

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)

ADDRESS (number and street) Check if different than previously reported.

CITY, STATE and ZIP CODE STATE/DISTRICT

2. FEC IDENTIFICATION NUMBER

3. IS THIS REPORT AN AMENDMENT?

YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report Twelfth day report preceding Primary
(Type of Election)
election on 03/21/2000 in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report Thirtieth day report following the General Election on _____
in the State of _____
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

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

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>01/01/2000</u> through <u>03/01/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	119,786.00	119,786.00
(b) Total Contribution Refunds (From Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	119,786.00	119,786.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	252,113.16	252,113.16
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	252,113.16	252,113.16
8. Cash on Hand at Close of Reporting Period (from Line 27)	56,983.92	
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)	150,000.00	

For further information:
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

Signature of Treasurer *James P. Bray*

Date 4/28/2000

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: 01/01/2000	To: 03/01/2000
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)	83,329.00	
(ii) Unitemized	14,957.00	
(iii) Total of contributions from individual	98,286.00	98,286.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	21,500.00	21,500.00
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i-iii), (b), (c) and (d))	119,786.00	119,786.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate	150,000.00	150,000.00
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))	150,000.00	150,000.00
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)	259,786.00	259,786.00
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	252,113.16	252,113.16
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)	252,113.16	252,113.16
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		39,311.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		269,786.00
25. SUBTOTAL (add Line 23 and Line 24)		309,097.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		252,113.16
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		56,983.92

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for each category of the Detailed 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
Tony Ackerman 713 Phoenix Champaign, IL 61820	Insurance Risk Management Occupation: Agent	02/07/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Adams 21 Saint Andrews Mattoon, IL 61938	Howell Asphalt Occupation: Road Contractor	02/28/2000	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
Del Angelo 2103 Crossgate Court Champaign, IL 61821	Reata, Inc. Occupation: Secretary/Treasurer	02/07/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Armstrong 703 La Sell Drive Champaign, IL 61820	Northwestern Mutual Occupation: Agent	02/07/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Bailey 1 Country Lane Mattoon, IL 61938	Howell Asphalt Occupation: Road Contractor	02/26/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Barrett 12500 South 91st Avenue Palos Park, IL 60464	Bowman, Barrett & Associates Occupation:	01/24/2000	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Berns 109 Whitehall Court Urbana, IL 61801	Berns & Clancy Occupation: Engineer	01/31/2000	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)	3,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed 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
Richard Bolen 4000 Clubhouse Drive Champaign, IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Northwestern Corp. Occupation Mechanical Engineer	02/22/2000	400.00
Aggregate Year-to-Date ->		400.00	
B. Full Name, Mailing Address and Zip Code Walter Bollinger 2018 Berkshire Place Wheaton, IL 60187 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Unistat Occupation	01/24/2000	1,000.00
Aggregate Year-to-Date ->		1,000.00	
C. Full Name, Mailing Address and Zip Code Louis Bowman 851 Bell Lane Winnetka, IL 60093 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Bowman, Barrett & Associates Occupation	01/24/2000	500.00
Aggregate Year-to-Date ->		500.00	
D. Full Name, Mailing Address and Zip Code James Bruner 202 Carobeth Drive Jacksonville, IL 62650 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Illinois Valley Paving Co. Occupation Road Contractor	02/14/2000	1,000.00
Aggregate Year-to-Date ->		1,000.00	
E. Full Name, Mailing Address and Zip Code Robert Brunner 4001 East Washington Urbana, IL 61802 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Retired Occupation Retired	02/07/2000	500.00
Aggregate Year-to-Date ->		500.00	
F. 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)	Self Occupation Attorney	02/07/2000	250.00
Aggregate Year-to-Date ->		250.00	
G. Full Name, Mailing Address and Zip Code Tom Bryan 300 Indian Hills Rantoul, IL 61856 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Bank of Rantoul Occupation President	02/22/2000	250.00
Aggregate Year-to-Date ->		250.00	

SUBTOTAL of Receipts This Page (optional)

