



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

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| D | D |
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| 3 | 0 |

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| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 8 |  | 32706.46 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 8 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 37675.80                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 27207.77                | 94677.11                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 64883.57                | 127383.57                         |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 37508.74                | 100008.74                         |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 27374.83                | 27374.83                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |          |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Pharmaceutical Research & Manufacturers of America Better Government Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
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| Y | Y | Y | Y |
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 To: 

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| M | M |
| 0 | 9 |

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| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 21856.86                      | 65968.80                          |
| (i) Itemized (use Schedule A) .....  |                               |                                   |
| (ii) Unitemized .....  | 350.91                        | 2708.31                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 22207.77                      | 68677.11                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 5000.00                       | 26000.00                          |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 27207.77                      | 94677.11                          |
| 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)) .....                          | 27207.77                      | 94677.11                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 27207.77                      | 94677.11                          |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 37500.00                      | 100000.00                         |
| 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.....   | 8.74                          | 8.74                              |
| 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))..       | 37508.74                      | 100008.74                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 37508.74                      | 100008.74                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) .....        | 27207.77                      | 94677.11                          |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 27207.77                      | 94677.11                          |
| 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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |   | PAGE 6 / 30                 |                             |
|   | (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"/> 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)<br>Amgen PAC                  |            | Date of Receipt   |
| Mailing Address One Amgen Center Drive                                |            | <input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/> |
| City  | State      | Zip Code  |
| Thousand Oaks   | CA         | 91320   |
| FEC ID number of contributing federal political committee.            |            | Transaction ID: 26327639  |
| <input type="text" value="C"/> <input type="text" value="C00251876"/> |            | Amount of Each Receipt this Period  |
|   |            | <input type="text" value="5000.00"/>  |
| Name of Employer  | Occupation |   |
| Receipt For:  |            | Aggregate Year-to-Date ▼  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General     |            | <input type="text" value="5000.00"/>  |
| <input type="checkbox"/> Other (specify) ▼                            |            |   |

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

# 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 7 / 30 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |             |

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

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Daniel Durham            | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|   | Mailing Address 950 F Street, NW                                    | <b>Transaction ID:</b> PR1100334615026              |
|   | City State Zip Code<br>Washington DC 20004-1438                     | Amount of Each Receipt this Period<br>624.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$104.00 Semi-Monthly)               |
| Name of Employer<br>PhRMA   | Occupation<br>Director  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1872.00                                 |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Hallie Maranchick        | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|   | Mailing Address 950 F Street, NW                                    | <b>Transaction ID:</b> PR1275760015026              |
|   | City State Zip Code<br>Washington DC 20004-1404                     | Amount of Each Receipt this Period<br>649.98        |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$108.33 Semi-Monthly)               |
| Name of Employer<br>PhRMA   | Occupation<br>Sr. Manager   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1949.94                                 |   |

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|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Andrea Bergman           | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|   | Mailing Address 950 F Street, NW Suite 300                          | <b>Transaction ID:</b> PR1312790015026              |
|   | City State Zip Code<br>Washington DC 20004-1404                     | Amount of Each Receipt this Period<br>325.02        |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$54.17 Semi-Monthly)                |
| Name of Employer<br>PhRMA   | Occupation<br>Director  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>975.06                                  |   |

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|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1599.00</b> |
| <b>TOTAL</b> 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 8 / 30 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |             |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |             |

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

|   |  |                         |   |
|---|--|-------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Julie Corcoran              |                         | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|   | Mailing Address 950 F Street, NW<br>Suite 300                          |                         | <b>Transaction ID:</b> PR1338083115026              |
|   | City<br>Washington   | State<br>DC             | Zip Code<br>20004-1404                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                         | Amount of Each Receipt this Period<br>149.52        |
|   | Name of Employer<br>PhRMA  | Occupation<br>Deputy VP | P/R Deduction (\$24.92 Semi-Monthly)                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>448.56                                     |                         |   |

|   |  |                            |   |
|---|--|----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Alan Goldhammer             |                            | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|   | Mailing Address 950 F Street, NW<br>Suite 300                          |                            | <b>Transaction ID:</b> PR1338083315026              |
|   | City<br>Washington   | State<br>DC                | Zip Code<br>20004-1404                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                            | Amount of Each Receipt this Period<br>390.00        |
|   | Name of Employer<br>PhRMA  | Occupation<br>Associate VP | P/R Deduction (\$65.00 Semi-Monthly)                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1170.00                                    |                            |   |

