

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 16 12 27 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

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

2. FEC IDENTIFICATION NUMBER  
C-00148155

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

4. TYPE OF REPORT

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

Note: In accordance with correspondence from the FEC dated 12-9-95, this committee has satisfied criteria for a multicandidate status prior to 1-1-96.

- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period	<u>April 1, 1996 through June 30, 1996</u>		
6. (a)	Cash on Hand January 1, 1996		\$ 11,388.18
6. (b)	Cash on Hand at Beginning of Reporting Period	\$ 25,042.50	
6. (c)	Total Receipts (from Line 19)	\$ 14,202.55	\$ 34,501.03
6. (d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 39,245.05	\$ 45,889.21
7.	Total Disbursements (from Line 30)	\$ 21,650.22	\$ 28,294.38
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 17,594.83	\$ 17,594.83
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 95.84	

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

Type or Print Name of Treasurer

Bernard Pasternak

Signature of Treasurer

Bernard Pasternak

Date

July 16, 1996

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

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FEC FORM 3X

(revised 9/95)

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

(revised 1/1/91)

NAME OF COMMITTEE  
*St. Louisians for Better Government*

REPORT COVERING PERIOD  
FROM *April 1, 1994* TO *June 30, 1994*

		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	14100.00	34350.00	11(a)(i)
ii.	Unitemized			11(a)(ii)
iii.	Total (add i and ii) >	14100.00	34350.00	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a ii, b and c) >	14100.00	34350.00	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	102.55	151.03	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	14202.55	34501.03	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	14202.55	34501.03	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures	2150.22	3294.38	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	2150.22	3294.38	21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	19500.00	25000.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	21650.22	28294.38	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	21650.22	28294.38	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans) (from line 11d)	14100.00	34350.00	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	14100.00	34350.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	2150.22	3294.38	35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 35 from 36) >	2150.22	3294.38	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 11a.1.

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

**NAME OF COMMITTEE (in Full)**

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert D. Frey 970 N. Spodee Road, #37 St. Louis, MO 63146	Al. Edwards & Son	4-15-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investment Broker		
	Aggregate Year-to-Date > \$1000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morris Lazaroff 72 Meadowbrook CC Estates Ballwin, MO 63011		4-3-96 4-22-96	250.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Litwark 404 Tregonon Place St. Louis, MO 63121	Retired	4-5-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investor		
	Aggregate Year-to-Date > \$1000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl A. Lyss 721 S. Central St. Louis, MO 63105	Internal Medicine Consultants, Inc.	5-6-96 4-15-96	250.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician		
	Aggregate Year-to-Date > \$500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce White 5 University Lane St. Louis, MO 63105	SELF	4-15-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician		
	Aggregate Year-to-Date > \$1000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sam Goldstein 14 Twin Springs Lane St. Louis, MO 63124	Retired	4-25-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: -		
	Aggregate Year-to-Date > \$1000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Godofredo M. Herzog 9 Wendover St. Louis, MO 63124	Godofredo Herzog, Ltd.	4-15-96 5-19-96	250.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician		
	Aggregate Year-to-Date > \$500.00		

SUBTOTAL of Receipts This Page (optional) .....

5500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 3  
FOR LINE NUMBER 110.1

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**NAME OF COMMITTEE (In Full)**

*St. Louisians for Better Government*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Paul Brown 111 Westport #600 St. Louis, MO 63146</i>	<i>Self</i>	<i>4-23-96</i>	<i>1000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Computers</i>	Aggregate Year-to-Date <i>&gt; \$1000.00</i>	
<i>Steve Epner 14353 Windcreek Chesterfield, MO 63017</i>	<i>Self</i>	<i>4-23-96</i>	<i>1000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Computers</i>	Aggregate Year-to-Date <i>&gt; \$1000.00</i>	
<i>David Diamond 7439 Ashurst Ave. St. Louis, MO 63130</i>	<i>Barnes-Jewish Hospital</i>	<i>5-4-96</i>	<i>100.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Resident Physician</i>	Aggregate Year-to-Date <i>&gt; \$100.00</i>	
<i>Stanley Shapiro 10842 Randall St. Louis, MO 63141</i>	<i>SELF</i>	<i>5-4-96</i>	<i>500.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>RETIRED</i>	Aggregate Year-to-Date <i>&gt; \$500.00</i>	
<i>MILFORD BOWM 11502 NEW LONDON St. Louis, MO 63141</i>	<i>SELF</i>	<i>6-14-96</i>	<i>1000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>BUSINESSMAN</i>	Aggregate Year-to-Date <i>&gt; \$1000.00</i>	
<i>CARL J. CARLIE 14248 FOREST CREST DRIVE CHESTERFIELD, MO 63017</i>	<i>STONE CARLIE &amp; CO., L.L.C.</i>	<i>5-20-96</i>	<i>1000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>CPA</i>	Aggregate Year-to-Date <i>&gt; \$1000.00</i>	
<i>MARK S. CARLIE 7710 CARONDELET, #200 ST. LOUIS, MO 63105</i>	<i>STONE CARLIE &amp; CO., L.L.C.</i>	<i>6-12-96</i>	<i>1000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>CPA</i>	Aggregate Year-to-Date <i>&gt; \$</i>	

SUBTOTAL of Receipts This Page (optional) .....