3,900.00

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
Laurence Buchman 2044 Greensboro Wheaton, IL 60187 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Teng & Associates Occupation Manager of Construction Aggregate Year-to-Date ->	01/24/2000 1,000.00	1,000.00
B. Full Name, Mailing Address and Zip Code Luke Burchard 1205 Oak Creek Road Mahomet, 61853 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Christie Clinic Occupation Physician Aggregate Year-to-Date ->	02/07/2000 250.00	250.00
C. Full Name, Mailing Address and Zip Code Richard Burwash 401 Burwash Avenue Apt. 317 Savoy, IL 61874- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Self-employed Occupation Farmer Aggregate Year-to-Date ->	02/07/2000 249.00	249.00
D. Full Name, Mailing Address and Zip Code Mary Capel 8 Greencroft Drive Champaign, IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Retired Aggregate Year-to-Date ->	02/09/2000 500.00	500.00
E. Full Name, Mailing Address and Zip Code Bill Cellini 2166 Wiggins Avenue Springfield, IL 62764 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	William F. Cellini Occupation Owner Aggregate Year-to-Date ->	02/14/2000 1,000.00	1,000.00
F. Full Name, Mailing Address and Zip Code Louis Cesario 334 Clare Drive Bloomington, IL 60108 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Judge & Dolph Occupation Vice President Aggregate Year-to-Date ->	01/24/2000 1,000.00	1,000.00
G. Full Name, Mailing Address and Zip Code Jane Chiappinelli 1511 Devonshire Court Champaign, 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Self-employed Occupation Dentist Aggregate Year-to-Date ->	02/07/2000 250.00	250.00

SUBTOTAL of Receipts This Page (optional)	4,249.00
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
Guy Chigparoni 1016 Sheridan Road Wilmette, IL 60091 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Kemper Leasnick Communications Occupation: President/Public Affairs	01/24/2000	1,000.00
Aggregate Year-to-Date ->		1,000.00	
B. Full Name, Mailing Address and Zip Code Erhard Chorle 1427 West Lill Chicago, IL 60614 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer: Shefsy & Frolich Occupation: Attorney	Date (month, day, year): 01/24/2000	Amount of Each Receipt this Period: 250.00
Aggregate Year-to-Date ->		250.00	
C. Full Name, Mailing Address and Zip Code Dean Clausen 4007 Riverknoll Drive Champaign, IL 61822-9245 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer: BankChampaign Occupation: Banker	Date (month, day, year): 01/31/2000	Amount of Each Receipt this Period: 250.00
Aggregate Year-to-Date ->		250.00	
D. Full Name, Mailing Address and Zip Code Lynn Coe 368 Bateman Road Barrington, IL 60010 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation: Attorney	Date (month, day, year): 01/24/2000	Amount of Each Receipt this Period: 300.00
Aggregate Year-to-Date ->		300.00	
E. Full Name, Mailing Address and Zip Code Duane Cole 2903 Crestridge Drive Champaign, IL 61822 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer: Northern Illinois Water Co. Occupation: Management	Date (month, day, year): 02/07/2000	Amount of Each Receipt this Period: 250.00
Aggregate Year-to-Date ->		250.00	
F. Full Name, Mailing Address and Zip Code Gregory L. Coler 403 Park Avenue Tallahassee, FL 32301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer: Self-employed Occupation: Government Consultant	Date (month, day, year): 02/15/2000	Amount of Each Receipt this Period: 1,000.00
Aggregate Year-to-Date ->		1,000.00	
G. Full Name, Mailing Address and Zip Code Charles Collins 503 McGee Road Urbana, IL 61902 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer: Collins Oil Co. Occupation: Owner	Date (month, day, year): 01/31/2000	Amount of Each Receipt this Period: 500.00
Aggregate Year-to-Date ->		500.00	

SUBTOTAL of Receipts This Page (optional)	3,550.00
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 Thomas Conrardy 2834 West Catalpa Avenue Chicago, IL 60625 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) 01/24/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Aggregate Year-to-Date -> 1,000.00		
B. Full Name, Mailing Address and Zip Code L. Scott Cook 2314 County Road 1150 North Sidney, IL 61877 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Carle Clinic	Date (month, day, year) 02/28/2000	Amount of Each Receipt this Period 500.00
	Occupation Physician Aggregate Year-to-Date -> 500.00		
C. Full Name, Mailing Address and Zip Code John W. Corley 1200 North State Monticello, IL 61856 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer First State Bank	Date (month, day, year) 02/22/2000	Amount of Each Receipt this Period 250.00
	Occupation President Aggregate Year-to-Date -> 250.00		
D. Full Name, Mailing Address and Zip Code Kristie Cozad 2912 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 Administrative Assistant	Date (month, day, year) 02/07/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Aggregate Year-to-Date -> 1,000.00		
E. Full Name, Mailing Address and Zip Code Daniel Cramer 806 West Park Champaign, IL 61820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed	Date (month, day, year) 02/28/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Commercial Realtor Aggregate Year-to-Date -> 1,000.00		
F. Full Name, Mailing Address and Zip Code Kathleen Cramer 806 West Park Champaign, IL 61820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Carle Clinic	Date (month, day, year) 02/28/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Medical Technologist Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code Timothy Docter 312 Walnut Drive Collinsville, IL 62234 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Maclair Asphalt	Date (month, day, year) 02/14/2000	Amount of Each Receipt this Period 250.00
	Occupation Road Contractor Aggregate Year-to-Date -> 250.00		

