



ABBOTT LABORATORIES BETTER GOVERNMENT FUND
100 Abbott Park Road • Abbott Park, Illinois 60064-3500

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

OCT 12 P 1:20

Federal Election Commission
999 E. Street, NW
Washington, DC 20463

RE: ID # C00040279

Attached is the monthly Report of Receipts and Disbursements, covering period 9/01/99 - 9/30/99 for the Abbott Laboratories Better Government Fund.

Sincerely,

C. A. Sebesta
Treasurer, ALBGF

cc:	C. Babington	D383 AP6D
	M. E. Barmak	D324 AP6D
	V. Gallagher	D38L AP6D
	K. Greisman	D324 AP6D
	D. Johnson	D38L AP6D
	D. Landside	Washington

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 OCT 12 P 1:20

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Abbott Laboratories Better Government Fund		2. FEC IDENTIFICATION NUMBER C00040278
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 100 Abbott Park Road D-312 AP9D/2		
CITY, STATE and ZIP CODE Abbott Park, IL 60054-6028		
3. <input checked="" type="checkbox"/> 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

Monthly Report Due On:

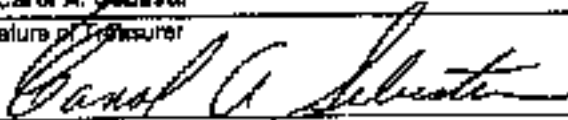
February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

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>09/01/99</u> through <u>09/30/99</u>			
6. (a)	Cash on Hand January 1, 19 <u>99</u>		\$ 25,015.40
(b)	Cash on Hand at Beginning of Reporting Period	\$ 10,021.73	
(c)	Total Receipts (from Line 19)	\$ 14,551.46	\$ 96,239.91
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 24,573.19	\$ 121,255.31
7.	Total Disbursements (from Line 30)	\$ 9,000.00	\$ 105,682.12
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,573.19	\$ 15,573.19
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	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)	\$ 0.00	
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 Carol A. Sebasta		Date 10/1/99	
Signature of Treasurer 			

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

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FEC FORM 3X
(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Abbott Laboratories Better Government Fund		FROM	TO:	
		09/01/99	09/30/99	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	8,512.12	41,211.71	11(a)(i)
ii.	Unitemized	8,039.34	66,024.80	11(a)(ii)
iii.	Total (add i and ii) >	14,551.46	98,236.51	11(a)(iii)
b.	Political Party Committees	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(c)
d.	Total Contributions (add a iii, b and c) >	14,551.46	98,236.51	11(d)
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13.	All Loans Received	0.00	0.00	13
14.	Loan Repayments Received	0.00	0.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	3.60	17
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	14,551.46	98,238.91	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	14,551.46	98,238.91	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0.00	0.00	21(a)(i)
ii.	Non-Federal Share	0.00	0.00	21(a)(ii)
b.	Other Federal Operating Expenditures	0.00	128.12	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	128.12	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	8,000.00	58,500.00	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26.	Loan Repayments Made	0.00	15,000.00	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0.00	30.00	28(a)
b.	Political Party Committees	0.00	0.00	28(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0.00	30.00	28(d)
29.	Other Disbursements	1,000.00	22,024.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9,000.00	105,682.12	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	8,000.00	105,682.12	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	14,551.46	98,236.51	32
33.	Total Contribution Refunds (from line 28d)	0.00	30.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	14,551.46	98,206.51	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	128.12	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	128.12	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOY A AMUNDSON 111 E CHESTNUT APT 63C CHICAGO, IL 60611 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR VP ROSS Aggregate Year-to-Date > \$ 2,374.72	Payroll Deduction	358.15 (\$119.71) Biweekly
JACK S ATEN 540 BEDGEWICK LIBERTYVILLE, IL 60048 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIV VP HOS PRD OPS Aggregate Year-to-Date > \$ 886.80	Payroll Deduction	140.25 (\$46.75) Biweekly
CATHERINE V BABINGTON 656 THORNGATE LN RIVERWOODS, IL 60015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP INV REL/PUB AFR Aggregate Year-to-Date > \$ 1,319.88	Payroll Deduction	203.37 (\$67.79) Biweekly
MARK E BARMAX ABBOTT LABORATORIES AP6D D-324 ABBOTT PARK, IL 60064 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP LIT & GOVT AFFS Aggregate Year-to-Date > \$ 400.00	Payroll Deduction	60.00 (\$20.00) Biweekly
CHRISTOPHER B BEGLEY 1217 ASHBURY LN LIBERTYVILLE, IL 60048 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GR VP CAP PRES CAP Aggregate Year-to-Date > \$ 384.80	Payroll Deduction	57.59 (\$18.23) Biweekly
CHARLES M BROCK 1440 S RIDGE RD LAKE FOREST, IL 60043 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DVP ASC GN CNS INT Aggregate Year-to-Date > \$ 758.91	Payroll Deduction	117.63 (\$38.21) Biweekly
TOM BROWN 28890 TANYA TR LIBERTYVILLE, IL 60048 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP DIAG/PRES ADD Aggregate Year-to-Date > \$ 1,510.04	Payroll Deduction	233.54 (\$77.88) Biweekly

