REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILNG LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

[illegible]

Oct 17 12 57 [illegible] '94

2. FEC IDENTIFICATION NUMBER
C 0000 9035

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
criteria of multicandidate status satisfied prior to 1-1-94

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[X] 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 election on _____ (Type of Election) in the State of _____

[ ] Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-94 through 9-30-94		
6. (a) Cash on Hand January 1, 19 94		$2,501.91
(b) Cash on Hand at Beginning of Reporting Period	$ 7,605.48	
(c) Total Receipts (from Line 19)	$ 4,814.50	$18,490.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$12,419.98	$20,991.91
7. Total Disbursements (from Line 30)	$ 4,920.34	$13,492.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 7,499.64	$ 7,499.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
R. J. TILER

Signature of Treasurer
[signature] Raymond J. Tiler

Date
10-10-94

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

FEC FORM 3X
(revised 9/93)

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Kemper National Campaign Fund

REPORT COVERING PERIOD FROM 7-1-94 TO: 9-30-94

	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)	1,500.00	4,185.00	11(a)(i)
ii. Unitemized	3,314.50	14,305.00	11(a)(ii)
iii. Total (add i and ii) ➤	4,814.50	18,490.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	4,814.50	18,490.00	11(d)
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) ➤	4,814.50	18,490.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,814.50	18,490.00	20
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 (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,700.00	12,650.00	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. Individuals/Persons Other Than Political Committees	220.34	220.34	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) ➤	220.34	220.34	28(d)
29. Other Disbursements	0	621.93	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,920.34	13,492.27	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4,920.34	13,492.27	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,814.50	18,490.00	32
33. Total Contribution Refunds (from line 28d)	220.34	220.34	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,594.16	18,269.66	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

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)

Kemper National Campaign Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code C. F. Johanns 4S 645 Old Naperville Naperville, IL 60540 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Lumbermens Mutual Casualty Co. Long Grove, IL Occupation: V.P. Corp Relations Aggregate Year-to-Date: $ 900.00	Monthly Payroll Deduction	$270.00 ($90 per month)
B. Full Name, Mailing Address and ZIP Code J. K. Conway 5942 N. Kostner Chicago, IL 60646 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Lumbermens Mutual Casualty Co. Long Grove, IL Occupation: General Counsel Aggregate Year-to-Date: $ 300.00	Monthly Payroll Deduction	$90.00 ($30 per month)
C. Full Name, Mailing Address and ZIP Code F. C. McCullough 669 Tamarish Terrace Crystal Lake, IL 60014 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Lumbermens Mutual Casualty Co. Long Grove, IL Occupation: VP-Human Resources Aggregate Year-to-Date: $ 400.00	Monthly Payroll Deduction	$120.00 ($40 per month)
D. Full Name, Mailing Address and ZIP Code M. A. Pretchold 517 South Louis Mount Prospect, IL 60056 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Lumbemens Mutual Casualty Co. Long Grove, IL Occupation: Industry Affairs Officer Aggregate Year-to-Date: $ 500.00	Monthly Payroll Deduction	$150.00 ($50 per month)
E. Full Name, Mailing Address and ZIP Code M.F. Dineen 1300 Capital Drive Arlington, VA 22202 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Lumbermens Mutual Casualty Co. Long Grove, IL Occupation: Director Government Relations Aggregate Year-to-Date: $ 590.00	Monthly Payroll Deduction	$195.00 ($65 per month)
F. Full Name, Mailing Address and ZIP Code C. A. Stoddard 665 Alcoa Lane Hoffman Estates, IL Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: Lumbermens Mutual Casualty Co. Long Grove, IL Occupation: General Auditor Aggregate Year-to-Date: $ 250.00	Monthly Payroll Deduction	$75.00 ($25 per month)
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) $900.00

TOTAL This Period (last page this line number only) .....

