

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 30 11 01 AM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Pharmaceutical Research and Manufacturers
of America Better Government Committee

ADDRESS (number and street) Check if different than previously reported
1100 15th Street, NW, Suite 900

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C00021972

3. 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	COLUMN B
5. Covering Period <u>1/1/99</u> through <u>6/30/99</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>99</u>		\$ 5,716.58
(b)	Cash on Hand at Beginning of Reporting Period	\$ 5,716.58	
(c)	Total Receipts (from Line 18)	\$ 13,589.79	\$ 13,589.79
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 19,306.37	\$ 19,306.37
7.	Total Disbursements (from Line 30)	\$ 19,037.00	\$ 19,037.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 269.37	\$ 269.37
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 20468 Toll Free 800-424-9530 Local 202-634-1100
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
Tara Lichtenfels

Signature of Treasurer

Tara M. Lichtenfels

Date

7/15/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

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FEC FORM 3X
(revised 8/98)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE **Pharmaceutical Research and Manufacturers of America Better Government Committee**

REPORT COVERING PERIOD
FROM **1/1/99** TO **6/30/99**

I. Receipts

	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	9,802.87	9,802.87	11(a)(i)
ii. Unitemized	286.92	286.92	11(a)(ii)
iii. Total	10,089.79	10,089.79	11(a)(iii)
..... (add i and ii) ➤			
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	3,500.00	3,500.00	11(c)
d. Total Contributions	13,589.79	13,589.79	11(d)
..... (add a, b, c and e) ➤			
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	13,589.79	13,589.79	19
..... (add 11c, 12, 13, 14, 15, 16, 17, and 18) ➤			
20. Total Federal Receipts			20
..... (subtract line 18 from line 19) ➤			

II. Disbursements

21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures			21(c)
..... (add a i, a ii, and b) ➤			
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	19,037.00	19,037.00	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			28(d)
..... (add a, b and c) ➤			
29. Other Disbursements			29
30. Total Disbursements			30
..... (add 21 c, 22, 23, 24, 25, 26, 27, 28a and 29) ➤			
31. Total Federal Disbursements			31
..... (subtract line 21 a, i from line 30) ➤			

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	13,589.79	13,589.79	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	13,589.79	13,589.79	34
35. Total Federal Operating Expenditures			35
..... (add 21 a i and 21 b) ➤			
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures			37
..... (subtract line 36 from 35) ➤			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
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 and Manufacturers of America
Better Government Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Russel Barnhart 7615 Swinks Court McLean, VA 22102	PhRMA	Payroll Deduction	\$650.00 (\$50.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. VP/Gen'l. Counsel	Aggregate Year-to-Date > \$ 650.00	
B. Full Name, Mailing Address and ZIP Code Barry Caldwell 1813 Upshur St., NW Washington, DC 20011	PhRMA	Payroll Deduction	\$352.96 (\$88.24 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 352.96	employee changed amount mid-period
C. Full Name, Mailing Address and ZIP Code Alan Holmer 7714 Falstaff Court McLean, VA 22102	PhRMA	Payroll Deduction	\$2,788.48 (\$250.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 2,788.48	employee changed amount mid-period
D. Full Name, Mailing Address and ZIP Code Merrill R. Jacobs 5505 Spring Creek Way Elk Grove, CA 95758	PhRMA	Payroll Deduction	\$325.00 (\$25.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Director	Aggregate Year-to-Date > \$ 325.00	
E. Full Name, Mailing Address and ZIP Code William L. Lucas 11515 Marjorie Drive Mitchellville, MD 20721	PhRMA	Payroll Deduction	\$570.07 (\$25.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assoc. Vice President	Aggregate Year-to-Date > \$ 570.07	employee changed amount mid-period
F. Full Name, Mailing Address and ZIP Code Kurt Malmgren 6522 Summerston Way Springfield, VA 22150	PhRMA	Payroll Deduction	\$988.16 (\$122.24 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Vice President	Aggregate Year-to-Date > \$ 988.16	employee changed amount mid-period
G. Full Name, Mailing Address and ZIP Code David T. Mohler 1337 28th Street, NW Washington, DC 20007	PhRMA	Payroll Deduction	\$405.21 (\$31.17 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 405.21	