SUBTOTAL of Receipts This Page (optional) 1,171.71

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 7
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY R BYERS 512 SHOSHONI TRL LAKE VILLA, IL 60046			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CVP INTERNAL AUDIT	Payroll Deduction	181.74 (\$80.58)
	Aggregate Year-to-Date > \$	1,189.92	Biweekly)
THOMAS F CHEN 1331 KAJER LN LAKE FOREST, IL 60045			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP PCFC ASIA AFRIC	Payroll Deduction	75.00 (\$25.00)
	Aggregate Year-to-Date > \$	500.00	Biweekly)
GARY P COUGHLAN 1135 CENTRAL ROAD GLENVIEW, IL 60025			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR VP-FIN & CFO	Payroll Deduction	418.70 (\$139.90)
	Aggregate Year-to-Date > \$	2,783.44	Biweekly)
JOSE M DELASA 100 ABBOTT PARK RD D-384 AP6D ABBOTT PARK, IL 600643500			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR VP/SEC/GEN CNSL	Payroll Deduction	329.86 (\$109.82)
	Aggregate Year-to-Date > \$	2,192.40	Biweekly)
DARYL B DORCY 2711 BARTON'S BLUFF LN AUSTIN, TX 78746			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REGL DIR/GOVT AFF	Payroll Deduction	115.38 (\$38.48)
	Aggregate Year-to-Date > \$	789.20	Biweekly)
BRUCE R ERTELL 495 EXETER PLACE LAKE FOREST, IL 60046			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STRAT SYS PLN MGR	Payroll Deduction	70.74 (\$23.58)
	Aggregate Year-to-Date > \$	459.28	Biweekly)
KENNETH W FARMER 1525 SARATOGA COURT GREEN OAKS, IL 60046			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP MIS & ADMIN	Payroll Deduction	225.00 (\$75.00)
	Aggregate Year-to-Date > \$	1,458.80	Biweekly)

SUBTOTAL of Receipts This Page (optional)

1,418.42

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 7
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)
Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code PAUL B FINEGAN 128A W GOLF RD LIBERTYVILLE, IL 60048 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation DVP PLT ENG OPS Aggregate Year-to-Date > \$ 665.56	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 100.41 (\$33.47) Biweekly)
B. Full Name, Mailing Address and ZIP Code STANLEY R FLOOD 600 BIRCH HOLLOW DR ANTIOCH, IL 60002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation DIV VP INFO SVCS Aggregate Year-to-Date > \$ 540.55	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 130.74 (\$43.58) Biweekly)
C. Full Name, Mailing Address and ZIP Code THOMAS C FREYMAN 912 LAKE ST LIBERTYVILLE, IL 60048 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation DIV VP & CTRLR-HPD Aggregate Year-to-Date > \$ 1,384.60	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 207.89 (\$69.23) Biweekly)
D. Full Name, Mailing Address and ZIP Code DAVID B GOFFREDO 1213 LOYOLA LIBERTYVILLE, IL 60048 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation CVP EUROPE OPS, AI Aggregate Year-to-Date > \$ 1,145.16	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 173.07 (\$57.69) Biweekly)
E. Full Name, Mailing Address and ZIP Code RICHARD A GONZALEZ 125 S BUFFOLK LN LAKE FOREST, IL 60045 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation BR VP HPD/PRES HPD Aggregate Year-to-Date > \$ 2,098.51	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 324.51 (\$108.17) Biweekly)
F. Full Name, Mailing Address and ZIP Code THOMAS J HELLER 1745 34TH AVE KENOSHA, WI 53144 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation DVP NAT ACCOUNTS Aggregate Year-to-Date > \$ 605.40	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 91.38 (\$30.48) Biweekly)
G. Full Name, Mailing Address and ZIP Code ARTHUR J HIGGINS 5501 CHURCHILL LOT 53 LIBERTYVILLE, IL 60048 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation SR VP PH OPS/PRES Aggregate Year-to-Date > \$ 1,399.11	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 216.36 (\$72.12) Biweekly)