SUBTOTAL of Receipts This Page (optional)	5,000.00
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
Van Dukeman 2 Greencroft Drive Champaign, IL 61821	Bank Illinois Occupation: Banker	02/07/2000	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
Mitchell Edlund 1511 North Hudson, #3 South Chicago, IL 60610	Graft, Sciaccotta & Associates Occupation: Attorney	01/24/2000	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
A. Matthew Everette 2050 Blackthorn Drive Champaign, IL 61821	Orange & Blue Distributing Occupation: Controller	02/14/2000	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
Allen Everette 4008 Riverknoll Drive Champaign, IL 61821	Orange & Blue Distributing Occupation: Owner	02/14/2000	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
Patricia Everette 4008 Riverknoll Drive Champaign, IL 61822	Occupation: Homemaker	02/14/2000	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
Peter Fassas 1555 North Astor, 28W Chicago, IL 60610	North Community Bank Occupation: Banker	01/24/2000	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
Hugo Feugen 3513 Barton Farm Drive Ann Arbor, MI 48105-1073	Meyer Capel Occupation: Attorney	01/24/2000	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)

5,000.00

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 Hugo Peugen 3513 Barton Farm Drive Ann Arbor, MI 48105-1073 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Meyer Capel Occupation Attorney Aggregate Year-to-Date -> 500.00	Date (month, day, year) 02/07/2000	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Joseph Fisher 2006 Bentbrook Drive Champaign, IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Orange & Blue Distributing Occupation District Sales Manager Aggregate Year-to-Date -> 250.00	Date (month, day, year) 02/14/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code Pat Fitzgerald 1212 Waverly Drive Champaign, IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Meyer, Capel Occupation Attorney Aggregate Year-to-Date -> 250.00	Date (month, day, year) 01/24/2000	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and Zip Code Brenda Fletcher 496 West Andrew Road Springfield, IL 62707-4625 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 02/28/2000	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Shawn Foley 2109 Belmont Park Lane Champaign, IL 61822 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Orange & Blue Distributing Occupation Impact Account Manager Aggregate Year-to-Date -> 250.00	Date (month, day, year) 02/14/2000	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and Zip Code Clive Follmer 302 E Sherwin Circle Urbana, IL 61802 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date -> 250.00	Date (month, day, year) 02/14/2000	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and Zip Code Fred Foreman 311 South Wacker Drive Chicago, IL 60606-6677 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Freeborn-Peters Occupation Attorney Aggregate Year-to-Date -> 250.00	Date (month, day, year) 01/24/2000	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)	2,500.00
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
Kim Fox 1118 W Armory Champaign, IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fox Development Corporation Occupation: President	02/14/2000	500.00
Aggregate Year-to-Date ->		500.00	
Peter Fox 1118 West Armory Champaign, IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fox Development Occupation: Owner	02/09/2000	500.00
Aggregate Year-to-Date ->		500.00	
Peter Fox 1118 West Armory Champaign, IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fox Development Occupation: Owner	02/14/2000	250.00
Aggregate Year-to-Date ->		750.00	
Bob Frederick 129 West Main Street Urbana, IL 61801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Johnson, Frank, Frederick & Wa Occupation: Attorney	01/24/2000	500.00
Aggregate Year-to-Date ->		500.00	
Charles Gallagher 940 Huntley Wood Glenwood, IL 60425 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Gallagher Materials Occupation: Road Contractor	02/14/2000	325.00
Aggregate Year-to-Date ->		325.00	
Daniel Gallagher 1464 Olive Road Homewood, IL 60430 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Gallagher Materials Occupation: Road Contractor	02/14/2000	325.00
Aggregate Year-to-Date ->		325.00	
David Gallagher 181st Street and Indiana Avenue Thornton, IL 60476 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Gallagher Materials Occupation: Road Contractor	02/14/2000	350.00
Aggregate Year-to-Date ->		350.00	