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (In Full)
Kemper National Campaign Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. D. C. Beatty 405 Holly Lynn Rd Cary, IL 60013 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Lumbermens Mutual Casualty Co. Long Grove, IL Occupation: Assoc Gen'l Counsel Aggregate Year-to-Date: $ 250.00	Monthly Payroll Deduction	$75.00 ($25 per month)
B. J. H. Knoebel 1 Green Street Apt 604 Jersey City, NJ 07032 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Lumbermens Mutual Casualty Co. Long Grove, IL Occupation: Special Risk Mgr. Aggregate Year-to-Date: $ 250.00	Monthly Payroll Deduction	$75.00 ($25 per month)
C. E.M. Lindner 3120 Lake Ave Wilmette, IL 60091 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Lumbermens Mutual Casualty Co. Long Grove, IL Occupation: Exec VP Aggregate Year-to-Date: $ 250.00	Monthly Payroll Deduction	$75.00 ($25 per month)
D. P. M. Mooney 12605 Alhamber Kenwood, KS Receipt For: [ ] Primary [X] General [ ] Other (specify):	Lumbermens Mutual Casualty Co. Long Grove, IL Occupation: Division President Aggregate Year-to-Date: $ 250.00	Monthly Payroll Deduction	$75.00 ($25 per month)
E. M. R. Pinter 20678 Laurel Dr. Deer Park, IL 60010 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Kemper Reinsurance Co. Long Grove, IL Occupation: CEO Aggregate Year-to-Date: $ 300.00	Monthly Payroll Deduction	~~$75.00~~ $150.00 ($25 per month) $50
F. S. D. Robinson 415 Hamshire Lane Crystal Lake, IL 60014 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Lumbermens Mutual Casualty Co Occupation: Claim VP Aggregate Year-to-Date: $ 250.00	Monthly Payroll Deduction	$75.00 ($25 per month)
G. J. J. Smeader Beechwood at Forest Summit, NJ 07901 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Lumbermens Mutual Casualty Co. Long Grove, IL Occupation: Division Controller Aggregate Year-to-Date: $ 250.00	Monthly Payroll Deduction	$75.00 ($25 per month)

SUBTOTAL of Receipts This Page (optional)	$600.00
TOTAL This Period (last page this line number only)	$1,500.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Kemper National Campaign Fund

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Weller for Congress 425 Liberty Morris, IL	Jerry Weller U.S. House, IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7-15-94	$500.00
B. Porter for Congress P.O. Box 7126 Deerfield, IL 60015	John Porter US House - IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7-29-94	100.00
C. Jim Ramstad Volunteer Committee 8100 Penny Ave So, Suite 104 Bloomington, MN 55431-1325	Jim Ramstad US House -MN Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8-11-94	500.00
D. Sue Myrick for Congress Committee P O Box 65873 ~~Washington, DC 20035-5873~~ FALLS CHURCH, VA 22043-0091.	Sue Myrick US House-NC Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8-11-94	500.00
E. Mineta for Congress P.O. Box 65873 Washington, DC 20035-5873	Norman Mineta US House - CA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8-11-94	500.00
F. Harris Fawell for Congress Committee PO Box 3896 Naperville, IL 60567	Harris Fawell US House- IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8-11-94	500.00
G. Bill McCollum for Congress 1212 North Vernon St. Arlington, VA 22201	Bill McCollum US House- FL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8-11-94	500.00
H. Crane for Congress Committee Suite 202 1450 S New Wilke ARLINGTON HEIGHTS, IL 60005	Philip Crane US House-IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8-11-94	500.00
I. Friends of Jack Quinn P.O. Box 2012 Blosdell, NY 14219	Jack Quinn US House, NY Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8-11-94	300.00

SUBTOTAL of Disbursements This Page (optional) 3,900.00

TOTAL This Period (last page this line number only) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Kemper National Campaign Fund

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Talent for Congress Committee 1031 East Parkway St. Louis, MO	Jim Talent US House-MO Disbursement for: [ ] Primary [x] General [ ] Other (specify)	8-18-94	$300.00
B. Full Name, Mailing Address and ZIP Code Citizens for Manzullo P O Box 7783 Rockford, IL 61126	Donald Manzullo US House-IL Disbursement for: [ ] Primary [x] General [ ] Other (specify)	9-16-94	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	800.00
TOTAL This Period (last page this line number only)	4,700.00

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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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 10-14-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER: [illegible]

DATE PREPARED: 10-17-94

FEC FORM 70-2 (12/92)

9 4 0 3 2 9 4 4 7 2