners 712 35th Avenue <hr/> City Seattle State WA Zip Code 98122 <hr/> Purpose of Disbursement Federal Contribution Candidate Name <hr/> 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) ▼	Transaction ID: 40544469 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00 <hr/> Federal Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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

A.

Full Name (Last, First, Middle Initial)
Pat Roberts Victory Committee

Mailing Address 610 S. Boulevard Street

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Joint Fundraising Committee

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 40544471

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

3000.00

Joint Fundraising Committ-
ee

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

54500.00