

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Pharmaceutical Research & Manufacturers of America Better Government Committee

ADDRESS (number and street) 950 F Street, NW
Suite 300
 Check if different than previously reported. (ACC)
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** C00021972
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on 10 16 2008 in the State of
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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

Type or Print Name of Treasurer Anne Holmes

Signature of Treasurer Electronically Filed by Anne Holmes Date 10 23 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand 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 Beginning of Reporting Period	27374.83									
(c) Total Receipts (from Line 19)	3408.33	98085.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30783.16	130791.90								
7. Total Disbursements (from Line 31)	5000.00	105008.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25783.16	25783.16								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Pharmaceutical Research & Manufacturers of America Better Government Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3408.33	69377.13
(i) Itemized (use Schedule A)	0.00	2708.31
(ii) Unitemized	3408.33	72085.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	26000.00
(c) Other Political Committees (such as PACs)	0.00	98085.44
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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))	3408.33	98085.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3408.33	98085.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	105000.00
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.....	0.00	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))..	5000.00	105008.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	105008.74

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3408.33	98085.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3408.33	98085.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<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	

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

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

A.	Full Name (Last, First, Middle Initial) Daniel Durham	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 950 F Street, NW	Transaction ID: PR1100334615170
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 104.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$104.00 Semi-Monthly)
Name of Employer PhRMA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1976.00	

B.	Full Name (Last, First, Middle Initial) Hallie Maranchick	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 950 F Street, NW	Transaction ID: PR1275760015170
	City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 108.33
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$108.33 Semi-Monthly)
Name of Employer PhRMA	Occupation Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2058.27	

C.	Full Name (Last, First, Middle Initial) Andrea Bergman	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1312790015170
	City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 54.17
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$54.17 Semi-Monthly)
Name of Employer PhRMA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1029.23	

SUBTOTAL of Receipts This Page (optional)	266.50
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 7 / 22
	<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) Julie Corcoran	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338083115170
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 24.92
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$24.92 Semi-Monthly)
	Name of Employer PhRMA Occupation Deputy VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 473.48	

B.	Full Name (Last, First, Middle Initial) Alan Goldhammer	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338083315170
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$65.00 Semi-Monthly)
	Name of Employer PhRMA Occupation Associate VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1235.00	

C.	Full Name (Last, First, Middle Initial) Sharon Marshall	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338083615170
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 24.92
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$24.92 Semi-Monthly)
	Name of Employer PhRMA Occupation Board Materials Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 473.48	

SUBTOTAL of Receipts This Page (optional)	114.84
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 8 / 22
	<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) Tara Ryan	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338084315170
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 43.33
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$43.33 Semi-Monthly)
	Name of Employer PhRMA Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 823.27	

B.	Full Name (Last, First, Middle Initial) Christopher Singer	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338084515170
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.00 Semi-Monthly)
	Name of Employer PhRMA Occupation Exec VP & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 3952.00	

C.	Full Name (Last, First, Middle Initial) Kevin Walker	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1338084615170
	City Washington State DC Zip Code 20004-1404	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.00 Semi-Monthly)
	Name of Employer PhRMA Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 3952.00	

SUBTOTAL of Receipts This Page (optional)	459.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 22
	<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) Jennifer Page		Date of Receipt
	Mailing Address 950 F Street, NW 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 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1338085615170
Name of Employer PhRMA		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1029.23	54.17
			P/R Deduction (\$54.17 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Clement Cypra		Date of Receipt
	Mailing Address 950 F Street, NW 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 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1342353715170
Name of Employer PhRMA		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 946.77	49.83
			P/R Deduction (\$49.83 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Erin Ravelette		Date of Receipt
	Mailing Address 950 F Street, NW 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 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1360289015170
Name of Employer PhRMA		Occupation Sr. Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 448.56	24.92
			P/R Deduction (\$24.92 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	128.92
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 10 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Matthew Sulkala		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW Suite 300		Transaction ID: PR1387142415170
	City Washington	State DC	Zip Code 20004-1404
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer PhRMA	Occupation Sr. Manager	P/R Deduction (\$100.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00		