SUBTOTAL of Receipts This Page (optional)	2,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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 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
Ann Gallivan 1110 South Prospect Champaign, IL 61820	Retired	02/28/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	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
Jim Gallivan 1110 South Prospect Avenue Champaign, IL 61820	Retired	02/28/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	1,000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Glennon 875 North Michigan, Suite 3718 Chicago, IL 60611	North American Capital Opportu Company president	01/24/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	1,000.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Goldstein 1014 W. ARROYO Champaign, IL 61821-	Self	02/07/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Goodkind 11328 West Monticello Place Westchester, IL 60154	Hopkins & Sutter Attorney	01/24/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	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
John Goodwine 2201 Valley Brook Drive PO Box 1673 Champaign, IL 61824-1673	State of Illinois Attorney	02/07/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Graff 177 Riverside Newport Beach, CA 92663	Self-employed Consultant	02/07/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	1,000.00

SUBTOTAL of Receipts This Page (optional)

5,750.00

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

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 collect 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
William Graft 1900 East Golf Road, Suite 500 Schaumburg, IL 60173 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Attorney	01/24/2000	1,000.00
Aggregate Year-to-Date ->		1,000.00	
B. Full Name, Mailing Address and Zip Code Fred Green 1806 Pleasant Street Urbana, IL 61801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Retired	02/14/2000	250.00
Aggregate Year-to-Date ->		250.00	
C. Full Name, Mailing Address and Zip Code Jim Green 2206 Byrnebruk Champaign, IL 61821 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Self-employed Attorney	02/07/2000	250.00
Aggregate Year-to-Date ->		250.00	
D. Full Name, Mailing Address and Zip Code Jim Green 2206 Byrnebruk Champaign, IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Self-employed Attorney	02/09/2000	100.00
Aggregate Year-to-Date ->		350.00	
E. Full Name, Mailing Address and Zip Code Doug Hager 107 South Sangamon Gibson City, IL 60936- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	N/A Retired	02/14/2000	250.00
Aggregate Year-to-Date ->		250.00	
F. Full Name, Mailing Address and Zip Code Harber Hall 2120 Anasconda Lane Encinitas, CA 92024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Retired	02/28/2000	250.00
Aggregate Year-to-Date ->		250.00	
G. Full Name, Mailing Address and Zip Code Steve Hartman 700 W Grand Saint Joseph, IL 61873 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	JSM Apartments Property Management	02/14/2000	500.00
Aggregate Year-to-Date ->		500.00	

SUBTOTAL of Receipts This Page (optional)	2,600.00
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
Charles Haskell 1313 North Ritchie Court, Apt. 2501 Chicago, IL 60610	Lettuce Entertain You Enterpri	02/15/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Sr. Executive Vice President		
	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig Hays 28 Greencroft Drive Champaign, IL 61821	C-U News Agency	01/31/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Hitchcock 3881 Central Avenue Western Springs, IL 60558	Requested Info	01/24/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Al Hofeld 30 North LaSalle Street, Suite 3120 Chicago, IL 60602	Hofeld & Schaffner	02/28/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney		
	Aggregate Year-to-Date ->	250.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Holleman 1524 Harrington Drive Champaign, IL 61821	Orange & Blue Distributing	02/14/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Compliance Manager		
	Aggregate Year-to-Date ->	250.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Taj Hyder 4913 N. Whipple Apt. 2 Chicago, IL 60635-	Requested Info	01/24/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	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
Francis Jahn 2208 Seaton Court Champaign, IL 61821	Meyer Capel	02/14/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney		
	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	3,250.00
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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Jankauskas 1318 North Belmont Arlington Heights, IL 60004	Unistat	01/24/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	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
Ann Johnson 1350 North Wells Street, Apt. A205 Chicago, IL 60610	Lettuce Entertain You Enterpri	02/07/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Johnson 91 North Royal Oaks Drive Bristol, IL 60512	Clark, Dietz & Co.	01/24/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Kavanaugh P.O. Box 551 Lawrenceville, IL 62439	Ambraw Asphalt	02/14/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	500.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S.M. Kazi 2045 Canterbury Place Wheaton, IL 60187	Delta Engineering	01/24/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	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
Shad Khan 1102 Wilshire Court Champaign, IL 61821	Flex N Gate Corp.	02/07/2000	750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	750.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phil Knox 115 North Broadway Urbana, IL 61801	Self-employed	02/09/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	1,000.00

