

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

9812

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1/31

FEB 4 11 33 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
St. Louisians for Better Government

ADDRESS (number and street) Check if different than previously reported
40 Bernard Pasternak

801 S. Skinker, #10C

CITY, STATE and ZIP CODE
St. Louis, MO 63105

2. FEC IDENTIFICATION NUMBER
C-00148155

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

4. TYPE OF REPORT

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

NOTE: In accordance with correspondence from the FEC dated 12/97 this committee has satisfied criteria of multi-candidate status prior to 1-1-97
Monthly Report Due On:

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

YE

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

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period July 1, 1997 through Dec. 31, 1997		
6. (a) Cash on Hand January 1, 19 97		\$ 5565.17
(b) Cash on Hand at Beginning of Reporting Period	\$ 24,165.22	
(c) Total Receipts (from Line 19)	\$ 10,017.72	\$ 45,900.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 34,182.94	\$ 51,465.56
7. Total Disbursements (from Line 30)	\$ 19,052.65	\$ 36,335.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,130.29	\$ 15,130.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 43.93	

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

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

Type or Print Name of Treasurer
BERNARD PASTERNAK

Signature of Treasurer
Bernard Pasternak

Date
JANUARY 31, 1998

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

11	12	13	14	15	16	17	18	19	20
----	----	----	----	----	----	----	----	----	----

FEC FORM 3X
(revised 8/93)

113 * 013 * 279 * 0397

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

(revised 1/1/91)

NAME OF COMMITTEE ST. LOUISIANS FOR BETTER GOVERNMENT		REPORT COVERING PERIOD FROM July 1, 1997 TO: Dec 31, 1997	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		9850.00	45,625.00
ii. Unitemized			
iii. Total (add i and ii)		9850.00	45,625.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c)		9850.00	45,625.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		167.72	275.39
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)		10,017.72	45,900.39
20. Total Federal Receipts (subtract line 18 from line 19)		10,017.72	45,900.39
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		4,052.65	9,835.27
b. Other Federal Operating Expenditures		4,052.65	9,835.27
c. Total Operating Expenditures (add a i, a ii, and b)		4,052.65	9,835.27
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		95,000.00	26,500.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c)			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)		19,052.65	36,335.27
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		19,052.65	36,335.27
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		9850.00	45,625.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		9850.00	45,625.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b)		4,052.65	9,835.27
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 35 from 36)		4,052.65	9,835.27

2025 RELEASE UNDER E.O. 14176

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 13
FOR LINE NUMBER 1121

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

NAME OF COMMITTEE (in Full)

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Milford M. Bohm 11502 New London Dr. St. Louis, MO 63141</i>	<i>Self</i>	<i>7-28-97</i>	<i>1000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Businessman</i>		Aggregate Year-to-Date <i>> \$1000.00</i>
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Morris Lazaroff 72 Meadowbrook Country Club Ed. Ballwin, MO 63011</i>	<i>Clean Coverall</i>	<i>7-21-97</i>	<i>250.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Businessman/Owner</i>	<i>11-17-97</i>	<i>250.00</i>
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Carl A. Lyss 721 South Central St. Louis, MO 63105</i>	<i>Internal Medicine Consultants, INC.</i>	<i>7-18-97</i>	<i>250.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Physician</i>		Aggregate Year-to-Date <i>> \$1000.00</i>
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Dr. Adam V. Sky 109 Camfield Square St. Louis, MO 63141</i>	<i>Self</i>	<i>7-29-97</i>	<i>500.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Physician</i>		Aggregate Year-to-Date <i>> \$500.00</i>
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>David Masil 431 Strawbridge Drive Chesterfield, MO 63017</i>	<i>Self</i>	<i>8-11-97</i>	<i>500.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>attorney</i>		Aggregate Year-to-Date <i>> \$500.00</i>
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>David A. Smith One McKnight Place St. Louis, MO 63124</i>	<i>Self</i>	<i>8-1-97</i>	<i>1000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Business Executive</i>		Aggregate Year-to-Date <i>> \$1000.00</i>
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Louis I. Zarensky 2100 S. Watson Road St. Louis, MO 63124</i>	<i>Self</i>	<i>8-10-97</i>	<i>1000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>attorney</i>		Aggregate Year-to-Date <i>> \$1000.00</i>

SUBTOTAL of Receipts This Page (optional)

4750.00

TOTAL This Period (last page this line number only)

5

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11a1

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

NAME OF COMMITTEE (In Full)