SUBTOTAL of Receipts This Page (optional) 1,244.18

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code MILO HILTY 8626 LAKE TRAIL DRIVE WESTERVILLE, OH 43082	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation DIR VACCINE R&D	Payroll	152.79
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 1,000.15	(\$60.93) Biweekly
B. Full Name, Mailing Address and ZIP Code JEFFREY N HOGENMILLER 1212 LOYOLA DR LIBERTYVILLE, IL 60048	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation DVP CORP HR PROGMS	Payroll	87.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 581.67	(\$29.28) Biweekly
C. Full Name, Mailing Address and ZIP Code DAN R HORN 26520 LONGMEADOW DR MUNDELEIN, IL 60080	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation DVP DISTICS CHM	Payroll	106.20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 708.00	(\$35.40) Biweekly
D. Full Name, Mailing Address and ZIP Code DALE R JOHNSON 1408 BEN COURT WINTHROP HARBOR, IL 60088	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation DIR STATE/LOCAL GO	Payroll	88.11
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 581.38	(\$28.37) Biweekly
E. Full Name, Mailing Address and ZIP Code SHIRLEY E KREUTZFELDT 1838 SILVER WILLOW GLENVIEW, IL 60025	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation DIR DIV SYS QA-PPD	Payroll	41.94
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 279.60	(\$13.98) Biweekly
F. Full Name, Mailing Address and ZIP Code DAVID W LANDSIDLE 3289 WORTHINGTON ST NW WASHINGTON, DC 20015	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation DIV VPWASH AFF	Payroll	102.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 670.60	(\$34.18) Biweekly
G. Full Name, Mailing Address and ZIP Code JOSEPH M LIPPAN 1112 BEECHVIEW S WORTHINGTON, OH 43085	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation PROGRAM MANAGER	Payroll	53.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 420.00	(\$21.00) Biweekly

SUBTOTAL of Receipts This Page (optional) 642.42

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 7
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS G LOCKOWITZ 1845 CHURCHILL COURT GREEN OAKS, IL 60048			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR BUS PLG/PRO EN	Payroll	60.00
	Aggregate Year-to-Date \$ 400.00	Deduction	(\$20.00)
			Biweekly
JOHN F LUSSEN 1055 WESTLEIGH RD LAKE FOREST, IL 60045			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP TAXES	Payroll	233.64
	Aggregate Year-to-Date \$ 1,517.28	Deduction	(\$77.88)
			Biweekly
CHARLES R MCGINN 21806 W VERNON RIDGE DR MUNDELEIN, IL 60060			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DVP OPNS/TECH SUPT	Payroll	60.00
	Aggregate Year-to-Date \$ 400.00	Deduction	(\$20.00)
			Biweekly
RANDAL P MCKAY 619 CROSSING CREEK SOUTH COLUMBUS, OH 43208114			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR TRADE PRACTICE	Payroll	60.00
	Aggregate Year-to-Date \$ 400.00	Deduction	(\$20.00)
			Biweekly
KAREN M MULLER 5 PRIMER COURT CLIFTON PARK, NY 12065			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SGA SPECIALIST	Payroll	36.00
	Aggregate Year-to-Date \$ 240.00	Deduction	(\$12.00)
			Biweekly
ROBERT L, JR PARKINSON 1332 EDGEWOOD LN NORTHBROOK, IL 60062			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRES & C.O.O.	Payroll	471.14
	Aggregate Year-to-Date \$ 5,000.00	Deduction	(\$0.00)
			Biweekly
DOUGLAS R PATTERSON 1305 BRANDYWINE LIBERTYVILLE, IL 60048			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIV VP PPD DRG SFT	Payroll	46.00
	Aggregate Year-to-Date \$ 300.00	Deduction	(\$16.00)
			Biweekly

SUBTOTAL of Receipts This Page (optional)

965.78

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 5 OF 7
FOR LINE NUMBER 11 of

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NAME OF COMMITTEE (in Full)
Abbot Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GWENDOLYN L PLATT 404 GREENWOOD AVE WAUKEGAN, IL 600876118			
	Occupation MGR LOCL GOV AF II	Payroll	39.78
	Aggregate Year-to-Date \$ 280.71	Deduction (\$13.25)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
WILLIAM H., JR STADTLANDER 6139 GREY FRIAR WAY DUBLIN, OH 43017			
	Occupation VP ROSS MED NTL PR	Payroll	178.88
	Aggregate Year-to-Date \$ 1,177.92	Deduction (\$59.82)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
LESTER L STURGEON 975 ANDERSON DR GREEN OAKS, IL 60048			
	Occupation DVP CORP P&F ENGR	Payroll	82.73
	Aggregate Year-to-Date \$ 614.83	Deduction (\$30.91)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
MARCIA A THOMAS 309 FOREST LN LIBERTYVILLE, IL 600482117			
	Occupation VP QA/R&COMPL	Payroll	129.81
	Aggregate Year-to-Date \$ 856.40	Deduction (\$43.27)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
STEVEN J., JR WEGER 191 PEREGRINE LN HAWTHORN WOODS, IL 60047			
	Occupation VP CORP PLNG/DEV	Payroll	199.06
	Aggregate Year-to-Date \$ 1,313.99	Deduction (\$68.36)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
HENRY A WEISHAAR 727 CHATHAM ROAD GLENVIEW, IL 60025			
	Occupation DVP HR - HPD	Payroll	127.11
	Aggregate Year-to-Date \$ 844.04	Deduction (\$42.37)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
MILES D WHITE 1313 N GREEN BAY RD LAKE FOREST, IL 60045			
	Occupation CHAIRMAN & C.E.O.	Payroll	75.00
	Aggregate Year-to-Date \$ 500.00	Deduction (\$25.00)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **842.31**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 7
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LANCE B WYATT 100 BOARDMAN CT LAKE BLUFF, IL 60044	VP CORP ENGINEERG	Payroll	181.74
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Deduction	(\$60.56)
	Aggregate Year-to-Date	\$ 1,211.60	Biweekly
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCOTT P ZIPP 7935 FINNAGEN MATTAWAN, MI 48071	TERRITORY MANAGER	Payroll	47.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Deduction	(\$15.88)
	Aggregate Year-to-Date	\$ 317.20	Biweekly
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	

SUBTOTAL of Receipts This Page (optional)	229.32
TOTAL This Period (last page this line number only)	6,512.12

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jon Kyl for U.S. Senate 507 Capitol Court, NE Washington, DC 20002	Jon Kyl, U.S. SENATE AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/09/98	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 7
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Reelect Nancy Johnson P.O. Box 1986 New Britain, CT 06053	Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/06/89	1,000.00
B. 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
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)	1,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Abbott Laboratories Barter Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Clay Shaw P.O. Box 2188 FL. Lauderdale, FL 33321	E. Clay Shaw, U.S. HOUSE 22nd FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/09/99	1,000.00
B. 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
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)	1,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crane For Congress Committee P.O. Box 8534 Rolling Meadows, IL 60008	Philip M. Crane, U.S. HOUSE 8th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/09/98	1,500.00
Weller for Congress P.O. Box 15293 Washington, DC 20003	Jerry Weller, U.S. HOUSE 11th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/09/98	1,000.00
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)	2,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 7
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code Rangel For Congress 2000 P.O. Box 5577 - Manhattanville Station 365 West 125th Street New York, NY 10027	Purpose of Disbursement Charles B. Rangel, U.S. HOUSE 15th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 09/06/99	Amount of Each Disbursement This Period 1,000.00
B. 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
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)

1,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom DeLay Congressional Committee 10707 Corporate Drive Stafford, TX 77477	Tom DeLay, U.S. HOUSE 22nd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/99	1,000.00
B. 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
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)

1,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 7
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Robert W. Goodlatte, U.S. HOUSE 8th VA	Date (month, day, year)	Amount of Each Disbursement This Period
Goodlatte For Congress Po Box 292 Roanoke, VA 24001	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/08/99	500.00
B. 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
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)