SUBTOTAL of Receipts This Page (optional) 6,079.88

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 3
FOR LINE NUMBER 11.a.i

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NAME OF COMMITTEE (in full) Pharmaceutical Research and Manufacturers of America
Better Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John O'Connor 15 Petticoat Lane Troy, NY 12130	PhRMA Occupation Regional Director	Payroll Deduction	\$299.91 (\$23.07 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 299.91		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bert Spilker 8004 Overhill Road Bethesda, MD 20814	PhRMA Occupation Sr. Vice President	Payroll Deduction	\$423.08 (\$105.77 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 423.08		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shannon Herzfeld 1531 Live Oak Drive Silver Spring, MD 20910	PhRMA Occupation Sr. Vice President	4/27/99	\$3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,000.00		
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)	3,722.99
TOTAL This Period (last page this line number only)	9,802.87

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NAME OF COMMITTEE (in Full) **Pharmaceutical Research and Manufacturers of America
Better Government Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hoffmann La Roche Good Government Outc. 1300 Eye Street NW Washington, DC 20005	Multi-Candidate PAC	4/16/99	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Schering-Plough Corp. Better Govt. Fund 1130 Connecticut Ave., NW Washington, DC 20036	Multi-Candidate PAC	1/26/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. 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 > \$	
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) 3,500.00

TOTAL This Period (last page this line number only) 13,589.79

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 and Manufacturers of America
Better Government Committee**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Santorum 2000 123 No. Columbus Street Alexandria, VA 22314	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/16/99	\$1000.00
B. Full Name, Mailing Address and ZIP Code Citizens for Ron Klink P.O. Box 75214 Washington, DC 20013-5214	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/99	\$500.00
C. Full Name, Mailing Address and ZIP Code Menendez for Congress, Inc. P.O. Box 948 Union City, NJ 07087	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/99	\$500.00
D. Full Name, Mailing Address and ZIP Code Bob Kerrey for US Senate Committee 3412 P Street, NW Washington, DC 20007	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/99	\$1000.00
E. Full Name, Mailing Address and ZIP Code Lazio for Congress P.O. Box 3063 Sayshore, NY 11706	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/99	\$1000.00
F. Full Name, Mailing Address and ZIP Code Coble for Congress P.O. Box 1177 Greensboro, NC 27402	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/99	\$1000.00
G. Full Name, Mailing Address and ZIP Code Frist 2000 4205 Hillshire Road, Ste. 306 Nashville, TN 37215	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/99	\$1000.00
H. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee P.O. Box 305 Sakersfield, CA 93302	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/99	\$2000.00
I. Full Name, Mailing Address and ZIP Code Wally Herger for Congress Committee P.O. Box 1500 Chico, CA 95927	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/99	\$500.00

SUBTOTAL of Disbursements This Page (optional)

\$8500.00

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 3
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Oxley for Congress 515 King Street, Ste. 420 Alexandria, VA 22314	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/99	\$500.00
Watts for Congress J.E. Watts for Congress P.O. Box 720445 Norman, OK 73070	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/99	\$500.00
Frelinghuysen for Congress P.O. Box 826 Morristown, NJ 07963	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/99	\$500.00
Matsui for Congress 5501 Cherokee Ave., Ste. 112 Alexandria, VA 22312	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/99	\$500.00
Friends of Jim Saxton P.O. Box 795 Mt. Holyoke, NJ 08060	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/99	\$500.00
Lieberman 2000 236 Massachusetts Ave., NE Washington, DC 20002	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/99	\$1000.00
Bliley for Congress P.O. Box 17095 Richmond, VA 23226	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/99	\$1000.00
Rangel for Congress P.O. Box 5577 Manhattanville Station New York, NY 10027	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/99	\$1000.00
Snowe for Senate P.O. Box 2000 Portland, OR 04104	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/99	\$1000.00

SUBTOTAL of Disbursements This Page (optional) \$6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full) Pharmaceutical Research and Manufacturers of America
Better Government Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hatch Election Committee 9115 Westerholme Way Vienna, VA 22182-2144	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/99	\$1000.00
Burr for Congress P.O. Box 5927 Winston-Salem, NC 27113	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/99	\$1000.00
C. Full Name, Mailing Address and ZIP Code Committee to Reelect Nancy Johnson P.O. Box 1986 New Britain, CT 06053	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/99	\$1000.00
D. Full Name, Mailing Address and ZIP Code Jeffords for Vermont P.O. Box 246 Montpelier, VT 05601	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/99	\$1000.00
E. Full Name, Mailing Address and ZIP Code PhRMA 1100 15th Street, NW Washington, DC 20005	In-kind contribution to Hatch Election Cmte. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/99	\$25.00
F. Full Name, Mailing Address and ZIP Code PhRMA 1100 15th Street, NW Washington, DC 20005	In-kind contribution to Friends of Slade Gorton Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/99	\$12.00
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)	\$4,037.00
TOTAL This Period (last page this line number only)	\$19,037.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7/30/99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
SDN PREPARER	7/30/99 DATE PREPARED