

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Aug 3 1 57 PM '97

USE FEC MAILING LABEL
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Pharmaceutical Research & Manufacturers of America Better Government Committee		2. FEC IDENTIFICATION NUMBER C00021972
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1100 15th Street NW - Suite 900		
CITY, STATE and ZIP CODE Washington, DC 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
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

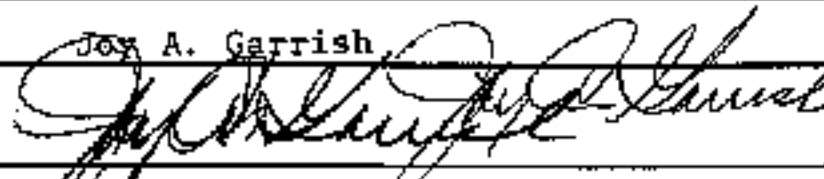
SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Jan 1, 1997</u> through <u>June 30, 1997</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 2,625.49
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,625.49	
(c) Total Receipts (from Line 19)	\$ 16,794.56	\$ 16,794.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 19,420.05	\$ 19,420.05
7. Total Disbursements (from Line 30)	\$ 17,062.65	\$ 17,062.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,357.40	\$ 2,357.40
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-8630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

Joy A. Garrish

Signature of Treasurer



Date 7-31-97
7/30/97

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	
Pharmaceutical Research & Manufacturers of America Better Government Cmte		FROM 1/1/97	TO 6/30/97
		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)	\$6,294.56	\$6,294.56	11(a)
ii. Unitemized			11(b)
iii. Total (add i and ii) >	\$6,294.56	\$6,294.56	11(c)
b. Political Party Committees			11(d)
c. Other Political Committees (such as PACs)	10,500.00	10,500.00	11(e)
d. Total Contributions (add a ii, b and c) >	\$16,794.56	\$16,794.56	11(f)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$16,794.56	\$16,794.56	19
20. Total Federal Receipts (subtract line 16 from line 19) >			20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(d)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$17,050.00	\$17,050.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements <u>bank service fees</u>	12.65	12.65	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$17,062.65	\$17,062.65	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	\$16,794.56	\$16,794.56	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)	\$16,794.56	\$16,794.56	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			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-i

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

NAME OF COMMITTEE (in Full)
Pharmaceutical Research & Manufacturers of America Better Government Cmte

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Timothy W. Brogan 625 S. Walter Reed, Apt. 472-A Arlington, VA 22204	PhRMA	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager, Research Svcs	Aggregate Year-to-Date > \$ 101.40	7.80
Harvey E. Bale 9404 Duxford Court Potomac, MD 20854	PhRMA	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Aggregate Year-to-Date > \$ 455.00	35.00
Russel Bentham 7615 Swinks Court McLean, VA 22102	PhRMA	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President & General Counsel	Aggregate Year-to-Date > \$ 650.00	50.00
Judith Bello 1710 Chesterbrook Vale McLean, VA 22101	PhRMA	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice President	Aggregate Year-to-Date > \$ 62.50	62.50
Roger A. Brooks 14614 Seneca Road Germantown, MD 20074	PhRMA	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Asst. Vice President	Aggregate Year-to-Date > \$ 65.00	5.00
Richard E. Buckley 4629 B McArthur Blvd., NW Washington, DC 20007	PhRMA	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Legislative Counsel	Aggregate Year-to-Date > \$ 325.00	25.00
Andrew P. Corsig 2800 Quebec St., NW, Apt. 715 Washington, DC 20008	PhRMA	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Director	Aggregate Year-to-Date > \$ 113.10	10.00

SUBTOTAL of Receipts This Page (optional)	\$1,772.09
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 4
FOR LINE NUMBER 11-a-i

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NAME OF COMMITTEE (in Full)

Pharmaceutical Research & Manufacturers of America-Better Government Cmte

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark Grayson 1607 34th Street, NW Washington, DC 20007	PhRMA	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 130.00	10.00
Alan F. Holmer 7714 Falstaff Court McLean, VA 22102	PhRMA	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 116.00	116.00
William L. Lucas 11515 Marjorie Drive Mitchelville, MD 20721	PhRMA	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assoc. Vice President	Aggregate Year-to-Date > \$ 318.76	24.52
Kurt Malmgren 6522 Sunnerton Way Springfield, VA 22150	PhRMA	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 612.56	47.12
Gerald Mossinghoff 1530 N. Key Blvd., PH 2B Arlington, VA 22209	PhRMA	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 80.38	80.38
Gary S. Persinger 17809 Howe Drive Olney, MD 20832	PhRMA	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Deputy Vice President	Aggregate Year-to-Date > \$ 357.50	27.50
Lara Robillard 3006 S. Columbus Street, Apt. B2 Arlington, VA 22206	PhRMA	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Federal Legislative Assoc	Aggregate Year-to-Date > \$ 13.46	6.73

SUBTOTAL of Receipts This Page (optional) \$1,638.66

TOTAL This Period (last page the 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-i

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers-Better Government Committee of America

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marion M. Torchia 11110 Waycross Way Densington, MD 20895	PhRMA Director, State Policy Analysis	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 206.37		15.87
Jeffrey Trehwitt 9406 Arboy Road Gaithersburg, MD 20879	PhRMA ASST. Vice President	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 162.50		12.50
Jeffrey C. Warren 108 Oystershell Road Kilmarnick, VA 22482	PhRMA Vice President	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 550.00		50.00
Thomas X. White 8 Woodland Way Greenbelt, MD 20770	PhRMA Assoc. Vice President	1/97 - 6/97	Bi-weekly Contribution
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 65.00		5.00
Alize R. Glen 4821 Upton St NW Washington, DC 20016	PhRMA Vice President	6/23/97	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) \$1,583.81