|   |  |                                       |   |
|---|--|---------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Sharon Marshall             |                                       | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|   | Mailing Address 950 F Street, NW<br>Suite 300                          |                                       | <b>Transaction ID:</b> PR1338083615026              |
|   | City<br>Washington   | State<br>DC                           | Zip Code<br>20004-1404                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                       | Amount of Each Receipt this Period<br>149.52        |
|   | Name of Employer<br>PhRMA  | Occupation<br>Board Materials Manager | P/R Deduction (\$24.92 Semi-Monthly)                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>448.56                                     |                                       |   |

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|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 689.04 |
| <b>TOTAL</b> 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 / 30 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |             |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |             |

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

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Tara Ryan   | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|           | Mailing Address 950 F Street, NW<br>Suite 300  | <b>Transaction ID:</b> PR1338084315026              |
|           | City Washington State DC Zip Code 20004-1404   | Amount of Each Receipt this Period<br>259.98        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  | P/R Deduction (\$43.33 Semi-Monthly)                |
|           | Name of Employer PhRMA Occupation Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 779.94 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Christopher Singer  | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|           | Mailing Address 950 F Street, NW<br>Suite 300  | <b>Transaction ID:</b> PR1338084515026              |
|           | City Washington State DC Zip Code 20004-1404   | Amount of Each Receipt this Period<br>1248.00       |
|           | FEC ID number of contributing federal political committee. <b>C</b>  | P/R Deduction (\$208.00 Semi-Monthly)               |
|           | Name of Employer PhRMA Occupation Exec VP & COO<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 3744.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Kevin Walker   | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|           | Mailing Address 950 F Street, NW<br>Suite 300   | <b>Transaction ID:</b> PR1338084615026              |
|           | City Washington State DC Zip Code 20004-1404  | Amount of Each Receipt this Period<br>1248.00       |
|           | FEC ID number of contributing federal political committee. <b>C</b>   | P/R Deduction (\$208.00 Semi-Monthly)               |
|           | Name of Employer PhRMA Occupation VP<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 3744.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2755.98</b> |
| <b>TOTAL</b> 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 10 / 30                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Jennifer Page            |                                      | Date of Receipt   |
|   | Mailing Address 950 F Street, NW<br>Suite 300                       |                                      | <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<br>09 / 30 / 2008 |
|   | City  | State                                | Zip Code  |
|   | Washington  | DC                                   | 20004-1404  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> PR1338085615026  |
| Name of Employer<br>PhRMA   |   | Occupation<br>Director               | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>975.06   | 325.02  |
|   |   | P/R Deduction (\$54.17 Semi-Monthly) |   |

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Clement Cypra            |                                      | Date of Receipt   |
|   | Mailing Address 950 F Street, NW<br>Suite 300                       |                                      | <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<br>09 / 30 / 2008 |
|   | City  | State                                | Zip Code  |
|   | Washington  | DC                                   | 20004-1404  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> PR1342353715026  |
| Name of Employer<br>PhRMA   |   | Occupation<br>Director               | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>896.94   | 298.98  |
|   |   | P/R Deduction (\$49.83 Semi-Monthly) |   |

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Erin Ravelette           |                                      | Date of Receipt   |
|   | Mailing Address 950 F Street, NW<br>Suite 300                       |                                      | <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<br>09 / 30 / 2008 |
|   | City  | State                                | Zip Code  |
|   | Washington  | DC                                   | 20004-1404  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> PR1360289015026  |
| Name of Employer<br>PhRMA   |   | Occupation<br>Sr. Manager            | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>423.64   | 149.52  |
|   |   | P/R Deduction (\$24.92 Semi-Monthly) |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>773.52</b> |
| <b>TOTAL</b> 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 11 / 30                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Matthew Sulkala   | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|           | Mailing Address 950 F Street, NW<br>Suite 300  | <b>Transaction ID:</b> PR1387142415026              |
|           | City Washington State DC Zip Code 20004-1404   | Amount of Each Receipt this Period<br>600.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  | P/R Deduction (\$100.00 Semi-Monthly)               |
|           | Name of Employer PhRMA Occupation Sr. Manager<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 1800.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Thomas Hardaway  | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|           | Mailing Address 950 F Street, NW<br>Suite 300   | <b>Transaction ID:</b> PR1407527615026              |
|           | City Washington State DC Zip Code 20004-1404  | Amount of Each Receipt this Period<br>150.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   | P/R Deduction (\$25.00 Semi-Monthly)                |
|           | Name of Employer PhRMA Occupation Regional Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 450.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Valerie Jewett   | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|           | Mailing Address 950 F Street, NW<br>Suite 300   | <b>Transaction ID:</b> PR1416900915026              |
|           | City Washington State DC Zip Code 20004-1438  | Amount of Each Receipt this Period<br>423.48        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   | P/R Deduction (\$70.58 Semi-Monthly)                |
|           | Name of Employer PhRMA Occupation Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 1270.44 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1173.48</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 12 / 30 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

