



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

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Apr 22 11 39 AM '99

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

RE: ID # C00040279

Attached is the monthly Report of Receipts and Disbursements, covering period 3/01/99 - 3/31/99 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

bgffed

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

APR 22 11 35 AM '99

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> Abbott Laboratories Better Government Fund	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 100 Abbott Park Road D-312 AP6D/2	
<b>CITY, STATE and ZIP CODE</b> Abbott Park, IL 60064-6028	<b>2. FEC IDENTIFICATION NUMBER</b> C00040279
	<b>3.</b> <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:
- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20         | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20            | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input checked="" type="checkbox"/> April 20 | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20              | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

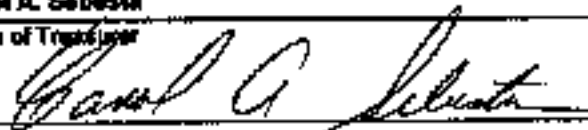
(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>03/01/99</u> through <u>03/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 25,015.40
(b) Cash on Hand at Beginning of Reporting Period	\$ 11,400.07	
(c) Total Receipts (from Line 19)	\$ 9,872.86	\$ 29,215.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 21,072.93	\$ 54,231.05
7. Total Disbursements (from Line 20)	\$ 2,150.00	\$ 35,308.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 18,922.93	\$ 18,922.93
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 888 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

Signature of Treasurer



Date

4/19/99

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

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**FEC FORM 3X**  
(revised 9/93)

**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:	
		03/01/89	03/31/99	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	4,179.72	9,409.21	11(a)(1)
ii.	Unitemized	5,463.14	19,806.17	11(a)(2)
iii.	Total (add i and ii) >	9,672.86	29,215.38	11(a)(3)
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) >	9,672.86	29,214.38	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	1.27	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) >	9,672.86	29,215.65	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	9,672.86	29,215.65	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0.00	0.00	21(a)(1)
ii.	Non-Federal Share	0.00	0.00	21(a)(2)
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	600.00	15,500.00	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	1,650.00	4,650.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,150.00	36,308.12	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,150.00	35,308.12	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	9,672.86	29,214.38	32
33.	Total Contribution Refunds (from line 28d)	0.00	30.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	9,672.86	29,184.38	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 4  
FOR LINE NUMBER 11 a 1

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

**NAME OF COMMITTEE (in Full)**

Abbott Laboratories Better Government Fund

<b>A. Full Name, Mailing Address and ZIP Code</b> JOY A AMUNDSON 111 E CHESTNUT APT 83C CHICAGO, IL 60611	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation SR VP ROSS	Payroll	237.26
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 688.76	(\$119.71 Biweekly)
<b>B. Full Name, Mailing Address and ZIP Code</b> JACK S ATEN 540 SEDGEWICK LIBERTYVILLE, IL 60048	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation DIV VP HOS PRD OPS	Payroll	64.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 254.10	(\$42.38 Biweekly)
<b>C. Full Name, Mailing Address and ZIP Code</b> CATHERINE V BABINGTON 556 THORNGATE LN RIVERWOODS, IL 60015	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation VP INV REL/PUB AFR	Payroll	129.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 389.40	(\$64.80 Biweekly)
<b>D. Full Name, Mailing Address and ZIP Code</b> CHARLES M BROCK 1473 ASBURY AVE WINNETKA, IL 60093	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation DVP ASC GN CNS INT	Payroll	75.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 227.28	(\$37.88 Biweekly)
<b>E. Full Name, Mailing Address and ZIP Code</b> TOM BROWN 28880 TANYA TR LIBERTYVILLE, IL 60048	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation SVP DIAG/PRES ADD	Payroll	150.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 419.72	(\$77.88 Biweekly)
<b>F. Full Name, Mailing Address and ZIP Code</b> GARY R BYERS 812 SHOSHONI TRL LAKE VILLA, IL 60046	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation CVP INTERNAL AUDIT	Payroll	118.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 348.14	(\$57.89 Biweekly)
<b>G. Full Name, Mailing Address and ZIP Code</b> GARY P COUGHLAN 1135 CENTRAL ROAD GLENVIEW, IL 60025	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation SR VP-FIN & CFO	Payroll	271.16
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 813.48	(\$135.58 Biweekly)