SUBTOTAL of Receipts This Page (optional)	5,000.00
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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Krol 1200 Granville Park Ridge, IL 60068	Jeffrey W. Krol & Associates Occupation Accountant	01/24/2000	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
George Krug 13 Old Mill Lane Hinsdale, IL 60521-	K-Five Occupation Contractor	02/14/2000	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
Steven Lesnik 1122 Sunset Ridge Rd Winnetka, IL 60093-	Kemper & Lesnik Occupation Developer	01/24/2000	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
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry Lochner 573 Jackson Glencoe, IL 60022-	H.W. Lochner, Inc. Occupation CEO	01/24/2000	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
James Loukota 13020 Silver Fox Drive Lemont, IL 60439	Central Blacktop Occupation Road Contractor	02/14/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		500.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Greg Lykins 1400 Waverly Drive Champaign, IL 61821	BankIllinois Occupation Company president	02/07/2000	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.D. Lynch 339 East Mulberry Street Waukega, IL 60970	Iroquois Paving Occupation Road Contractor	02/14/2000	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

SUBTOTAL of Receipts This Page (optional)

5,500.00

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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lynn Martin 1129 Crystal Drive West Palm Beach, FL 33418-	Deloitte & Touche Occupation Management	01/24/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Mastores 1198 Pheasant Ridge Drive Lake Zurich, IL 60047	Requested Info Occupation	01/24/2000	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
Tom Maudlin 1302 East 500 North Road Cicero Park, IL 60924	Hoopston Cicero Park Veterina Occupation Veterinarian	02/07/2000	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
David McAlister 14705 Silverstone Dr. Silver Spring, MD 20905-	Requested Info Occupation	02/14/2000	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
Joseph McCoskey RR2 407 E. Washington Tolono, IL 61880-	Orange & Blue Distributing Occupation Operations Manager	02/14/2000	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Melman 20 Locust Road Winnetka, 60093	Lettuce Entertain You Enterpri Occupation Chairman	02/09/2000	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
Gary Kelvin R.R. 1, Box 226 Sullivan, IL 61951	Rural King Occupation CEO	02/09/2000	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	

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)

A. Full Name, Mailing Address and Zip Code Tom Mengler 3341 Stoneybrook Champaign, IL 61822 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer University of Illinois Occupation Professor Date (month, day, year) 02/28/2000 Aggregate Year-to-Date -> 250.00	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Carl Meyer 2211 Eagle Ridge Road Champaign, IL 61822 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Parkland College Occupation Foundation Director Date (month, day, year) 01/31/2000 Aggregate Year-to-Date -> 250.00	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code Eric Meyer 604 Pomona Drive Champaign, IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Property Management Date (month, day, year) 02/07/2000 Aggregate Year-to-Date -> 250.00	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and Zip Code Jim Montana 1938 North Maud Street Chicago, IL 60614 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Rudnick & Wolfe Occupation Attorney Date (month, day, year) 01/24/2000 Aggregate Year-to-Date -> 1,000.00	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code William Mulliken 4216 North Keeler Avenue Chicago, IL 60641-2271 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer ChemCentral Corporation Occupation Vice President & General Counse Date (month, day, year) 02/07/2000 Aggregate Year-to-Date -> 250.00	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and Zip Code Bernard Naber 724 North Mercer Street Decatur, IL 62522-1699 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Dunn Company Occupation President Date (month, day, year) 02/14/2000 Aggregate Year-to-Date -> 250.00	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and Zip Code Steven R. Nelson 700 Linnwood Drive Princeton, IL 61356 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Advanced Asphalt Occupation Road Contractor Date (month, day, year) 02/14/2000 Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	2,750.00
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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Victor Piemonte 28461 Menomni Court Wheaton, IL 60167	Judge & Dolph Occupation General Manager	01/24/2000	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
John Piland 1313 E Wildwood Lane Mahomet, IL 61853	Champaign County Occupation States Attorney	02/07/2000	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
Kip Pope P.O. Box 746 Champaign, IL 61824-0746	C & U Poster Advertising Co. Occupation Owner	02/07/2000	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	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Potts 5508 Arrowwood Lane Rolling Meadows, IL 60008	Ronan & Potts Occupation Consultant	01/24/2000	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
Roger Prillaman 507 South Highland Avenue Champaign, IL 61821	Self-employed Occupation Attorney	02/28/2000	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Puchalski 431 Prospect Avenue Elmhurst, IL 60126	Self-employed Occupation	01/24/2000	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
David Purgett 1803 Bentbrook Drive Champaign, IL 61822	Orange & Blue Distributing Occupation General Manager	02/14/2000	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)