|   |  |   |   |
|---|--|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Michael Woody               |   | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|   | Mailing Address 950 F Street, NW<br>Suite 300                          |   | <b>Transaction ID:</b> PR1485193015026              |
|   | City<br>Washington   | State<br>DC                             | Zip Code<br>20004-1438                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   | Amount of Each Receipt this Period<br>300.00        |
|   | Name of Employer<br>PhRMA  | Occupation<br>Director, Federal Affairs | P/R Deduction (\$50.00 Semi-Monthly)                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>900.00                                     |   |   |

|   |  |                                 |   |
|---|--|---------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Jeff Woodhouse              |                                 | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|   | Mailing Address 950 F Street, NW                                       |                                 | <b>Transaction ID:</b> PR1521550915026              |
|   | City<br>Washington   | State<br>DC                     | Zip Code<br>20004-1438                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                 | Amount of Each Receipt this Period<br>300.00        |
|   | Name of Employer<br>PhRMA  | Occupation<br>Regional Director | P/R Deduction (\$50.00 Semi-Monthly)                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>900.00                                     |                                 |   |

|   |  |                        |   |
|---|--|------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Amy JD Chevalier            |                        | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|   | Mailing Address 950 F Street, NW<br>Suite 300                          |                        | <b>Transaction ID:</b> PR1554691615026              |
|   | City<br>Washington   | State<br>DC            | Zip Code<br>20004-1438                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                        | Amount of Each Receipt this Period<br>384.00        |
|   | Name of Employer<br>PhRMA  | Occupation<br>Director | P/R Deduction (\$96.00 Semi-Monthly)                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1536.00                                    |                        |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>984.00</b> |
| <b>TOTAL</b> 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 / 30  
(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)  
Chris Badgley

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 693.90

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR180532015026

Amount of Each Receipt this Period 231.30

P/R Deduction (\$38.55 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Janice Faiks

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, Govt Affairs & Law

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1949.94

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR180533015026

Amount of Each Receipt this Period 649.98

P/R Deduction (\$108.33 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 ▼ 487.44

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR180533615026

Amount of Each Receipt this Period 162.48

P/R Deduction (\$27.08 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1043.76**

**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 / 30 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Merrill Jacobs           |                                     | Date of Receipt   |
|   | Mailing Address 950 F 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<br>09 / 30 / 2008 |
|   | City  | State                               | Zip Code  |
|   | Washington  | DC                                  | 20004-1438  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> PR180533815026   |
| Name of Employer<br>PHRMA   |   | Occupation<br>Regional Director     | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1949.94 | 649.98  |
|   |   |                                     | P/R Deduction (\$108.33 Semi-Monthly)   |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Kurt Malmgren            |                                     | Date of Receipt   |
|   | Mailing Address 950 F 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<br>09 / 30 / 2008 |
|   | City  | State                               | Zip Code  |
|   | Washington  | DC                                  | 20004-1438  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> PR180534415026   |
| Name of Employer<br>PHRMA   |   | Occupation<br>VP                    | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1949.94 | 649.98  |
|   |   |                                     | P/R Deduction (\$108.33 Semi-Monthly)   |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Kimberly Martin          |                                    | Date of Receipt   |
|   | Mailing Address 950 F 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<br>09 / 30 / 2008 |
|   | City  | State                              | Zip Code  |
|   | Washington  | DC                                 | 20004-1438  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> PR180534515026   |
| Name of Employer<br>PHRMA   |   | Occupation<br>Director             | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>225.00 | 75.00   |
|   |   |                                    | P/R Deduction (\$12.50 Semi-Monthly)  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1374.96</b> |
| <b>TOTAL</b> 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 / 30  
(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)  
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 ▼ 1625.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR180534615026