500.00

TOTAL This Period (last page this line number only)

8,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Timothy Alan Ford Campaign P.O. Box 1018 Jackson, MS 39216	Voided Check# 4093 - Timothy Alan Ford Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/08/99	-100.00
Charles Wilson Capps Campaign P.O. Box 308 Cleveland, MS 38732	Voided Check# 4094 - Charles Wilson Capps Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/08/99	-100.00
Robert J. Moody Campaign 12376 Highway 490 East Louisville, MS 38339	Voided Check# 4095 - Robert J. Moody Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/08/99	-100.00
James C. Simpson Campaign P.O. Box 1040 Gulfport, MS 39502	Voided Check# 4096 - James C. Simpson Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/08/99	-50.00
Daniel E. Holland Campaign 1013 Polk Street Tupelo, MS 38801	Voided Check# 4097 - Daniel S. Holland Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/08/99	-50.00
Reta E. Holden Campaign 721 Avenue of Pines Grenada, MS 38801	Voided Check# 4098 - Reta E. Holden Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/08/99	-50.00
Joe T. Grist Campaign P.O. Box 54 Bruce, MS 39208	Voided Check# 4099 - Joe T. Grist Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/08/99	-50.00
Lester H. Barnett Campaign 11135 Morgan Lane Diberville, MS 39632	Voided Check# 4100 - Lester H. Barnett Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/09/99	-50.00
Mary Ann Stevens Campaign P.O. Box 38 West, MS 38192	Voided Check# 4101 - Mary Ann Stevens Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/09/99	-50.00

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Donnie T. Foster Campaign P.O. Box 907 Pontotoc, MS 38863	Voided Checks 4102 - Donnie T. Foster Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/09/99	-50.00
Timothy Alan Ford Campaign P.O. Box 1018 Jackson, MS 39215	Timothy Alan Ford, STATE HOUSE REP. 18th MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/14/99	100.00
Charles Wilson Capps Campaign P.O. Box 308 Cleveland, MS 38732	Charles Wilson Capps, HOUSE APPROP. COMM. 26th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/14/99	100.00
Robert J. Moody Campaign 12375 Highway 480 East Louisville, MS 39338	Robert J. Moody, HOUSE PUBLIC HEALTH 43rd MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/14/99	100.00
James C. Simpson Campaign P.O. Box 1040 Gulfport, MS 39502	James C. Simpson, STATE HOUSE REP. 120th MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	08/14/99	50.00
Daniel S. Holland Campaign 1013 Polk Street Tupelo, MS 38801	Daniel S. Holland, STATE HOUSE REP. 16th MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/14/99	50.00
Reta E. Holden Campaign 721 Avenue of Pines Granada, MS 38901	Reta E. Holden, STATE HOUSE REP. 24th MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/14/99	50.00
Joe T. Grist Campaign P.O. Box 84 Bruce, MS 39205	Joe T. Grist, STATE HOUSE REP. 23rd MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/14/99	50.00
Lester H. Barnett Campaign 11135 Morgan Lane Dyersville, MS 39532	Lester H. Barnett, STATE HOUSE REP. 116th MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/14/99	50.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER 20

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NAME OF COMMITTEE (in Full)

Abbott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code Mary Ann Stevens Campaign P.O. Box 38 West, MS 39192	Purpose of Disbursement Mary Ann Stevens, STATE HOUSE REP. 48th MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	Date (month, day, year) 08/14/99	Amount of Each Disbursement This Period 50.00
B. Full Name, Mailing Address and ZIP Code Donnie T. Foster Campaign P.O. Box 907 Pontotoc, MS 38863	Purpose of Disbursement Donnie T. Foster, STATE HOUSE REP. 15th MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	Date (month, day, year) 09/14/99	Amount of Each Disbursement This Period 50.00
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)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Abbeott Laboratories Better Government Fund

A. Full Name, Mailing Address and ZIP Code South Carolina Democratic Party P.O. Box 5966 Columbia, SC 28250	Purpose of Disbursement South Carolina Democratic Party Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	Date (month, day, year) 09/21/99	Amount of Each Disbursement This Period 1,000.00
B. 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
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)

1,000.00

TOTAL This Period (last page this line number only)

1,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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