5,000.00

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

PAGE 17 OF 21
FOR LINE NUMBER 11(a)(1)

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 Requested Info	Date (month, day, year)	Amount of Each Receipt this Period
Joe Regenhardt P.O. Box 1196 Cape Girardeau, MO 63702-1196		02/28/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	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
Frank Resnik 175 East Delaware Place Chicago, IL 60611		01/24/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	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
Gerald Rodden P.O. Box 48 Paxton, IL 60957	Self-employed	02/22/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	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
Kenneth Roessler 318 1/2 S. Tanner St. Bartol, IL 61866	Roessler Construction	01/31/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Al Ronan 1227 North William Street River Forest, IL 60305	Ronan Potts, L.L.C.	01/24/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	500.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Russo 6232 West 124th Street Palos Heights, IL 60463	Requested Info	01/24/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	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
Greg Ryan 2803 Slayback Urbana, 61802	Self-employed	02/07/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	250.00

SUBTOTAL of Receipts This Page (optional)

3,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from each Report and Statement 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 John Sciaccotta 1900 East Golf Road, Suite 600 Schaumburg, IL 60173	Name of Employer Self-employed	Date (month, day, year) 01/24/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Attorney	Aggregate Year-to-Date -> 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code J.L. Shoemaker 27344 W. 4th Street Road Centralia, IL 62801-5972	Name of Employer General Contractors	Date (month, day, year) 02/14/2000	Amount of Each Receipt this Period 750.00
	Occupation Road Contractor	Aggregate Year-to-Date -> 750.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and Zip Code David Sholem 1102 West Armory Champaign, IL 61821	Name of Employer Meyer, Capel	Date (month, day, year) 01/24/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Attorney	Aggregate Year-to-Date -> 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code Jill Sims 632 West 59th Street Hinsdale, IL 60521	Name of Employer Conner Communication	Date (month, day, year) 01/24/2000	Amount of Each Receipt this Period 500.00
	Occupation Manager of Front Office	Aggregate Year-to-Date -> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code Michael Socel 555 West Balden Chicago, IL 60614	Name of Employer	Date (month, day, year) 01/24/2000	Amount of Each Receipt this Period 500.00
	Occupation Physician	Aggregate Year-to-Date -> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code Nancie Stewart 1150 South Oak Park Avenue Oak Park, IL 60304	Name of Employer Board of Education, District 9	Date (month, day, year) 01/24/2000	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date -> 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code Stanley Stewart 1150 South Oak Park Avenue Oak Park, IL 60304	Name of Employer State of Illinois	Date (month, day, year) 01/24/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Attorney	Aggregate Year-to-Date -> 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	5,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed Summary Form

PAGE 19 OF 21
FOR LINE NUMBER 11(a)(1)

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
Ralph Stipes 3204 Sharon Champaign, IL 61821	Orange & Blue Distributing Occupation District Sales Manager	02/14/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Suits 225 Mary Alice Rantoul, IL 61866	Northern Illinois Water Co. Occupation Engineer	02/07/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Tatman 2802 East Slayback Urbana, IL 61802	Image 2000 Salon Occupation OWNER	02/07/2000	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	200.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Tatman 2802 East Slayback Urbana, IL 61802	Image 2000 Salon Occupation Owner	02/09/2000	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Tracy 2016 Bentbrook Dr. Champaign, IL 61821-9204	Champaign County Mental Health Occupation Administration	02/07/2000	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Tracy 2016 Bentbrook Dr. Champaign, IL 61821-9204	Champaign County Mental Health Occupation Administration	02/28/2000	30.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	280.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Tyrold 724 North Marc Street Decatur, IL 62522-1699	 Occupation Retired	02/14/2000	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)

1,530.00

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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Udstuen 20 North Michigan, Suite 700 Chicago, IL 60602 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Illinois State Medical Society Occupation Attorney	01/24/2000	1,000.00
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
Jim Upchurch 309 Wabash Avenue Mattoon, IL 61938 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Upchurch & Associates Occupation Civil Engineer	01/24/2000	1,000.00
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
Kenneth Wagoner 1 Wilshire Bloomington, IL 61704 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Rowe Construction Co. Occupation Road Contractor	02/14/2000	1,000.00
Aggregate Year-to-Date ->		1,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jane Walsh 2067 County Road 1250 North Saint Joseph, IL 61873-9715 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Homemaker	02/14/2000	500.00
Aggregate Year-to-Date ->		500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeff Wampler 1102 South Prospect Avenue Champaign, IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Erwin, Martinkus & Cole Occupation Attorney	02/28/2000	250.00
Aggregate Year-to-Date ->		250.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Wattel 905 Shabona Lane Wilmette, IL 60091-1226 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Lettuce Entertain You Enterpri Occupation Executive Vice President	02/14/2000	250.00
Aggregate Year-to-Date ->		250.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick West 306 West Church Champaign, IL 61820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Meyer, Capel Occupation Attorney	01/24/2000	500.00
Aggregate Year-to-Date ->		500.00	

SUBTOTAL of Receipts This Page (optional)

4,500.00

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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter Williams 1930 Maynard Drive Champaign, IL 61821	Allied Title Services	02/15/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Executive		
	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Rockwell Wirtz 680 N Lake Shore Dr. Ste 1900 Chicago, IL 60611-	Wirtz Corporation	01/24/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Executive VP		
	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
Roger Yarbrough 1105 Devonshire Drive Champaign, IL 61821		02/14/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired		
	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Zalaz 101 W. University Champaign, IL 61820-	Christie Clinic	02/15/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Physician		
	Aggregate Year-to-Date ->	250.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joel Zimberoff 4006 Miller Drive Glenview, IL 60025	Lettuce Entertain You Enterpri	02/09/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Manager, Security & Valet		
	Aggregate Year-to-Date ->	250.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	2,750.00
TOTAL This Period (last page this line number only)	83,329.00

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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Medical Association PAC 1161 Vermont Avenue, NW Washington, DC 20005-		02/14/2000	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	5,000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Citizens for Bill Black P.O. Box 242 Danville, IL 61832	State of Illinois	02/07/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	1,000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Burson-Marsteller PAC 1801 K Street, Suite 901L Washington, DC 20006		01/24/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Community Bankers Association of IL PAC 931 Community Drive Springfield, IL 62703		02/28/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Lee Daniels P.O. Box 33 Elmhurst, IL 60126	State of Illinois	02/07/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	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
Duchossois Industries PAC 845 Larch Avenue Elmhurst, IL 60126		02/09/2000	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	2,000.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Duchossois Industries PAC 845 Larch Avenue Elmhurst, IL 60126		02/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	3,000.00

SUBTOTAL of Receipts This Page (optional)

10,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed 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
I.a.m.b. Fed Pac 350 W. 22nd St. Lombard, IL 60148-		02/07/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Illinois Evening Republicans 10839 Sugar Creek Lane Glenview, IL 62536-		02/28/2000	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		200.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Illinois Power PAC 500 South 27th Street Decatur, IL 62525-		02/07/2000	150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		150.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Citizens for Dave Madigan 3253 Greenwood Dewey, IL 61840-	State of Illinois	02/28/2000	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		50.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NBA PAC 1201 16th Street, N.W., Suite 421 Washington, DC 20036-		02/28/2000	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		5,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Beer Wholesalers Assn PAC 1100 South Washington Street Alexandria, VA 22314-4494		02/14/2000	2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		2,500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Term Limits America PAC Rt. 2, Box 431 Scottsville, VA 24590		02/15/2000	2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		2,500.00

SUBTOTAL of Receipts This Page (optional)

10,650.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the detailed Summary Page

PAGE 3 OF 3
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code Committee to Elect Frank Young 34 Country Club Drive Danville, IL 61832 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date ->	Date (month, day, year) 02/14/2000 Aggregate Year-to-Date ->	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	100.00
TOTAL This Period (last page this line number only)	21,500.00

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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bark Illinois 100 W. University Avenue Champaign, IL 61820-		02/18/2000	50,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	50,000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Busey Bank 201 W. Main Urbana, IL 61801-		01/24/2000	100,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	100,000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	

SUBTOTAL of Receipts This Page (optional)	150,000.00
TOTAL This Period (last page this line number only)	150,000.00

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 campaign 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)	01/21/2000	42.00
Arthur-Graphic Clarion 113 E. Illinois PO Box 19	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/06/2000	22.00
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)	01/27/2000	15.00
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)	02/07/2000	15.00
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)	02/11/2000	15.00
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)	02/22/2000	15.00
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)	02/28/2000	15.00

SUBTOTAL of Disbursements This Page (optional)	139.00
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 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
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):	01/18/2000	775.48
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):	01/31/2000	775.48
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):	02/14/2000	775.48
C&D Poster 704 N. Neil Street Champaign, IL 61820-	advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/10/2000	3,046.00
Cellular One 217 S. Neil Street Champaign, IL 61820-	telephones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/10/2000	835.12
Central Waste Service PO Box 3069 Champaign, IL 61826-	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/10/2000	23.22
Central Waste Service PO Box 3069 Champaign, IL 61826-	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/10/2000	20.00

SUBTOTAL of Disbursements This Page (optional)

6,250.78

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
Chrisman Leader PO Box 87 Chrisman, IL 61924-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/06/2000	15.00
County Market 1819 S. Philo Rd. Urbana, IL 61801-	Groceries Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/06/2000	24.31
County Market 1819 S. Philo Rd. Urbana, IL 61801-	Groceries Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/16/2000	24.71
County Market 1819 S. Philo Rd. Urbana, IL 61801-	Fundraising Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/13/2000	10.32
Danville Area Chamber 28 W. North Danville, IL 61832-	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/10/2000	16.00
Dreamscape Design 1 Henson Place Champaign, IL 61820-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/28/2000	3,074.45
Federal Express 2001 Federal Way Urbana, IL 61801-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/05/2000	11.00

SUBTOTAL of Disbursements This Page (optional)	3,175.79
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
Federal Express 2001 Federal Way Urbana, IL 61801-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/11/2000	11.00
Federal Express 2001 Federal Way Urbana, IL 61801-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/01/2000	16.17
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)	01/18/2000	1,101.15
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)	01/31/2000	1,101.15
Brad Graven 2648 Village Green Aurora, IL 60504-	Reimbursement/Travel Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/07/2000	551.71
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)	02/14/2000	1,101.15
Brad Graven 2648 Village Green Aurora, IL 60504-	Reimbursement/Travel Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/2000	335.50

SUBTOTAL of Disbursements This Page (optional)	4,217.83
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

(See 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
Brad Graven 2648 Village Green Aurora, IL 60504-	Reimbursement/Travel Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/28/2000	471.72
GTE 2103 N Veterans Parkway Bloomington, IL 61704-	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/2000	530.39
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)	01/21/2000	149.01
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)	02/23/2000	175.67
Interstate Graphics 7817 Burden Road Rockford, IL 61105-	Signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/2000	3,346.88
Jack Johnson 642 N Sangamon Gibson City, IL 60936-	Reimbursement/Signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/14/2000	1,500.00
Jack Johnson 642 N Sangamon Gibson City, IL 60936-	Reimbursement, Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/28/2000	1,000.00

SUBTOTAL of Disbursements This Page (optional)	7,173.67
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 6 OF 15
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement Services/Assistant	Date (month, day, year)	Amount of Each Disbursement This Period
Kevin Johnson 3608 State Route 9 Rankin, IL 60960-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/18/2000	591.11
Kevin Johnson 3608 State Route 9 Rankin, IL 60960-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/31/2000	591.10
Kevin Johnson 3608 State Route 9 Rankin, IL 60960-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/14/2000	591.10
Kinkos 505 S. Mattis Champaign, IL 61821-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/2000	1,110.16
Pam Kinsey melange enterprises 500 N Dearborn suite 700 Chicago, IL 60610-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/2000	4,257.75
Leroy Journal 119 E Center Le Roy, IL 61752-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/19/2000	100.00
Leroy Journal 119 E Center Le Roy, IL 61752-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	461.00

SUBTOTAL of Disbursements This Page (optional)	7,722.22
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 7 OF 15
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
Livingston Co. Republican Central Commit 1318 S. Mill Pontiac, IL 61764-	Event Tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/2000	100.00
Mahomet Citizen 427 E. