

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 14 11 44 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
46 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

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

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	April 1, 1998 through June 30, 1998		
6. (a) Cash on Hand January 1, 1998			\$ 15,130.29
(b) Cash on Hand at Beginning of Reporting Period		\$ 24,425.81	
(c) Total Receipts (from Line 1B)		\$ 17922.24	\$ 45417.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 42348.05	\$ 60547.65
7. Total Disbursements (from Line 3D)		\$ 25587.62	\$ 43787.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 16760.43	\$ 16760.43
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)		\$ 372.73	

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

Type or Print Name of Treasurer
BERNARD PASTERNAK

Signature of Treasurer
Bernard Pasternak

Date
JULY 10, 1998

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

**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 *Nov 11, 1987* TO *June 30, 1988*

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Remitted (use Schedule A)	17,875.00	45312.50	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) >	17,875.00	45312.50	11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			11(d)
d. Total Contributions (add a ii, b and c) >	17,875.00	45312.50	12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)	47.24	104.86	18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	17922.24	45417.36	20
20. Total Federal Receipts (subtract line 16 from line 19) >	17922.24	45417.36	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	2087.62	3287.22	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	2087.62	3287.22	22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	23500.00	40500.00	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			28(a)
28. Refunds of Contributions To:			28(b)
a. Individuals/Persons Other Than Political Committees			28(c)
b. Political Party Committees			28(d)
c. Other Political Committees (such as PACs)			29
d. Total Contribution Refunds (add a, b and c) >			30
29. Other Disbursements			31
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	25587.62	43787.22	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	25587.62	43787.22	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	17875.00	45312.50	
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)	17875.00	45312.50	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	2087.62	3287.22	
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 35 from 35) >	2087.62	3287.22	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 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. Louisans for Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vusef Hakimian 750 S Hanley St. Louis Mo 63105	Implex Inc President	4-2-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sydney Jacobs 9666 Olive #385 St. Louis Mo 63132	Investment Assoc Investments	4-2-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Kleiger 433 Laclede St. Louis Mo 63108	Jewish Hospital Physician	4-5-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Levine 16 Greenbriar St. Louis, MO 63124	St. Lukes Hospital Physician	4-16-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Litwack 404 Ferguson St. Louis Mo 63132	Retired	4-5-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald Rubin 750 S. Hanley #40 Clayton Mo 63105	The Republic of Tea Owner	4-5-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harold Samer 19 Dromara St. Louis Mo	Capital Marketing Executive	4-12-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)				
ST. LOUISIANS FOR BETTER GOVERNMENT				
<p>A. Full Name, Mailing Address and ZIP Code</p> <p>BRUCE WHITE 5 University Lane St. Louis Mo 63105</p>		<p>Name of Employer</p> <p>Self</p>	<p>Date (month, day, year)</p> <p>4/15/98</p>	<p>Amount of Each Receipt This Period</p> <p>1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Occupation</p> <p>Physician</p>	<p>Aggregate Year-to-Date > \$ 1,000.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Marilyn Fox #23 Carrswood St. Louis MO 63105</p>		<p>Name of Employer</p> <p>Homemaker</p>	<p>Date (month, day, year)</p> <p>5/11/98</p>	<p>Amount of Each Receipt This Period</p> <p>1000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$ 1,000.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Michael Solomon 700 Arnsbury Blvd Gladfroy IL 62035</p>		<p>Name of Employer</p> <p>MPS ENTERPRISES INC</p>	<p>Date (month, day, year)</p> <p>5/11/98</p>	<p>Amount of Each Receipt This Period</p> <p>1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Occupation</p> <p>President</p>	<p>Aggregate Year-to-Date > \$ 1,000.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Jennifer Wolkowitz 327 Chasselie Ln St. Louis MO 63141</p>		<p>Name of Employer</p> <p>Homemaker</p>	<p>Date (month, day, year)</p> <p>5/11/98</p>	<p>Amount of Each Receipt This Period</p> <p>125.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$ 125.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Morton Baron 8124 University St. Louis MO 63105</p>		<p>Name of Employer</p> <p>Retired</p>	<p>Date (month, day, year)</p> <p>5/14/98</p>	<p>Amount of Each Receipt This Period</p> <p>1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$ 1,000.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Gustav Schonfeld 7384 Westmorland St. Louis MO 63130</p>		<p>Name of Employer</p> <p>Washington University</p>	<p>Date (month, day, year)</p> <p>5/11/98</p>	<p>Amount of Each Receipt This Period</p> <p>1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Occupation</p> <p>Physician</p>	<p>Aggregate Year-to-Date > \$ 1,000.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Carla Grossberg #6 Lake Forest St. Louis MO</p>		<p>Name of Employer</p> <p>Homemaker</p>	<p>Date (month, day, year)</p> <p>6/11/98</p>	<p>Amount of Each Receipt This Period</p> <p>1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>SUBTOTAL of Receipts This Page (optional)</p>				6,125.00
<p>TOTAL This Period (last page this line number only)</p>				