*5600.00*

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3  
FOR LINE NUMBER 1121

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NAME OF COMMITTEE (in Full)

ST. LOUISIANS FOR BETTER GOVERNMENT

A. Full Name, Mailing Address and ZIP Code YUSEF HAKIMIAN 750 S. HANLEY ROAD ST. LOUIS, MO 63105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IMPEX, INC. Occupation BUSINESSMAN Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6-7-96	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code BERNARD PASTERNAK 41 CLAVERACH DRIVE ST. LOUIS, MO 63105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PASTERNAK & Co. Occupation CPA Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6-15-96	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code SAM FOX 23 CARRSWOLD ST. LOUIS, MO 63105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HARBOUR GROUP, LTD. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6-4-96	Amount of Each Receipt this Period 1000.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

14100.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)  
St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Magna Bank 1401 S. Brentwood St. Louis, MO 63144		4-17-96	31.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): INTEREST EARNED	Occupation	5-17-96	33.64
		6-18-96	37.78
		Aggregate Year-to-Date >	\$ 151.05
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
		Aggregate Year-to-Date >	\$
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
		Aggregate Year-to-Date >	\$
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
		Aggregate Year-to-Date >	\$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
		Aggregate Year-to-Date >	\$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
		Aggregate Year-to-Date >	\$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
		Aggregate Year-to-Date >	\$

SUBTOTAL of Receipts This Page (optional)	102.55
TOTAL This Period (last page this line number only)	102.55

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 216

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**NAME OF COMMITTEE (In Full)**

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Division of Employment Security MO Dept. of Revenue Jefferson City, MO 645105	State Unemp. paymen Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4-30-96	3.90
Magna Bank 1401 Brentwood St. Louis, MO 63144	Federal Withholding & Social Security Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4-2-96 5-8-96 6-10-96	217.00 108.50 108.50
Barbara Bianco 10 Watson Hills Ln. St. Louis, MO 63124	Salary-Administrative Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4-2-96 5-8-96 6-10-96	856.16 428.08 428.08
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 2150.22

TOTAL This Period (last page this line number only) 2150.22

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

St. Louisians for Better Government

MO

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ike Skelton for Congress Comm P.O. Box A HARRISONVILLE, MO 64701	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-96	1000.00
Clay Campaign Committee 5011 N. KINGSHIGHWAY ST. LOUIS, MO 63115	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-96	1000.00
KAREN MCCARTHY FOR CONGRESS 1111 VALENTINE ROAD KANSAS CITY, MO 64111	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-96	1000.00
Gephardt in Congress Committee 7435 WATSON RD., SUITE 107 ST. LOUIS, MO 63119	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-96	1000.00
TALENT FOR U.S. CONGRESS 1031 EXECUTIVE PARKWAY, #100 ST. LOUIS, MO 63141	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-6-96	1000.00
Hamilton for Congress Committee P.O. Box 99 Jeffersonville, Indiana 47131	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-19-96	1000.00
Levin for Congress P.O. Box 1092 Warren, MI 48090-1092	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-19-96	1000.00
Friends of Phil Gramm P.O. Box 56508 Dallas, TX 75356	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-19-96	2000.00
Friends of Senator Carl Levin P.O. Box 47368 Oak Park, MI 48237	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-19-96	5000.00

SUBTOTAL of Disbursements This Page (optional) ..... 14,000.00

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

IN

MI

TX



SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Harkin 426 C Street NE Rear Building Washington, DC, 20052	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-19-96	5000.00
Friends of Bill Emerson 2248 Rayburn House Office Bldg. Washington, DC, 20515	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-19-96	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... 5500.00

TOTAL This Period (last page this line number only) ..... 19500.00

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
St. Louisians for Better Government				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MO Dept. of Revenue Jefferson City, MO 65108	3.00	7.00		10.00
Nature of Debt (Purpose): State withold. tax				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MO Dept. of Revenue Jefferson City, MO 65105	3.90	7.80	3.90	7.80
Nature of Debt (Purpose): State Unemployment Tax				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Internal Revenue Service Kansas City, MO 64999	8.00	16.00		24.00
Nature of Debt (Purpose): Federal Unemployment Tax				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor PASTERNAK & CO. 7710 LARONDELET, SUITE 319 ST. LOUIS, MO 63108	51.06	2.98		54.04
Nature of Debt (Purpose): POSTAGE				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				95.84
2) TOTALS This Period (last page in this line only)				95.84
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				95.84

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Hand Delivered  | DATE OF RECEIPT                      |
| <input type="checkbox"/> First Class Mail  | POSTMARKED                           |
| <input checked="" type="checkbox"/> Registered/Certified Mail                          | POSTMARKED<br>7-12-96                |
| <input type="checkbox"/> No Postmark   |                                      |
| <input type="checkbox"/> Postmark Illegible  |                                      |
| <input type="checkbox"/> Received from the House Office of Records<br>and Registration | DATE OF RECEIPT                      |
| <input type="checkbox"/> Received from the Senate Office of Public<br>Records          | DATE OF RECEIPT                      |
| <input type="checkbox"/> Other (Specify):  | POSTMARKED<br>and/or DATE OF RECEIPT |

MRT  
PREPARER

7-16-96  
DATE PREPARED