



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Michael Kasper, Treasurer
Democratic Party of Illinois
P.O. Box 518
Springfield, IL 62705

MAR 18 2001

Identification Number: C00167015

Reference: October Quarterly Report (7/1/00-9/30/00)

Dear Mr. Kasper:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report discloses a contribution(s) from an organization which is not a political committee registered with the Commission (pertinent portion(s) attached). In addition, the contribution appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) precludes a political committee from receiving contributions from a person or another committee in excess of \$5,000 in a calendar year. Also, in order to make contributions to your committee, organizations which are not political committees must either: 1) establish a separate account which contains only those funds permitted under the Act, or 2) demonstrate through a reasonable accounting method that the organization has received sufficient funds subject to the limitations and prohibitions in order to make the contribution.
11 CFR §102.5(b)

If your committee does not finance non-federal activity, the receipt of the referenced contribution(s) may violate the limitations and prohibitions of 2 U.S.C. §§441a(f) and 441b. If your committee engages in both federal and non-federal activity, either through a separate non-federal account, or one account that finances activity in connection with both federal and non-federal elections, your committee may be in violation of 11 CFR §102.5(a).

In order to be in compliance with the Act, your committee must: 1) refund to the donor, or transfer-out to a non-federal account, the amount in excess of \$5,000 and 2) determine the extent to which your committee received funds that are not permissible, and refund or transfer-out the prohibited funds.

If you choose to transfer the funds to an account not used to influence federal elections, the Commission advises that you inform the contributor in writing and provide the contributor with the option of receiving a refund. You may wish to seek a written authorization (either before or after the transfer-out) from the donor for any transfer-out to protect the donor's interests.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. Should you choose to transfer-out or refund the funds, the Commission will presume the funds were impermissible, absent a statement from your committee to the contrary. Transfers-out and refunds should be disclosed on a Schedule B supporting Line 22 or 28 of the report covering the period during which they are made.

Although the Commission may take further legal action concerning the acceptance of prohibited and excessive contribution(s), your prompt refund or transfer-out will be taken into consideration.

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee and its affiliates from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in

writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

-The totals listed on Lines 11(c), 11(d) and 18, Column B of the Detailed Summary Page(s) appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B totals. Please amend your report and any subsequent reports that may be affected by this correction.

-Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Transfers from affiliated committees should be properly disclosed on a separate Schedule A, supporting Line 12 of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

-Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission

with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2))
The request must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

-Schedule H4 discloses a disbursement(s) which is categorized as a fundraising expense(s); however, a Schedule H2 has not been filed to disclose the allocation ratio. All committees are required to allocate the direct costs of each fundraising event in which the committee collects both federal and non-federal funds. The costs are allocated according to the funds received ratio and reported on Schedule H2. 11 CFR §§106.5(f) and 106.6(d). Please file a Schedule H2 to disclose the ratio for the fundraising event(s).

-On Schedule H3 supporting Line 18 of the Detailed Summary Page, you have failed to provide a breakdown of transfers received by the federal account. Please amend your report to include the missing information.

-On Schedule H4 supporting Line 21(a) of the Detailed Summary Page, you have failed to include a unique identifying title or code for the payment(s) made to Sheraton Chicago Hotel and Towers. 11 CFR §104.10. Please amend this report to provide a unique identifying title or code for each entry omitting this information.

-Schedule A supporting Line 11(c) discloses a transfer(s)-in from the Democratic National Committee and the Democratic Congressional Campaign Committee. Schedules B and H4 supporting Line 21(a) and 21(b) reflects payments for "signs", "yard wires" and "banner for convention". Please be advised that a state or local party committee may pay for campaign materials (such as bumper stickers) that are distributed by volunteers in connection with activity on behalf of the party's nominees in a general election. Payments for this type of activity are exempt from the definition of a contribution or expenditure if certain conditions are met. The conditions are that no public advertising may be used, including distribution by direct mail (mailings by a commercial vendor or from commercial lists); all funds used for the activity must be permitted under the Act; none of the funds used may have been designated for a particular candidate; and finally, payments for the activity may not be made from transfers-in from the national committee to specifically fund the activity. For further guidance, please refer to 11 CFR §100.7(b)(15) and (17) and to the Campaign Guide for Party Committees.

Please clarify the nature of the transfer(s)-in and subsequent payments for the aforementioned disbursement(s). If the activity disclosed on your report does not meet the definition of "exempt" activity as described above and if any portion of the expenditures were made on behalf of specifically identified candidates, that amount must be disclosed on Schedule B or F supporting Line 23 or 25 of the Detailed Summary Page as appropriate

-On Schedule H4 supporting Line 21(a) of the Detailed Summary Page, you have not included the full name and/or mailing address for the vendor(s) listed. Please amend your report accordingly.

-Please clarify all expenditures for "voter registration". In addition, if any of the voter registration activities referenced House or Senate candidates,

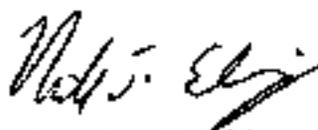
they should be allocated accordingly, unless merely incidental to the overall activity. If a portion or all of these expenditures were made on behalf of federal candidates, they should be reported on Schedules B, E or F for Lines 23, 24 or 25 of the Detailed Summary Page, as appropriate.

-Itemized disbursements must include a brief statement or description of why the disbursements were made. Please amend Schedules B and H4 of your report to clarify the following description(s): "100% operating expense", "expense reimbursement", "consultant fees", "consulting" and "service". For further guidance regarding acceptable purposes of disbursements, please refer to 11 CFR §104.3(b)(3).

-Payments made to credit card companies must identify the original vendors from which you have purchased an item or service if your payments to these vendors have exceeded \$200 this year. Please amend your report by providing the mailing address, date, amount and purpose of such payments as required by 11 CFR §104.9(b).

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Nicholas T. Ebinger
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11C

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)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code Amalgamated Transit Union COPE Account 6025 Wisconsin Avenue N.W. Washington DC 20016-4139 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 5000.00
Full Name, Mailing Address, and ZIP Code American Federation of State & Municipal 1625 L Street N.W. Washington IL 20035 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 6000.00
Full Name, Mailing Address, and ZIP Code Committee for Retention of Judges in Cook County 6006 W. Irving Park Chicago IL 60634 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Costello for Congress P.O. Box 8250 Belleville IL 62222 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 5000.00
Full Name, Mailing Address, and ZIP Code Costello for Congress P.O. Box 8250 Belleville IL 62222 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10000.00	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 5000.00
Full Name, Mailing Address, and ZIP Code David for Congress 5730 W. Division Street Chicago IL 60651 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10000.00	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 10000.00
Full Name, Mailing Address, and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol Street, S.E. #2 Washington DC 20003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 47025.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 47025.00

NTE

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A**ITEMIZED RECEIPTS**Use separate schedule(s)
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FOR LINE NUMBER
11C

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)
DEMOCRATIC PARTY OF ILLINOIS**ME**

Full Name, Mailing Address, and ZIP Code Phelps for Congress 225 Jacob Eldorado IL 62830	Name of Employer Occupation	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 10000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 10000.00		
Full Name, Mailing Address, and ZIP Code Philip Novak Campaign Fund 1317 Maria Terrace Bradley IL 60815	Name of Employer Occupation	Date (month, day, year) 08/18/2000	Amount of Each Receipt this Period 900.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 900.00		
Full Name, Mailing Address, and ZIP Code Pratts PAC P.O. Box 2002 Springfield IL 62706	Name of Employer Occupation	Date (month, day, year) 09/14/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Schakowsky for Congress 1101 Ridge Avenue Evanston IL 80202-1231	Name of Employer Occupation	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Sheet Metal Workers Intl. Assn. Pol. Ed. 1750 New York Avenue N.W. Washington DC 20008	Name of Employer Occupation	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code The Hartford Advocates Fund Hartford Plaza Hartford CT 06115	Name of Employer Occupation	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code The NEA Fund for Children & Public Education 1201 16th Street Washington DC 20038	Name of Employer Occupation	Date (month, day, year) 09/21/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		

