

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 SEP 29 A 5:41

1. NAME OF COMMITTEE (in full)		2. FEC IDENTIFICATION NUMBER
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported.		
CITY, STATE and ZIP CODE	STATE/DISTRICT	3. IS THIS REPORT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on _____
<input checked="" type="checkbox"/> January 31 Year End Report	_____ in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>10/01/1999</u> through <u>12/31/1999</u>	COLUMN A This Period	COLUMN B Calendar Year-to-date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	59,455.00	59,455.00
(b) Total Contribution Refunds (From Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	59,455.00	59,455.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20,143.92	20,143.92
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	20,143.92	20,143.92
8. Cash on Hand at Close of Reporting Period (from Line 27)	39,311.08	
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:
Federal Election Commission
999 E Street, NW
Washington, DC 20483
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	
Signature of Treasurer <i>James P. Boyd</i>	Date <u>9/28/2000</u>

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

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FEC FORM 3
(Revised 4/87)

Detailed Summary Page
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
	From: 10/01/1999	To: 12/31/1999
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	36,150.00	
(ii) Unitemized	14,805.00	
(iii) Total of contributions from Individual	50,955.00	50,955.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	8,500.00	8,500.00
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	59,455.00	59,455.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	59,455.00	59,455.00
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	20,143.92	20,143.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	20,143.92	20,143.92
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		59,455.00
25. SUBTOTAL (add Line 23 and Line 24)		59,455.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		20,143.92
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		39,311.08

SCHEDULE A

ITEMIZED RECEIPTS

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)

A. Full Name, Mailing Address and Zip Code Bacon & Van Buskirk 801 South Neil Street Champaign, IL 61824 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/31/1999	
Aggregate Year-to-Date ->		500.00	
B. Full Name, Mailing Address and Zip Code Wayne Berman 4900 Loughboro Road N.W. Washington, DC 20016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Requested Info	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/24/1999	
Aggregate Year-to-Date ->		400.00	
C. Full Name, Mailing Address and Zip Code Daniel Bloomfield 2403 Lyndhurst Drive Champaign, IL 61820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Retired	10/28/1999	
Aggregate Year-to-Date ->		1,000.00	
D. Full Name, Mailing Address and Zip Code Thomas Bruno 1109 W. Park Ave. Champaign, IL 61821- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Attorney	12/07/1999	
Aggregate Year-to-Date ->		250.00	
E. Full Name, Mailing Address and Zip Code Alex Calvert 201 South Center Clinton, IL 61727 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Calvert Funeral Homes	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Owner	12/24/1999	
Aggregate Year-to-Date ->		500.00	
F. Full Name, Mailing Address and Zip Code Jane Copeland-Chiappinell 2500 Galen Dr. Champaign, IL 61821- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Copeland-Chiappinell	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/14/1999	
Aggregate Year-to-Date ->		300.00	
G. Full Name, Mailing Address and Zip Code Greg Cozad 2913 Robeson Park Drive Champaign, IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Cozad Asset Management	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Asset Management	11/30/1999	
Aggregate Year-to-Date ->		1,000.00	

SUBTOTAL of Receipts This Page (optional)	3,950.00
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

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NAME OF COMMITTEE (In Full)

<p>A. Full Name, Mailing Address and Zip Code Patrick Dorsey 1918 Maynard Dr. Champaign, IL 61822-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Petry Kuhne</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 12/30/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Stuart Brake 50 Woodland Drive Farmer City, IL 61842-0200</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Farmer City State Bank</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 12/09/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Vicki Bide 14701 Pioneer Trl. Sden Prairies, MN 55347-2640</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Sales</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 11/24/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code James Esworthy 19561 Vermillion West Road Ogden, IL 61859</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-employed</p> <p>Occupation Farmer</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 11/17/1999</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code James Fletcher 222 North LaSalle, Suite 300 Chicago, IL 60601</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Fletcher, Topol, O'Brien</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 11/03/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Leonard Flynn 53 Greencroft Drive Champaign, IL 61821</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Flynn, Palmer & Tague</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 12/06/1999</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Jim Hagle 713 South Elm Blvd. Champaign, IL 61820-5851</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Johnson, Frank, Frederick & Wa</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 12/07/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