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Israel Goldberg 8256 Tulane St. Louis, MO 63132	Delmar Gardens, Inc.	9-8-97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard Pasternak 801 S. Skinker, #10C St. Louis, MO 63105	Pasternak's Co.	9-23-97	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CPA Aggregate Year-to-Date > \$1000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Isaac Boniuk 10 Westfield Lane St. Louis, MO 63131	Retina Consultants Ltd.	10-26-97	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$1000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Serra Lesa Ivenar 2035 Hiawatha St. Louis, MO 63143	Chase Manhattan Mortgage	10-1-97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Loan Officer Aggregate Year-to-Date > \$250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Belinda H. Jenks 710 Berick Dr. St. Louis, MO 63132	Ralston-Purina Corp	10-9-97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Nutrition Scientist Aggregate Year-to-Date > \$250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David V. Capes 7733 Forsyth, #400 St. Louis, MO 63105	Rosenblum, Goldenberg	12-2-97	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$1000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald E. Meisner 535 East Drive St. Louis, MO 63130	Rightway Land-Scape Co.	12-8-97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Landscaper Aggregate Year-to-Date > \$250.00		

SUBTOTAL of Receipts This Page (optional)

4100.00

TOTAL This Period (last page this line number only)

00000 - 00000 - 00000 - 00000

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11a1

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

NAME OF COMMITTEE (In Full)

ST LOUISIANS FOR BETTER GOVERNMENT

A. Full Name, Mailing Address and ZIP Code Mark H. Zorensky 11 Carrswold Dr. St. Louis, MO 63105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hycel Properties Co Occupation President Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12-4-97	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

9850.00

913-033-2791-03031

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 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)

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Magna Bank 14015 Brentwood St. Louis, MO 63144		7-18-97 8-18-97 9-17-97 10-17-97 11-17-97	31.47 29.55 25.05 27.30 21.54 25.74
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest Received	Occupation	Aggregate Year-to-Date	\$275.39
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date	\$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date	\$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date	\$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date	\$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date	\$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date	\$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 167.72

TOTAL This Period (last page this line number only) 167.72

98.03.279.0902

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 216.

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

NAME OF COMMITTEE (in Full)

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Southwestern Bell P.O. Box 630059 Dallas, Texas 75263-0059	Telephone/Fax	7-24-97	47.62
		7-24-97	50.80
		9-24-97	97.96
		10-24-97	31.11
		12-24-97	35.89
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Division of Employment Security MO Dept. of Revenue Jefferson City, MO 65105	Missouri Unemployment Tax	7-30-97	3.90
		10-21-97	3.90
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Magna Bank 1401 S. Brentwood St. Louis, MO 63144	Checks	7-31-97	15.39
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barbara Bianca 8165 Whitburn Dr. St. Louis, MO 63105	Salary (net)	8-10-97	1284.25
		11-10-97	1712.33
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Magna Bank 1401 S. Brentwood St. Louis, MO 63144	Federal Withholding & Social Security Tax	8-10-97	325.50
		11-10-97	434.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

4,052.65

TOTAL This Period (last page this line number only)

4,052.65

03-03-97 13:43:13

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (In Full)

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Senator D'Amato 100 WILLIS AVE. MINEOLA, NY 11501	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-10-97	5000.00
Friends of Chris Dodd P.O. BOX 231133 W. HARTFORD, CT 06117	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-2-97	5000.00
Citizens for Arlen Specter 111 S. 15TH ST, 21ST FLOOR PHILADELPHIA, PA 19102	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-2-97	5000.00
D. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

15,000.00

TOTAL This Period (last page this line number only)

15,000.00

98-03-279-0001

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans


Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
St. Louisians for Better Government				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Missouri Department of Revenue Jefferson City, MO 65108	8.00	12.00		20.00
Nature of Debt (Purpose): State Withholding Tax				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Missouri Department of Revenue Jefferson City, MO 65105	3.90	9.10	7.80	5.20
Nature of Debt (Purpose): State Unemployment Tax				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Internal Revenue Service Kansas City, MO 64999	20.00	28.00		48.00
Nature of Debt (Purpose): Federal Unemployment Tax				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Pasternak & Co. 7710 Carondelet, Suite 216 St. Louis, MO 63105	75.68			80.00
Nature of Debt (Purpose): Postage				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor BARBARA BIANCO 8165 WHITBURN DR., 1W ST. LOUIS, MO 63105	260.73			260.73
Nature of Debt (Purpose): REIMBURSEMENT - OUT OF POCKET COSTS				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor BARBARA BIANCO 8165 WHITBURN DR., 1W ST. LOUIS, MO 63105	500.00	3000.00	3500.00	- 0 -
Nature of Debt (Purpose): SALARY - GROSS				
1) SUBTOTALS This Period This Page (optional)				413.93
2) TOTALS This Period (last page in this line only)				413.93
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				413.93

50500-0279-0000

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/31/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	2/4/98 DATE PREPARED

98-03-279-0906