SUBTOTALS of Receipts This Page (Optional)**TOTALS** This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
DEMOCRATIC PARTY OF ILLINOIS

NTE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gutierrez for Congress Chicago IL 60622		08/30/2000	10000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date \$ 10000.00	
<input type="checkbox"/> Other (specify):			
I.A.T.S.E. Political Action Fund 1515 Broadway Room 801 New York NY 10036		08/14/2000	2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date \$ 2500.00	
<input type="checkbox"/> Other (specify):			
I.B.E.W. C.O.P.E. 1125 15th Street N.W. Washington DC 20005		08/24/2000	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date \$ 6000.00	
<input type="checkbox"/> Other (specify):			
Ironworkers Political Action League 1750 New York Avenue N.W. Washington DC 20006		08/19/2000	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date \$ 5000.00	
<input checked="" type="checkbox"/> Other (specify):			
Lipinski for Congress Committee 6242 W. 59th Street Chicago IL 60638		08/30/2000	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date \$ 5000.00	
<input type="checkbox"/> Other (specify):			
Lipinski for Congress Committee 6242 W. 59th Street Chicago IL 60638		08/30/2000	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date \$ 10000.00	
<input type="checkbox"/> Other (specify):			
PAC To the Future 258 Bush Street San Francisco CA 94104		08/21/2000	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date \$ 5000.00	
<input type="checkbox"/> Other (specify):			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

NTE

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
DEMOCRATIC PARTY OF ILLINOIS

MTE

Full Name, Mailing Address, and ZIP Code Transportation Political Education League 14600 Detroit Avenue Cleveland OH 44107	Name of Employer	Date (month, day, year) 08/23/2000	Amount of Each Receipt this Period 5000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Transportation Political Education League 14600 Detroit Avenue Cleveland OH 44107	Name of Employer	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 5000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 10000.00		
Full Name, Mailing Address, and ZIP Code UAW V CAP 8000 East Jefferson Avenue Detroit MI 48214-3553	Name of Employer	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 5000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 6000.00		

SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code	Name of Employer State of Illinois	Date (month, day, year)	Amount of Each Receipt this Period
Donald J. O'Brien 137 Indian Wood Lane Indian Head Park IL 60525	Occupation Judge	08/23/2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000.00		
Lawrence O'Brien 907 Jackson Avenue River Forest IL 60305	Lawrence T. O'Brien Occupation Attorney	09/22/2000	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Terrance M. O'Brien 1247 Waukegan Road Suite 103 Glenview IL 60025	Self-employed Occupation Real estate appraiser/broker	09/02/2000	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 8000.00		
James O'Casek 449 Washington Elmhurst IL 60126	Occupation	08/26/2000	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Mary O'Casek 449 Washington Elmhurst IL 60126	Occupation	09/28/2000	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Bryan O'Connor 221 N. LaSalle Chicago IL 60601	Self Employed Occupation Attorney	08/23/2000	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Daniel O'Connor 2851 West Roscher Chicago IL 60625	Occupation	09/18/2000	4500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 4500.00		

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SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A**ITEMIZED RECEIPTS**Use separate schedule(s)
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FOR LINE NUMBER
11A1

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)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code

Terence M. O'Brien
1247 Waukegan Road Suite 103

Glenview IL 60025

Name of Employer

Self-employed

Date (month,
day, year)

03/22/2000

Amount of Each
Receipt this Period

3000.00

Occupation

Real estate appraiser/broker

Receipt For:

 Primary General Other (specify):

Aggregate Year-to-Date > \$ 3000.00

NTE

SUBTOTALS of Receipts This Page (Optional)