B.	Full Name (Last, First, Middle Initial) Thomas Hardaway		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW Suite 300		Transaction ID: PR1407527615170
	City Washington	State DC	Zip Code 20004-1404
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer PhRMA	Occupation Regional Director	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

C.	Full Name (Last, First, Middle Initial) Valerie Jewett		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW Suite 300		Transaction ID: PR1416900915170
	City Washington	State DC	Zip Code 20004-1438
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.58
	Name of Employer PhRMA	Occupation Director	P/R Deduction (\$70.58 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1341.02		

SUBTOTAL of Receipts This Page (optional)	195.58
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 11 / 22
	<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) Michael Woody	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW Suite 300	Transaction ID: PR1485193015170
	City Washington State DC Zip Code 20004-1438	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
	Name of Employer PhRMA Occupation Director, Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 950.00	

B.	Full Name (Last, First, Middle Initial) Jeff Woodhouse	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW	Transaction ID: PR1521550915170
	City Washington State DC Zip Code 20004-1438	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
	Name of Employer PhRMA Occupation Regional Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 950.00	

C.	Full Name (Last, First, Middle Initial) Chris Badgley	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW	Transaction ID: PR180532015170
	City Washington State DC Zip Code 20004-1438	Amount of Each Receipt this Period 38.55
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.55 Semi-Monthly)
	Name of Employer PhRMA Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 732.45	

SUBTOTAL of Receipts This Page (optional)	138.55
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 12 / 22
	<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

A.	Full Name (Last, First, Middle Initial) Janice Faiks		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR180533015170
Name of Employer PHRMA		Occupation VP, Govt Affairs & Law	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2058.27	<input type="text"/> 108.33
P/R Deduction (\$108.33 Semi-Monthly)			

B.	Full Name (Last, First, Middle Initial) Mark Grayson		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR180533215170
Name of Employer PHRMA		Occupation Asst. VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.77	<input type="text"/> 10.83
P/R Deduction (\$10.83 Semi-Monthly)			

C.	Full Name (Last, First, Middle Initial) Anne Holmes		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR180533615170
Name of Employer PHRMA		Occupation Sr. Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 514.52	<input type="text"/> 27.08
P/R Deduction (\$27.08 Semi-Monthly)			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 146.24
TOTAL 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 13 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Merrill Jacobs		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR180533815170
Name of Employer PHRMA		Occupation Regional Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2058.27"/>	<input type="text" value="108.33"/>
			P/R Deduction (\$108.33 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) William Lucas		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR180534215170
Name of Employer PHRMA		Occupation Assoc. VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="205.77"/>	<input type="text" value="10.83"/>
			P/R Deduction (\$10.83 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Kurt Malmgren		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR180534415170
Name of Employer PHRMA		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2058.27"/>	<input type="text" value="108.33"/>
			P/R Deduction (\$108.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="227.49"/>
TOTAL 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 14 / 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Kimberly Martin		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer PHRMA		Occupation Director	Transaction ID: PR180534515170
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="237.50"/>	<input type="text" value="12.50"/>
			P/R Deduction (\$12.50 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Hugh Metheny		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer PHRMA		Occupation Director	Transaction ID: PR180534615170
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1750.00"/>	<input type="text" value="125.00"/>
			P/R Deduction (\$125.00 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Mr. Thomas Moore		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer PHRMA		Occupation Director	Transaction ID: PR180534815170
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2082.50"/>	<input type="text" value="208.25"/>
			P/R Deduction (\$208.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="345.75"/>
TOTAL 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 15 / 22
	<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) Michelle Nyman	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW	Transaction ID: PR180534915170
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 10.83
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.83 Semi-Monthly)
Name of Employer PHRMA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.77	

B.	Full Name (Last, First, Middle Initial) John O'Connor	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW	Transaction ID: PR180535015170
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 24.99
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$24.99 Semi-Monthly)
Name of Employer PHRMA	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 474.81	

C.	Full Name (Last, First, Middle Initial) Marjorie Powell	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW	Transaction ID: PR180535615170
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 10.83
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.83 Semi-Monthly)
Name of Employer PHRMA	Occupation Asst. General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.77	

SUBTOTAL of Receipts This Page (optional)	46.65
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 16 / 22
	<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) Richard Smith		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR180535915170
Name of Employer PHRMA		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="104.00"/>
		<input type="text" value="1976.00"/>	P/R Deduction (\$104.00 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Jeffrey Trehwitt		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR180536315170
Name of Employer PHRMA		Occupation Asst. VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="13.54"/>
		<input type="text" value="257.26"/>	P/R Deduction (\$13.54 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Derrick White		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR180536715170
Name of Employer PHRMA		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="173.33"/>
		<input type="text" value="3293.27"/>	P/R Deduction (\$173.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="290.87"/>
TOTAL 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 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Edward Belkin	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, N.W.	Transaction ID: PR267310215170
	City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer PhRMA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 791.73	

B.	Full Name (Last, First, Middle Initial) Bryant Hall	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, N.W.	Transaction ID: PR377480515170
	City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 177.45
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$177.45 Semi-Monthly)
Name of Employer PhRMA	Occupation Sr. Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4112.65	

C.	Full Name (Last, First, Middle Initial) Robert Filippone	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 950 F Street, NW	Transaction ID: PR533051115170
	City State Zip Code Washington DC 20004-1404	Amount of Each Receipt this Period 85.42
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$85.42 Semi-Monthly)
Name of Employer PhRMA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1622.98	

SUBTOTAL of Receipts This Page (optional)	304.54
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 18 / 22
	<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		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 950 F Street, NW		Transaction ID: PR533051215170
	City Washington	State DC	Zip Code 20004-1404
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50
	Name of Employer PhRMA	Occupation Manager	P/R Deduction (\$12.50 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.50		

B.	Full Name (Last, First, Middle Initial) Steven Tilton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 950 F Street, NW		Transaction ID: PR533051515170
	City Washington	State DC	Zip Code 20004-1404
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
	Name of Employer PhRMA	Occupation Director	P/R Deduction (\$192.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3648.00		

C.	Full Name (Last, First, Middle Initial) Laurel Dodson Jackson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 950 F Street, NW		Transaction ID: PR636282015170
	City Washington	State DC	Zip Code 20004-1404
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.83
	Name of Employer PhRMA	Occupation Sr. Manager	P/R Deduction (\$10.83 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.77		

SUBTOTAL of Receipts This Page (optional)	▶	215.33
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 19 / 22
	<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

A.	Full Name (Last, First, Middle Initial) Heather Keiser Strawn		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR737804915170
Name of Employer PhRMA		Occupation Sr. Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1425.00	<input type="text"/> 75.00
			P/R Deduction (\$75.00 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Brian Nagle		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR743030015170
Name of Employer PhRMA		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2058.27	<input type="text"/> 108.33
			P/R Deduction (\$108.33 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Lori Reilly		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR917374915170
Name of Employer PhRMA		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1543.75	<input type="text"/> 81.25
			P/R Deduction (\$81.25 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 264.58
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Porter For Congress	Transaction ID: 26707557 Date of Disbursement																			
	Mailing Address P.O. Box 26087	<table border="1"><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>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	0	8												
	City Las Vegas State NV Zip Code 89136	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Jon Porter	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Tom Feeney For Congress	Transaction ID: 26707558 Date of Disbursement																			
	Mailing Address P. O. Box 622345	<table border="1"><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>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	0	8												
	City Oviedo State FL Zip Code 32762	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Tom Feeney	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Thelma Drake For Congress	Transaction ID: 26707559 Date of Disbursement																			
	Mailing Address P.O. Box 61480	<table border="1"><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>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	0	8												
	City Virginia Beach State VA Zip Code 23466	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Thelma Drake	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A. Full Name (Last, First, Middle Initial)
Knollenberg For Congress Committee

Mailing Address 31000 Telegraph Road, #110

City Bingham Farms State MI Zip Code 48025

Purpose of Disbursement

010
 011
Category/
Type

Candidate Name
Rep. Joe Knollenberg

Office Sought: House
 Senate
 President
State: MI District: 09
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 26707560
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Keller For Congress

Mailing Address P.O. Box 1453

City Orlando State FL Zip Code 32802

Purpose of Disbursement

010
 011
Category/
Type

Candidate Name
Rep. Richard Keller

Office Sought: House
 Senate
 President
State: FL District: 08
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 26707561
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)