Amount of Each Receipt this Period 750.00

P/R Deduction (\$125.00 Semi-Monthly)

**B.**

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 ▼ 1874.25

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR180534815026

Amount of Each Receipt this Period 1249.50

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

**C.**

Full Name (Last, First, Middle Initial)  
John O'Connor

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 ▼ 449.82

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR180535015026

Amount of Each Receipt this Period 149.94

P/R Deduction (\$24.99 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2149.44**

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

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 16 / 30 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

|   |   |                              |   |
|---|---|------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Richard Smith            |                              | Date of Receipt   |
|   | Mailing Address 950 F 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<br>09 / 30 / 2008 |
|   | City  | State                        | Zip Code  |
|   | Washington  | DC                           | 20004-1438  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                              | <b>Transaction ID:</b> PR180535915026   |
| Name of Employer<br>PHRMA   |   | Occupation<br>Director       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼     | <input type="text"/><br>624.00  |
|   |   | <input type="text"/> 1872.00 | P/R Deduction (\$104.00 Semi-Monthly)   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Jeffrey Trehwitt         |                             | Date of Receipt   |
|   | Mailing Address 950 F 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<br>09 / 30 / 2008 |
|   | City  | State                       | Zip Code  |
|   | Washington  | DC                          | 20004-1438  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> PR180536315026   |
| Name of Employer<br>PHRMA   |   | Occupation<br>Asst. VP      | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/><br>81.24   |
|   |   | <input type="text"/> 243.72 | P/R Deduction (\$13.54 Semi-Monthly)  |

|   |   |                              |   |
|---|---|------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Derrick White            |                              | Date of Receipt   |
|   | Mailing Address 950 F 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<br>09 / 30 / 2008 |
|   | City  | State                        | Zip Code  |
|   | Washington  | DC                           | 20004-1438  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                              | <b>Transaction ID:</b> PR180536715026   |
| Name of Employer<br>PHRMA   |   | Occupation<br>Director       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼     | <input type="text"/><br>1039.98   |
|   |   | <input type="text"/> 3119.94 | P/R Deduction (\$173.33 Semi-Monthly)   |

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br><b>1745.22</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                   |

**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 / 30 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

|   |   |   |   |
|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Edward Belkin            |   | Date of Receipt   |
|   | Mailing Address 950 F Street, N.W.                                  |   | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/> |
|   | City  | State   | Zip Code  |
|   | Washington  | DC  | 20004-1404  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> PR267310215026   |
| Name of Employer<br>PhRMA   |   | Occupation<br>Director  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text" value="750.06"/> | <input type="text" value="250.02"/>   |
|   |   |   | P/R Deduction (\$41.67 Semi-Monthly)  |

|   |   |  |   |
|---|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Bryant Hall              |  | Date of Receipt   |
|   | Mailing Address 950 F Street, N.W.                                  |  | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/> |
|   | City  | State  | Zip Code  |
|   | Washington  | DC   | 20004-1404  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | <b>Transaction ID:</b> PR377480515026   |
| Name of Employer<br>PhRMA   |   | Occupation<br>Sr. Director                                       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text" value="3935.20"/> | <input type="text" value="1064.70"/>  |
|   |   |  | P/R Deduction (\$177.45 Semi-Monthly)   |

|   |   |  |   |
|---|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Robert Filippone         |  | Date of Receipt   |
|   | Mailing Address 950 F Street, NW                                    |  | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/> |
|   | City  | State  | Zip Code  |
|   | Washington  | DC   | 20004-1404  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | <b>Transaction ID:</b> PR533051115026   |
| Name of Employer<br>PhRMA   |   | Occupation<br>Director   | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text" value="1537.56"/> | <input type="text" value="512.52"/>   |
|   |   |  | P/R Deduction (\$85.42 Semi-Monthly)  |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="1827.24"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 30  
(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)  
Patrick Stone

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 Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR533051215026

Amount of Each Receipt this Period 75.00

P/R Deduction (\$12.50 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Steven Tilton

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 ▼ 3456.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR533051515026

Amount of Each Receipt this Period 1152.00

P/R Deduction (\$192.00 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 ▼ 1350.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR737804915026

Amount of Each Receipt this Period 450.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1677.00**

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

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 19 / 30 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Alan Gilbert                | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|   | Mailing Address 950 F Street, NW                                       | <b>Transaction ID:</b> PR743029815026               |
|   | City State Zip Code<br>Washington DC 20004-1404                        | Amount of Each Receipt this Period<br>1347.78       |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> | P/R Deduction (\$224.63 Se-<br>mi-Monthly)          |
|   | Name of Employer Occupation<br>PhRMA Sr. VP                            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4043.33                                    |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Brian Nagle                 | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|   | Mailing Address 950 F Street, NW                                       | <b>Transaction ID:</b> PR743030015026               |
|   | City State Zip Code<br>Washington DC 20004-1404                        | Amount of Each Receipt this Period<br>649.98        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> | P/R Deduction (\$108.33 Se-<br>mi-Monthly)          |
|   | Name of Employer Occupation<br>PhRMA Director                          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1949.94                                    |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Lori Reilly                 | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008 |
|   | Mailing Address 950 F Street, NW                                       | <b>Transaction ID:</b> PR917374915026               |
|   | City State Zip Code<br>Washington DC 20004-1404                        | Amount of Each Receipt this Period<br>487.50        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> | P/R Deduction (\$81.25 Sem-<br>i-Monthly)           |
|   | Name of Employer Occupation<br>PhRMA Director                          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1462.50                                    |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2485.26</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|   |                              |                              |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 20 / 30                |                             |
|   | (check only one)             |                              |                             |                             |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

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

Mailing Address 950 F Street, NW

City State Zip Code  
Washington DC 20004-1404

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

Name of Employer Occupation  
PhRMA Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
3421.08

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

Transaction ID: PR917375115026

Amount of Each Receipt this Period  
1578.96

P/R Deduction (\$263.16 Se-  
mi-Monthly)

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1578.96  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 21856.86 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

|           |  |   |  |
|-----------|--|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>White Mountain PAC<br><hr/> Mailing Address P.O. Box 1772<br><hr/> City Concord State NH Zip Code 03302<br><hr/> Purpose of Disbursement<br>Federal Contribution<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | <b>Transaction ID:</b> 26327887<br>Date of Disbursement<br>09 / 14 / 2008 | Amount of Each Disbursement this Period<br>2500.00 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>McConnell Senate Committee '08<br><hr/> Mailing Address 400 N. Capitol Street, NW Suite 585<br><hr/> City Washington State DC Zip Code 20001<br><hr/> Purpose of Disbursement<br>Candidate Name<br>Sen. Mitch McConnell<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: KY District:<br><hr/> Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 26327888<br>Date of Disbursement<br>09 / 14 / 2008 | Amount of Each Disbursement this Period<br>2500.00 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Senate Majority Fund<br><hr/> Mailing Address 507 Capitol Court, NE Suite 100<br><hr/> City Washington State DC Zip Code 20002<br><hr/> Purpose of Disbursement<br>Federal Contribution<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | <b>Transaction ID:</b> 26327889<br>Date of Disbursement<br>09 / 14 / 2008 | Amount of Each Disbursement this Period<br>1000.00 |

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

6000.00

**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

|           |   |  |  |
|-----------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Enzi For Us Senate<br><hr/> Mailing Address PO Box 2775<br><hr/> City Cody State WY Zip Code 82414<br><hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name Sen. Michael Enzi<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: WY District:  | <b>Transaction ID:</b> 26327890<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 1 4 / 2 0 0 8 | Amount of Each Disbursement this Period<br>2500.00 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Texans For Senator John Cornyn Inc<br><hr/> Mailing Address 6850 Austin Centre Blvd Suite 180<br><hr/> City Austin State TX Zip Code 78731<br><hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name Sen. John Cornyn<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: TX District: | <b>Transaction ID:</b> 26327891<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 1 4 / 2 0 0 8 | Amount of Each Disbursement this Period<br>1000.00 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Pat Roberts For Senate<br><hr/> Mailing Address Box 15<br><hr/> City Dodge City State KS Zip Code 67801<br><hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name Sen. Pat Roberts<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: KS District:                                    | <b>Transaction ID:</b> 26327892<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 1 4 / 2 0 0 8 | Amount of Each Disbursement this Period<br>1000.00 |

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Mark Warner</p> <p>Mailing Address 201 North Union Suite 350</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Mr. Mark Warner</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: VA District:</p>         | <p><b>Transaction ID:</b> 26327893<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 1 | 4 |  | 2 | 0 | 0 | 8 | 2000.00 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 9   |   | 1 | 4 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 2000.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Kent Conrad</p> <p>Mailing Address PO Box 812</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Sen. Kent Conrad</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: ND District:</p>                         | <p><b>Transaction ID:</b> 26327894<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 1 | 4 |  | 2 | 0 | 0 | 8 | 1000.00 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 9   |   | 1 | 4 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1000.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Lautenberg For Senate</p> <p>Mailing Address 236 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Sen. Frank Lautenberg</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: NJ District:</p> | <p><b>Transaction ID:</b> 26327895<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1500.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 1 | 4 |  | 2 | 0 | 0 | 8 | 1500.00 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 9   |   | 1 | 4 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1500.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

**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

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Hayes For Congress</p> <p>Mailing Address Post Office Box 2000</p> <p>City Concord State NC Zip Code 28026</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>Rep. Robin Hayes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: NC District: 08</p>                     | <p><b>Transaction ID:</b> 26327896<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | / | 1 | 4 | / | 2 | 0 | 0 | 8 | 1000.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 9   | / | 1 | 4 | / | 2 | 0 | 0 | 8 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of John Boehner</p> <p>Mailing Address 7908-I Cincinnati Dayton Road</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>Rep. John Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: OH District: 08</p> | <p><b>Transaction ID:</b> 26327897<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1500.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | / | 1 | 4 | / | 2 | 0 | 0 | 8 | 1500.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 9   | / | 1 | 4 | / | 2 | 0 | 0 | 8 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1500.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>People For English</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>Rep. Phil English</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: PA District: 03</p>                      | <p><b>Transaction ID:</b> 26327898<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> </p>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | / | 1 | 4 | / | 2 | 0 | 0 | 8 | 500.00  |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 9   | / | 1 | 4 | / | 2 | 0 | 0 | 8 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 500.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |

**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)<br>Roskam For Congress Committee  | Transaction ID: 26327899<br>Date of Disbursement<br>09 / 14 / 2008   |
|    | Mailing Address P. O. Box 713   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Wheaton State IL Zip Code 60187  |  |
|    | Purpose of Disbursement   | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Rep. Peter Roskam   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IL District: 06 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial)<br>Eric PAC   | Transaction ID: 26327900<br>Date of Disbursement<br>09 / 14 / 2008   |
|    | Mailing Address 209 Pennsylvania Ave., SE   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Washington State DC Zip Code 20003   |  |
|    | Purpose of Disbursement<br>Federal Contribution   | 011<br>Category/<br>Type   |
|    | Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District:                  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |
| C. | Full Name (Last, First, Middle Initial)<br>Rangel For Congress  | Transaction ID: 26327902<br>Date of Disbursement<br>09 / 14 / 2008   |
|    | Mailing Address PO Box 5577<br>Manhattanville Sta   | Amount of Each Disbursement this Period<br>1500.00   |
|    | City New York State NY Zip Code 10027   |  |
|    | Purpose of Disbursement   | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Rep. Charles Rangel   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NY District: 15 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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 26 / 30

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Heath Shuler For Congress<br><hr/> Mailing Address PO Box 8446<br><hr/> City Asheville State NC Zip Code 28814<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br>Rep. Heath Shuler<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District: 11<br><hr/> Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | <b>Transaction ID:</b> 26327903<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 1 4 / 2 0 0 8   |
|   | Amount of Each Disbursement this Period<br>1000.00   |
|   | 011<br>Category/<br>Type   |
|   | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Committee To Re Elect Ed Towns<br><hr/> Mailing Address 438 Lewis Ave<br><hr/> City Brooklyn State NY Zip Code 11233<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br>Rep. Edolphus Towns<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 10<br><hr/> Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 26327904<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 1 4 / 2 0 0 8   |
|   | Amount of Each Disbursement this Period<br>1000.00   |
|   | 011<br>Category/<br>Type   |
|   | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Cazayoux For Congress<br><hr/> Mailing Address P.O. Box 3172<br><hr/> City Baton Rouge State LA Zip Code 70821<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br>Mr. Donald Cazayoux<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: LA District: 06<br><hr/> Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | <b>Transaction ID:</b> 26327905<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 1 4 / 2 0 0 8   |
|   | Amount of Each Disbursement this Period<br>1000.00   |
|   | 011<br>Category/<br>Type   |
|   | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**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)