<p>A. Full Name, Mailing Address and Zip Code Tom Hagle 3831 Blanchan Avenue Brookfield, IL 60513</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Lycns Township High School, La</p> <p>Occupation Office Assistant</p>	<p>Date (month, day, year) 11/17/1999</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Dan Hallbeck 1601 Cobblefield Court Champaign, IL 61821</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Hallbeck Homes</p> <p>Occupation Owner</p>	<p>Date (month, day, year) 12/31/1999</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Keith Hebeisen 120 North LaSalle Street Chicago, IL 60602</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Clifford Law Offices, P.C.</p> <p>Occupation Attorney</p>	<p>Date (month, day, year) 12/30/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code John Hecker 302 South McKinley Avenue Champaign, IL 61821</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Stripes Publishing</p> <p>Occupation Owner</p>	<p>Date (month, day, year) 12/07/1999</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Carolyn Helmuth 506 East County Road 300 North Arcola, IL 61910</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Okaw Corporations</p> <p>Occupation Secretary</p>	<p>Date (month, day, year) 12/30/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Fred Helmuth 506 E County Road 300 N Arcola, IL 61910</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Okaw Buildings</p> <p>Occupation Owner</p>	<p>Date (month, day, year) 12/30/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code J.B. Helmuth P.O. Box 314 Arcola, IL 61910</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer JSH Company</p> <p>Occupation Owner/President</p>	<p>Date (month, day, year) 12/30/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

4,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

<p>A. Full Name, Mailing Address and Zip Code Dave Krisman 1218 County Road 2350 E Saint Joseph, IL 61873</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Bradner, Smith & Co.</p> <p>Occupation Salesman</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 12/07/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Dave Kuhl 101 Greencroft Drive Champaign, IL 61821-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Bussey Bank</p> <p>Occupation Banker</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 12/22/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Ira Levenson 307 West Indiana Urbana, IL 61801</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Provena Covenant</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 12/24/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code William Libman 818 Dodds Drive Champaign, IL 61820-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Libman Properties</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 12/06/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Gary Maher 2400 East Devon Avenue Des Plaines, IL 60018</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Cable Television & Communicati</p> <p>Occupation Company president</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 12/17/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code John Maloney 135 West Main Street Urbana, IL 61801</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Maloney & Davis</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 10/28/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Stuart Meacham 2814 Robeson Park Dr Champaign, IL 61821-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Cozad Asset Management</p> <p>Occupation Manager</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 11/30/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

3,250.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
August C. Meyer, Jr. 1408 S. Prospect Avenue Champaign, IL 61820-	Mid-West Television, Inc. Occupation	10/28/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		1,000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doug Mills 201 West Main Urbana, IL 61803	First Busey Corporation Occupation Company president	12/17/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Marmont 101 Iris Drive Auburn, IL 62615	Self-employed Occupation Attorney	12/06/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		250.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Mark Neuman 2507 Cherry Hills Drive Champaign, IL 61822	LTD PAC Occupation Governmental affairs	12/24/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		1,000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Nord 16 Country Club Bloomington, IL 61701	Occupation Physician	12/24/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Ohnstad 2607 East Main Street Urbana, IL 61802	Riley Homes Occupation Company president	12/06/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		1,000.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilbur Pflum 134 East Van Allen Tuscola, IL 61953	Occupation Retired	12/31/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		500.00

SUBTOTAL of Receipts This Page (optional)	5,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Prickett 513 East G. H. Baker Drive Urbana, IL 61801	Self-employed Occupation Consultant	12/06/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
David Rice 90 Box 476 Tuscola, IL 61953-	Tuscola Professional Occupation Owner	12/30/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
Roger Roberson 1112 Country Lane Champaign, IL 61821	Roberson Enterprises Occupation Company president	12/14/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
Kyle Robeson 1501 Interstate Drive Champaign, IL 61822-1066	Self-employed Occupation Realtor-developer	12/14/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
Sidney Rohrschreib R.R. 2, Box 259R Clinton, IL 61727	Self-employed Occupation Physician	12/29/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
Ted Rund P.O. Box 476 Tuscola, IL 61953	Retired Occupation Retired	12/30/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
George Savvas 212 West Springfield Avenue Champaign, IL 61820	Self-employed Occupation Physician	10/28/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		

SUBTOTAL of Receipts This Page (optional)

3,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EG Scharlau 502 West Windsor Road Champaign, IL 61820	Bussey Bank Occupation Banker	12/30/1999	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code Herbert Schildt 398 County Road 2500 North Mahomet, IL 61853	Name of Employer Self-employed Occupation Writer	Date (month, day, year) 10/28/1999	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code Ruth Shurts 507 West Green Urbana, IL 61801	Name of Employer Occupation Homemaker	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	300.00	
D. Full Name, Mailing Address and Zip Code Mark Stolkin 2409 N High Cross Road Urbana, IL 61802-9644	Name of Employer Rogers Chevrolet Occupation Automobile dealer	Date (month, day, year) 12/07/1999	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Art Tyler 1007 North Oakwood Mahomet, IL 61853	Name of Employer Occupation Retired	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
F. Full Name, Mailing Address and Zip Code Bob Venable 1912 Kenneth Street Urbana, IL 61802	Name of Employer Scantech Color Systems Occupation Owner	Date (month, day, year) 12/24/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code Dan Walsh 2067 County Road 1250 North Saint Joseph, IL 61873	Name of Employer Johnson, Frank, Frederick & Wa Occupation Attorney	Date (month, day, year) 10/28/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	3,800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedules for each category of the Detailed Summary Page

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)

<p>A. Full Name, Mailing Address and Zip Code Dan Walsh 2067 County Road 1250 North Saint Joseph, IL 61873</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Johnson, Frank, Frederick & Wa</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 12/07/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Jeff Wampler 1102 South Prospect Avenue Champaign, IL 61821</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Erwin, Martinkus & Cole</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 12/06/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Jeff Wandell 305 Duncan Road Champaign, IL 61821</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Prairie Gardens</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 12/30/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Reider Watson 1702 County Road 200 North Villa Grove, IL 61956</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-employed</p> <p>Occupation Farmer</p> <p>Aggregate Year-to-Date -> 400.00</p>	<p>Date (month, day, year) 11/17/1999</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>E. Full Name, Mailing Address and Zip Code Bob Watts 1009 W University Champaign, IL 61821</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Stripes Publishing</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 12/07/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Wayne Weber 1403 Waverly Drive Champaign, IL 61821</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Warden-Martin</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 12/29/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Chuck Wendling 437 County Road 2200 East Broadlands, IL 61816</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer T.K. Wendl's</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 11/24/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>4,150.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Penny Wendling 437 County Road 2200 East Broadlands, IL 61816	T.K. Wendl's Occupation Owner	11/24/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Murray Wise 1604D Lyndhurst Drive Savoy, IL 61874	Westchester Group Occupation Company president	11/30/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	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)	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)	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)	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)	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)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)

1,500.00

TOTAL This Period (last page this line number only)

36,150.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed summary page

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)

<p>A. Full Name, Mailing Address and Zip Code ATLA PAC 1050 31st Street, NW Washington, DC 20007-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/06/1999 5,000.00</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Attorneys Title Guaranty Fund PAC 2408 Windsor Place Champaign, IL 61826-9136</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/24/1999 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Duchossois Industries PAC 845 Larch Avenue Elmhurst, IL 60126</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/24/1999 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Citizens for Steigmann P.O. Box 1033 Urbana, IL 61803-1033</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/24/1999 750.00</p>	<p>Amount of Each Receipt this Period 750.00</p>
<p>E. Full Name, Mailing Address and Zip Code The Limited PAC Two Limited Parkway Columbus, OH 43230-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/24/1999 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Citizens for Frank Watson P.O. Box 504 Greenville, IL 62246</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer State of Illinois Occupation Senator Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/30/1999 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

9,500.00

TOTAL This Period (last page this line number only)

8,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AdvanceNet Inc. 100 Trade Center Champaign, IL 61820-	Contractual Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/1999	159.00
Arcola Record Herald 118 S. Main Arcola, IL 61910-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/1999	20.00
B&B Publishing Co 500 Brown Blvd Sourbournais, IL 60914-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/23/1999	13.00
Baier Publishing PO Box 8 Cissna Park, IL 60924-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/1999	11.00
Bank Illinois 100 W. University Avenue Champaign, IL 61820-	Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/1999	13.76
Bank Illinois 100 W. University Avenue Champaign, IL 61820-	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/1999	9.60
Bank Illinois 100 W. University Avenue Champaign, IL 61820-	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/1999	4.06

SUBTOTAL of Disbursements This Page (optional)	230.42
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

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NAME OF COMMITTEE (In Full)			
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Best Buy 606 W. Anthony Dr. Champaign, IL 61820-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/1999	24.71
Biaggi's Restaurant 2235 S. Neil Champaign, IL 61820-	Fund-raising Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/02/1999	357.67
Matt Bisbee 639 St. Andrews Circle Rantoul, IL 61866-	Services/Press Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/1999	1,364.52
Bloomington Normal 903 N. Linden Normal, IL 61761-	Parade Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/1999	15.00
Bloomington Twin City Community News 202 N. Center Bloomington, IL 61701-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/1999	20.00
Bo Bouck 1768 Co. Rd. 1650 N. Urbana, IL 61802-	Reimbursement/Mailing Costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/1999	400.00
Bo Bouck 1768 Co. Rd. 1650 N. Urbana, IL 61802-	Reimbursement/Mailing Costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/1999	150.00

SUBTOTAL of Disbursements This Page (optional)	2,331.90
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brachs 811 South Hamilton Sullivan, IL 61951-	Parade Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/1999	303.00
Clinton Daily Journal Rt 54 West Clinton, IL 61727-	subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/1999	50.75
County Star 101 E. Hugdon Tolono, IL 61880-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/1999	10.00
Daily Journal 8 Dearborn Square Kankakee, IL 60901-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/1999	47.00
Daily Leader 318 N Main Pontiac, IL 61764-	subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/1999	70.00
Danville Commercial News 17W. North Danville, IL 61832-	subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/1999	104.25
Delavan Times 314 Locust Delavan, IL 61734-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/1999	18.00

SUBTOTAL of Disbursements This Page (optional)	603.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Department of Regulations 320 W. Washington Springfield, IL 62786-	Contractual Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/30/1999	218.07
Design Line 1462 S. University Urbana, IL 61802-	Signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	360.00
F & H Publisher P.O. Box 305 Belmond, IA 50621-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/11/1999	225.90
Farmer City Journal 231 S. Main Farmer City, IL 61842-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/04/1999	13.50
Federal Express 2001 Federal Way Urbana, IL 61801-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/23/1999	13.00
Fisher Reporter 118 S. Third Fisher, IL 61843-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	8.00
Ford County Press P. O. Box 195 Melvin, IL 60952-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	8.00

SUBTOTAL of Disbursements This Page (optional)	844.37
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gilman Star P.O. Box 7 Gilman, IL 60938-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	11.04
Brad Graven 2648 Village Green Aurora, IL 60504-	Services/Field Director Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/02/1999	250.00
Brad Graven 2648 Village Green Aurora, IL 60504-	Services/Field Director Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/09/1999	1,500.00
Brad Graven 2648 Village Green Aurora, IL 60504-	Reimbursement/Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/21/1999	49.39
Brad Graven 2648 Village Green Aurora, IL 60504-	Services/Field Director Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/30/1999	653.61
Herscher Pilot 100 S. Main Herscher, IL 60941-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	15.00
Heyworth Star 105 S. Buchanan Heyworth, IL 61745-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	10.00

SUBTOTAL of Disbursements This Page (optional)	2,489.04
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be valid 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)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Illinois Power P.O. Box 511 Decatur, IL 62525-	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/1999	128.04
Independent News 302 Mill Street Suite 101 Georgetown, IL 61846-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/1999	10.00
Kevin Johnson 3608 State Route 9 Rankin, IL 60960-	Services/Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/1999	591.10
Kinkos 505 S. Mattis Champaign, IL 61821-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/1999	325.26
Kinkos 505 S. Mattis Champaign, IL 61821-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/02/1999	65.36
Kinkos 505 S. Mattis Champaign, IL 61821-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/02/1999	11.67
Kinkos 505 S. Mattis Champaign, IL 61821-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/1999	64.98

SUBTOTAL of Disbursements This Page (optional)	1,196.41
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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 contributor.

NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Manteno News P.O. Box 429 Peotone, IL 60468-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/1999	22.00
McLeod USA 2302 Fox Dr Champaign, IL 61820-	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/1999	1,015.00
McLeod USA 2302 Fox Dr Champaign, IL 61820-	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/1999	293.53
Menards 620 West Town Center Blvd Champaign, IL 61820-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/1999	37.02
Milford Herald News 18 Axel Milford, IL 60953-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/1999	13.50
Jeanne Murray 905 Sunnycrest Drive Urbana, IL 61801-	Services/Administration Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/1999	1,000.00
Jeanne Murray 905 Sunnycrest Drive Urbana, IL 61801-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/02/1999	187.95

SUBTOTAL of Disbursements This Page (optional)	2,569.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)			
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeanne Murray 905 Sunnycrest Drive Urbana, IL 61801-	Services/Administration Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/02/1999	800.00
Jeanne Murray 905 Sunnycrest Drive Urbana, IL 61801-	Services/Administration Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/02/1999	800.00
Jeanne Murray 905 Sunnycrest Drive Urbana, IL 61801-	Office Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/1999	232.21
Jeanne Murray 905 Sunnycrest Drive Urbana, IL 61801-	Services/Administration Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/1999	1,277.40
Steve Murray 905 Sunnycrest Drive Urbana, IL 61801-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/1999	59.70
News Gazette 15 Main Street Champaign, IL 61820-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/1999	40.95
Paris Beacon News 218 N. Main Paris, IL 61944-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/1999	36.00

SUBTOTAL of Disbursements This Page (optional)	3,240.26
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BEQ Printing 1802 N Lincoln Urbana, IL 61801-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/1999	546.00
Piatt County Journal 118 E. Washington Monticello, IL 61856-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/1999	14.10
Premier Technologies P.O.Box 14064 Newark, NJ 07198-0024	Fax Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/1999	42.88
Premier Technologies P.O.Box 14064 Newark, NJ 07198-0024	Fax Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/1999	74.23
Progress Reporter 110 W. River Mokenca, IL 60954-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/1999	7.50
Quill Corporation P.O. Box 94081 Palatine, IL 60094-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/1999	49.36
Quill Corporation P.O. Box 94381 Palatine, IL 60094-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/1999	72.98

SUBTOTAL of Disbursements This Page (optional)	807.05
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

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rantoul Press 1332 E. Harmon Rantoul, IL 61866-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	15.70
Sidell Reporter P.O. Box 475 Sidell, IL 61876-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	10.50
Star Newspaper 204 E. Chippewa Dwight, IL 60420-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/04/1999	14.00
Richard Steigmann 2410 Nottigham Court North Champaign, IL 61821-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/23/1999	53.75
Charles Stephens 2609 Galen Drive Champaign, IL 61821-	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/19/1999	2,200.00
The Blade 125 W. Locust Fairbury, IL 61739-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	17.00
The Pantagraph 301 W. Washington Bloomington, IL 61701-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	92.75

SUBTOTAL of Disbursements This Page (optional)

2,403.70

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 11 OF 12
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Times Spirit P.O. Box 250 Watseka, IL 60970-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/1999	57.50
Twin City Publishing 308 E. Main Hoopeston, IL 60942-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/1999	22.50
U.S. Postmaster 2001 N. Mattis Champaign, IL 61821-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/1999	400.00
U.S. Postmaster 2001 N. Mattis Champaign, IL 61821-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/1999	178.61
U.S. Postmaster 2001 N. Mattis Champaign, IL 61821-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/05/1999	50.00
U.S. Postmaster 2001 N. Mattis Champaign, IL 61821-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/02/1999	77.97
U.S. Postmaster 2001 N. Mattis Champaign, IL 61821-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/06/1999	91.42

SUBTOTAL of Disbursements This Page (optional)

878.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster 2001 N. Mattis Champaign, IL 61921-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/1999	50.77
Wilson Grand 429 N. Street Asaph Alexandria, VA 22314-	Consulting Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/09/1999	2,500.00
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SUBTOTAL of Disbursements This Page (optional)	2,550.77
TOTAL This Period (last page this line number only)	20,143.92

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 9/29/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
CR PREPARER	9/29/00 DATE PREPARED