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
Pharmaceutical Reserach & Manufacturers of America Better Government Cmte

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John G. Ryan 1432 Highwood Dr. McLean, VA 22101	Bristol-Myers Squibb	6/23/97	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sidney Taurel Eli Lilly & Co Lilly Corporate Center Indianapolis, Indiana 46285	Eli Lilly & Co.	2/4/97	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Carozza 655 15th St NW - #410 Washington, DC 20005	Bristol-Myers Squibb	6/17/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	\$1,300.00
TOTAL This Period (total page this line number only)	\$6,294.56

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11-C

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NAME OF COMMITTEE (in Full)

Pharmaceutical Research & Manufacturers of America Better Government Cmte

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dupont-Merck Program for ActiveCitizenship, Inc. Dupont-Merck Plaza Wilmington, DE 19805		6/17/97	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$2,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eli Lilly Employee Political Action Committee 555 12th St. NW-Ste 650		2/19/97	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$2,500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bristol-Myers Squibb Employee Political Action Cmt 345 Park Ave New York, NY 10154-4000		3/5/97	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$2,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hoffmann LaRoche Good Govt. Committee-Nyktu /candidate Cmte 340 Kingsland Nutley, NJ 07110		3/5/97	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$2,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glaxo Wellcome Political Action Committee NC 27709 PO Box 13398, Research Triangle		3/14/97	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$2,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$10,500.00

TOTAL This Period (last page the line number only) \$10,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Pharmaceutical Research & Manufacturers of America Better Government Cmte

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cubin for Congress PO Box 4557 Casper, WY 82604	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/21/97	\$250.00
B. Full Name, Mailing Address and ZIP Code Friends of Newt Gingrich 1085 Holcomb Bridge Road Roswell, GA 30076	Purpose of Disbursement: Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/17/97	500.00
Stokes for Congress Cmte. P.O. Box 70189 Washington, DC 20024	Purpose of Disbursement: Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9/97	500.00
Friends of Bob Livingston 4010 Franconia Road Alexandria, VA 22310-2136	Purpose of Disbursement: Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9/97	1000.00
C. Full Name, Mailing Address and ZIP Code Citizens for Arlen Specter 900 Second St NE Washington, DC 20002	Purpose of Disbursement: Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/97	1900.00
Washington, DC 20002 F. Full Name, Mailing Address and ZIP Code Mikulski for Senate 2446 20th Street, NW Washington, DC 20009	Purpose of Disbursement: Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/97	1000.00
G. Full Name, Mailing Address and ZIP Code Capitol Committee 9115 Westerholme Way Vienna, VA 22182	Purpose of Disbursement: Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/97	1000.00
H. Full Name, Mailing Address and ZIP Code Myrick for Congress '98 P.O. Box 292 Alexandria, VA 22313-0292	Purpose of Disbursement: Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/97	500.00
I. Full Name, Mailing Address and ZIP Code Hall for Congress P.O. Box 711 Rockwell, TX 75087	Purpose of Disbursement: Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/7/97	500.00

SUBTOTAL of Disbursements This Page (optional)

\$ 6,250

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 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Cmte

Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sherman for Congress 14008 Vantura Blvd. Sherman Oaks, CA 91423	Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/97	300.00
Friends of Chris Dodd 203 C Street, NE Washington, DC 20002	Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/97	1000.00
C. Full Name, Mailing Address and ZIP Code Bliley For Contress P.O. Boc 17095 Richmond, VA 23226	Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/28/97	2000.00
D. Full Name, Mailing Address and ZIP Code Cmte. to re-elect Ed Towns P.O. Box 2884 Washington, DC 20013	Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/28/97	500.00
E. Full Name, Mailing Address and ZIP Code Friends of Senator Nickles P.O. Box 21033 Alexandria VA 22320-2033	Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/19/97	1000.00
F. Full Name, Mailing Address and ZIP Code Santorum 2000 128 North Columbus Street, Alexandria, VA 22314	Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/97	500.00
G. Full Name, Mailing Address and ZIP Code Skeen for Congress 2233 Wisconsin Ave., #500 Washington, DC 20007	Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/97	500.00
John Breaux Senate Cmte 110 B East Broad Street Falls Church, VA 22046	Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/5/97	1000.00
H. Full Name, Mailing Address and ZIP Code Friends of Bob Livingston 5163 Gen'l de Gaille Drive, #210 New Orleans, LA 70131	Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/5/97	500.00

SUBTOTAL of Disbursements This Page (optional)

\$7,300

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 3 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Cmte

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Coble for Congress P.O. Box 1177 Greensboro, NC 27402	Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/97	1000.00
New Republican Majority Fund c/o Janet Bain 3001 Park Center Drive, Ste 1105 Alexandria, VA 22302	Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/97	1000.00
John D. Dingell for Congress Cmte. P.O. Box 75214 Washington, DC 20013	Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/12/97	1000.00
Frist 2000 Inc. 4205 Hillsboro Road Nashville, TN 37255	Political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/19/97	500.00
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)

\$3,500

TOTAL This Period (last page this line number only)

\$17,050.00

Federal Election Commission
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PREPARER

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