PAGE 27 / 30

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

|                                    |   |  |
|------------------------------------|---|--|
| <b>A.</b>                          | Full Name (Last, First, Middle Initial)<br>David Scott For Congress   | Transaction ID: 26327906<br>Date of Disbursement<br>09 / 14 / 2008   |
|                                    | Mailing Address P.O. Box 960821   | Amount of Each Disbursement this Period<br>1000.00   |
|                                    | City Riverdale State GA Zip Code 30296  | 011<br>Category/<br>Type   |
|                                    | Purpose of Disbursement   |  |
| Candidate Name<br>Rep. David Scott | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: GA District: 13 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b>                          | Full Name (Last, First, Middle Initial)<br>Larson For Congress  | Transaction ID: 26327907<br>Date of Disbursement<br>09 / 14 / 2008   |
|                                    | Mailing Address 29 Ruff Circle  | Amount of Each Disbursement this Period<br>1000.00   |
|                                    | City Glastonbury State CT Zip Code 06033  | 011<br>Category/<br>Type   |
|                                    | Purpose of Disbursement   |  |
| Candidate Name<br>Rep. John Larson | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District: 01 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b>                          | Full Name (Last, First, Middle Initial)<br>Congressman Bill Young Campaign Committee  | Transaction ID: 26327908<br>Date of Disbursement<br>09 / 14 / 2008   |
|                                    | Mailing Address P. O. Box 1973  | Amount of Each Disbursement this Period<br>500.00  |
|                                    | City St. Petersburg State FL Zip Code 33731   | 011<br>Category/<br>Type   |
|                                    | Purpose of Disbursement   |  |
| Candidate Name<br>Rep. C.W. Young  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 10 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

2500.00

**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 28 / 30

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)<br>NELPAC  | Transaction ID: 26424245<br>Date of Disbursement<br>09 / 29 / 2008   |
|    | Mailing Address 420 C Street, NE   | Amount of Each Disbursement this Period<br>2500.00   |
|    | City Washington State DC Zip Code 20002  |  |
|    | Purpose of Disbursement Federal Contribution<br>Candidate Name   | 011<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |  | Federal Contribution   |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Jim Risch For U S Senate Committee  | Transaction ID: 26424246<br>Date of Disbursement<br>09 / 29 / 2008   |
|    | Mailing Address 407 W Jefferson Street   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Boise State ID Zip Code 83702   |  |
|    | Purpose of Disbursement<br>Candidate Name Mr. James Risch  | 011<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ID District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Solis For Congress   | Transaction ID: 26424248<br>Date of Disbursement<br>09 / 29 / 2008   |
|    | Mailing Address 6380 Wilshire Blvd. #1612   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Los Angeles State CA Zip Code 90048  |  |
|    | Purpose of Disbursement<br>Candidate Name Rep. Hilda Solis  | 011<br>Category/<br>Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 32 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 30

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

|                                     |   |  |
|-------------------------------------|---|--|
| <b>A.</b>                           | Full Name (Last, First, Middle Initial)<br>Matsui For Congress  | Transaction ID: 26424253<br>Date of Disbursement<br>09 / 29 / 2008   |
|                                     | Mailing Address PO Box 1738   | Amount of Each Disbursement this Period<br>1000.00   |
|                                     | City Sacramento State CA Zip Code 95812   | 011<br>Category/<br>Type   |
|                                     | Purpose of Disbursement   |  |
| Candidate Name<br>Rep. Doris Matsui | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 05 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b>                           | Full Name (Last, First, Middle Initial)<br>Sestak For Congress  | Transaction ID: 26424254<br>Date of Disbursement<br>09 / 29 / 2008   |
|                                     | Mailing Address P.O. Box 16   | Amount of Each Disbursement this Period<br>500.00  |
|                                     | City Media State PA Zip Code 19063  | 011<br>Category/<br>Type   |
|                                     | Purpose of Disbursement   |  |
| Candidate Name<br>Rep. Joe Sestak   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 07 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b>                           | Full Name (Last, First, Middle Initial)<br>New Millennium PAC   | Transaction ID: 26424255<br>Date of Disbursement<br>09 / 29 / 2008   |
|                                     | Mailing Address P.O. Box 632  | Amount of Each Disbursement this Period<br>2000.00   |
|                                     | City Union City State NJ Zip Code 07087   | 011<br>Category/<br>Type   |
|                                     | Purpose of Disbursement<br>Federal Contribution   |  |
| Candidate Name                      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    |

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

3500.00

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

37500.00