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

1,064.54

**TOTAL** This Period (Just page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 4  
FOR LINE NUMBER 11 a 1

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**NAME OF COMMITTEE (in Full)**

Abbott Laboratories Ballot Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOSE M DELASA 100 ABBOTT PARK RD D-354 AP6D ABBOTT PARK, IL 60064-3500	Occupation SR VP/SEC/GEN CNSL	Payroll Deduction	219.24 (\$109.62) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 657.72		
DARYL B DORCY 2711 BARTON'S BLUFF LN AUSTIN, TX 78746	Occupation REGL DIR/GOVT AFF	Payroll Deduction	76.92 (\$38.46) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 239.76		
KENNETH W FARMER 1826 SARATOGA COURT GREEN OAKS, IL 60048	Occupation VP MIS & ADMIN	Payroll Deduction	144.24 (\$72.12) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 432.72		
STANLEY R FLOOD 698 BIRCH HOLLOW DR ANTIOCH, IL 60002	Occupation DIV VP INFO SVCS	Payroll Deduction	83.02 (\$41.51) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 249.06		
THOMAS C FREYMAN 812 LAKE ST LIBERTYVILLE, IL 60048	Occupation VP TREASURY	Payroll Deduction	138.46 (\$69.23) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 415.38		
DAVID B GOFFREDO 1213 LOYOLA LIBERTYVILLE, IL 60048	Occupation CVP EUROPE OPS, AI	Payroll Deduction	114.42 (\$57.89) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 337.60		
RICHARD A GONZALEZ 125 S SUFFOLK LN LAKE FOREST, IL 60045	Occupation SR VP NPD/PRES NPD	Payroll Deduction	209.13 (\$108.17) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 584.13		

SUBTOTAL of Receipts This Page (optional)

985.43

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 4  
FOR LINE NUMBER 11 a 1

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

<b>A. Full Name, Mailing Address and ZIP Code</b> ARTHUR J HIGGINS 5501 CHURCHILL LOT 53 LIBERTYVILLE, IL 60048	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation SR VP PK OPS/PRES	Payroll Deduction	139.43 (\$72.12)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	389.43	Biweekly
<b>B. Full Name, Mailing Address and ZIP Code</b> MILO NILTY 8625 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 Deduction	97.75 (\$49.88)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	293.28	Biweekly
<b>C. Full Name, Mailing Address and ZIP Code</b> DAN R HORN 26520 LONGMEADOW DR. MUNDELEIN, IL 60060	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation DVP DIST/CS CHM	Payroll Deduction	70.80 (\$36.40)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	212.40	Biweekly
<b>D. Full Name, Mailing Address and ZIP Code</b> JAY B JOHNSTON 261 BIRCH ST WINNETKA, IL 60093	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation CVP DIAG ASY/SYS	Payroll Deduction	167.30 (\$83.66)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	501.90	Biweekly
<b>E. Full Name, Mailing Address and ZIP Code</b> JOHN F LUSSEN 1066 WESTLEIGH RD LAKE FOREST, IL 60045	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation VP TAXES	Payroll Deduction	150.00 (\$75.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	450.00	Biweekly
<b>F. Full Name, Mailing Address and ZIP Code</b> THEODORE A OLSON 915 PARADISE LN LIBERTYVILLE, IL 60048	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation VP & CONTROLLER	Payroll Deduction	150.00 (\$75.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	450.00	Biweekly
<b>G. Full Name, Mailing Address and ZIP Code</b> ROBERT L, JR PARKINSON 1332 EDGEWOOD LN NORTHBROOK, IL 60062	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation PRES & C.O.O.	Payroll Deduction	533.68 (\$274.04)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,514.42	Biweekly

