

PHARMACEUTICAL MANUFACTURERS
ASSOCIATION

RECEIVED
FEDERAL ELECTIONS

BETTER GOVERNMENT COMMITTEE

JUL 16 2 31 PM '94

GERALD J. MOSSINGHOFF
CHAIRMAN

1100 FIFTEENTH ST., N.W., WASHINGTON, D.C. 20005

VINCENT J. KLAUS
TREASURER

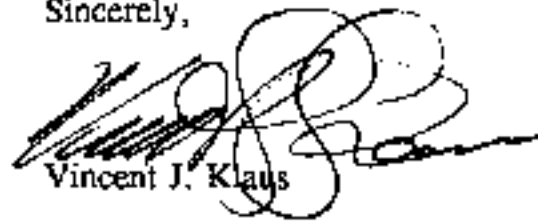
July 14, 1994

Federal Election Commission
Reports Analysis Division
999 E Street, N.W.
Washington, D.C. 20463

Dear Sir/Madam:

Enclosed is our July 15th Quarterly Report for the period April 1, 1994 through June 30, 1994.

Sincerely,



Vincent J. Klaus

Enclosure

9403911629

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
JUL 18 2 31 PM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In Full) Pharmaceutical Manufacturers Association Better Government Committee		2. FEC IDENTIFICATION NUMBER C00021972
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1100 15th Street, N.W.		
CITY, STATE and ZIP CODE Washington, D.C. 20005		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

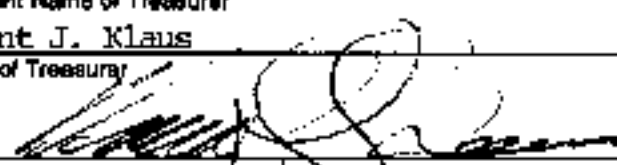
4. TYPE OF REPORT

- (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
5. Covering Period <u>4/1/94</u> through <u>6/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 11,816.83
(b) Cash on Hand at Beginning of Reporting Period	\$ 11,366.83	
(c) Total Receipts (from Line 19)	\$ 1,000.00	\$ 6,700.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 12,366.83	\$ 18,516.83
7. Total Disbursements (from Line 20)	\$ 3,000.00	\$ 9,150.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 9,366.83	\$ 9,366.83
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 900 E Street, NW Washington, DC 20483 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)	\$	

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 Vincent J. Klaus	Date 15 July 1994
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. §437g.

9405911630

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Pharmaceutical Manufacturers Association
Better Government Committee

REPORT COVERING PERIOD

FROM 4/1/94

TO: 6/30/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,000.00	2,700.00
ii. Unitemized		
iii. Total	1,000.00	2,700.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		4,000.00
d. Total Contributions	1,000.00	6,700.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts	1,000.00	6,700.00
20. Total Federal Receipts	1,000.00	6,700.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	9,150.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds		
29. Other Disbursements		
30. Total Disbursements	3,000.00	9,150.00
31. Total Federal Disbursements	3,000.00	9,150.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1,000.00	6,700.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from line 32)	1,000.00	6,700.00
35. Total Federal Operating Expenditures		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures		

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE One OF One
FOR LINE NUMBER 11-A

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 Manufacturers Association
Better Government Committee

9405911632

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>John R. Stafford 11 Arden Lane Essex Fells, NJ 07021</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>American Home Products Corporation</p> <p>Occupation Chairman, President & CEO</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>4/13/94</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE One OF One
FOR LINE NUMBER 23

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 Manufacturers Association
Better Government Committee

9
4
0
3
9
1
1
6
3
3

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Montgomery for Congress Committee c/o Steven Pederson 3610 38th Street, N.W. Washington, D.C. 20016	Political Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/13/94	1,000.00
B. Full Name, Mailing Address and ZIP Code Rangel for Congress Committee 2030 Allen Place, N.W. Washington, D.C. 20009	Political Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/13/94	500.00
C. Full Name, Mailing Address and ZIP Code Moran for Congress P.O. Box 2518 Alexandria, VA 22301	Political Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/94	500.00
D. Full Name, Mailing Address and ZIP Code Faircloth for Senate P.O. Box 26585 Raleigh, N.C. 27611	Political Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/94	1,000.00
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)

TOTAL This Period (last page this line number only)

3,000.00

**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 7/14/94
<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 7/14/94
	and/or DATE OF RECEIPT
E.S. PREPARER	7/14/94 DATE PREPARED

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