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 1166

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NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Morris Lazaroff 72 Meadowbrook Country Club Ballwin MO 63011	Uran Control	5/27/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BUSINESSMAN / OWNER 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
Ruth Siteman 11 TERRY HILL LANE ST. LOUIS, MO 63131	RETIRED	5/27/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PRESTON BANK 636 SARAWOOD LANE ST. LOUIS, MO 63141	SELF	4/5/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REAL ESTATE APPRAISER 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
DAVID BIANCO P.O. BOX 67780 LOS ANGELES, CA 90067	Q SYNDICATE	4/5/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARTIN I BOYER 5096 WATERMAN BLVD, UNIT C ST. LOUIS, MO 63108	WASHINGTON U.	4/5/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN 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
CARL J. CARLIE 14248 FOREST CREST DR CHESTERFIELD, MO 63017	STONE, CARLIE & CO. LLP	4/5/98	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		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JUDITH GALL 14 WOODBRIDGE MANOR ST LOUIS, MO 63141		4/17/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOMEMAKER Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

4,750.00

TOTAL This Period (last page this line number only)

17,875.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
ST. LOUISIANS FOR BETTER GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAGNA BANK 1401 S. BRENTWOOD ST. LOUIS, MO 63144		4-17-98 5-15-98	22.32 24.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): INTEREST RECEIVED	Occupation	Aggregate Year-to-Date \$ 104.86	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional)	47.24
TOTAL This Period (last page this line number only)	47.24

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

St. Louisans for Better Government

	A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
50	<u>A Lot of People Supporting Tom Daschle</u> 424 C ST. N.E. WASHINGTON, D.C. 20002	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>4-24-98</u>	<u>5,000.00</u>
60	<u>Sam Geydenson for Congress</u> P.O. Box 1818 BOZMAN, CT 06334	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>5-11-98</u>	<u>1,000.00</u>
70	<u>Levin for Congress Committee</u> 30636 DEQUINDRE WARREN, MI 48092	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>5-11-98</u>	<u>1,000.00</u>
80	<u>Martin Frost Campaign Committee</u> P.O. Box 4219 DALLAS, TX 75208	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>5-11-98</u>	<u>1,000.00</u>
90	<u>Bob Filner for Congress</u> P.O. Box 127868 SAN DIEGO, CA 92112	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>5-11-98</u>	<u>1,000.00</u>
100	<u>Carol Mosely-Brown for U.S. Senate</u> 819 S. WABASH, STE 500 CHICAGO, IL 60605	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>5-26-98</u>	<u>5,000.00</u>
110	<u>Coskelio for Congress</u> P.O. Box 8250 BELLEVILLE, IL 62222	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>6-1-98</u>	<u>500.00</u>
120	<u>Fox for Congress Committee</u> P.O. Box 432 JENKINTOWN, PA 19046	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>6-1-98</u>	<u>1,000.00</u>
130	<u>Friends of Harry Reid</u> 116 PRINCETON LAS VEGAS, NV 89107	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>6-11-98</u>	<u>5,000.00</u>

SUBTOTAL of Disbursements This Page (optional)	<u>20,500.00</u>
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

St. Louisians for Better Government

	A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NY	Lowey for Congress 1185 AVENUE OF THE AMERICAS NEW YORK, N.Y. 10036	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-20-98	500.00
	B. Full Name, Mailing Address and ZIP Code LOUISE Slaughter Re-election Committee P.O. BOX 14117 ROCHESTER, NY 14614	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-20-98	500.00
IV	C. Full Name, Mailing Address and ZIP Code FRIENDS OF LANE EVANS Committee P.O. BOX 5263 ROCK ISLAND, IL 61201	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-20-98	500.00
NY	D. Full Name, Mailing Address and ZIP Code STEVE ROTHMAN for Congress P.O. BOX 714 HACKENSACK, NJ 07600	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-20-98	500.00
NM	E. Full Name, Mailing Address and ZIP Code Vidal for US All P.O. BOX 208 SANTA FE, NM 87504	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-20-98	1,000.00
	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)	3,000.00
TOTAL This Period (last page this line number only)	23,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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
Southwest Bell PO Box 630059 Dallas, TX 75263-0059	Telephone / Fax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-98 6-12-98	53.94 23.94
B. Full Name, Mailing Address and ZIP Code Barbara Bianco 8165 Whitburn St. Louis MO 63105	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-26-98	1,284.24
C. Full Name, Mailing Address and ZIP Code Magna Bank 1401 S. Brentwood St. Louis MO 63144	Purpose of Disbursement Federal Withholding Tax Social Security Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-26-98	325.50
D. Full Name, Mailing Address and ZIP Code Barbara Bianco 8165 Whitburn St. Louis MO 63105	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-4-98	400.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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	Purpose of Disbursement 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	Purpose of Disbursement 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	Purpose of Disbursement 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	Purpose of Disbursement 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)	4,087.62
TOTAL This Period (last page this line number only)	2,087.62

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Contributor (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 DEPT. OF REVENUE JEFFERSON CITY, MO 65108	3.00	5.00		8.00
Nature of Debt (Purpose): STATE WITHHOLDING TAX				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor BARBARA DIANCO 8165 WHITBURN DR, IN ST. LOUIS, MO 63105	260.75			260.75
Nature of Debt (Purpose): REIMBURSEMENT				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor INTERNAL REVENUE SERVICE KANSAS CITY, MO 64999	8.00	12.00		20.00
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	84.00	4.00		84.00
Nature of Debt (Purpose): POSTAGE				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ?				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				372.75
2) TOTALS This Period (last page in this line only)				372.75
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)				372.75

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 7-10-98
<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	
 JmW PREPARER	 7-14-98 DATE PREPARED