**SUBTOTAL of Receipts This Page (optional)** ..... 1,308.95

**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 4 OF 4  
FOR LINE NUMBER 11a1

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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
<b>WILLIAM H., JR. STADTLANDER</b> 6139 GREY FRIAR WAY DUBLIN, OH 43017 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Payroll	115.38 (\$57.69) Biweekly
	Occupation VP MED NUTL PRODS	Deduction	
	Aggregate Year-to-Date > \$ 348.14		
<b>MARCIA A THOMAS</b> 309 FOREST LN LIBERTYVILLE, IL 60462117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Payroll	85.84 (\$43.27) Biweekly
	Occupation VP CORP QA	Deduction	
	Aggregate Year-to-Date > \$ 259.62		
<b>L-ELLEN M WALVOORD</b> 7208 WHITE OAKS RD HARVARD, IL 60033 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Payroll	282.89 (\$181.73) Biweekly
	Occupation SR VP HUMAN RES	Deduction	
	Aggregate Year-to-Date > \$ 886.53		
<b>STEVEN J., JR WEGER</b> 191 PEREGRINE LN HAWTHORN WOODS, IL 60047 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Payroll	131.26 (\$66.35) Biweekly
	Occupation VP CORP PLNG/DEV	Deduction	
	Aggregate Year-to-Date > \$ 385.09		
<b>HENRY A WEISHAAR</b> 727 CHATHAM ROAD GLENVIEW, IL 60025 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Payroll	83.78 (\$41.89) Biweekly
	Occupation DVP HR - HPD	Deduction	
	Aggregate Year-to-Date > \$ 261.34		
<b>LANCE B WYATT</b> 100 BOARDMAN CT LAKE BLUFF, IL 60044 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Payroll	121.16 (\$60.58) Biweekly
	Occupation VP CORP ENGINEERG	Deduction	
	Aggregate Year-to-Date > \$ 383.48		
<b>G. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Payroll	  Biweekly
	Occupation	Deduction	
	Aggregate Year-to-Date > \$		

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>820.80</b>
<b>TOTAL This Period (last page this line number only)</b> .....	<b>4,179.72</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

Abbeitt Laboratories Better Government Fund

A. 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) 1999	Date (month, day, year) 03/24/99	Amount of Each Disbursement This Period 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)

500.00



**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
Friends of Coy Pugh 1531 N Latrobe Chicago, IL 60651	STATE HOUSE REP. 10th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/24/99	100.00
B. Full Name, Mailing Address and ZIP Code Citizens for Rosemary Mulligan P.O. Box 1327 Park Ridge, IL 60088	STATE HOUSE REP. 65th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/24/99	100.00
C. Full Name, Mailing Address and ZIP Code Citizens for Jack D. Franks P.O. Box 274 Woodstock, IL 60088	STATE HOUSE REP. 63rd IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/24/99	200.00
D. Full Name, Mailing Address and ZIP Code Friends of Monique D. Davis 2147 W 107th St Chicago, IL 60643	STATE HOUSE REP. 27th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/24/99	200.00
E. Full Name, Mailing Address and ZIP Code Citizens for Darmond P.O. Box 835 Antioch, IL 60002	STATE HOUSE REP. 62nd IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/24/99	150.00
F. Full Name, Mailing Address and ZIP Code Friends of Leo Daniels P.O. Box 33 Elmhurst, IL	STATE HOUSE REP. 46th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/24/99	300.00
G. Full Name, Mailing Address and ZIP Code Mayor Bill Durkin's Fundraiser 1012 McAree Road Waukegan, IL 60085	LOCAL IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/24/99	100.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1,150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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


**NAME OF COMMITTEE (in Full)**  
 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
Friends of Senator Grace Drake Committee 8864 Briardale Ln Solon, OH 44138	STATE SENATE OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/24/99	280.00
B. Full Name, Mailing Address and ZIP Code Committee for E. J. Thurman 865 Mason Alley Columbus, OH 43205	STATE HOUSE REP. 27th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/24/99	250.00
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
<b>SUBTOTAL of Disbursements This Page (optional)</b>			500.00
<b>TOTAL This Period (last page this line number only)</b>			1,850.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4-19-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	4-22-99 DATE PREPARED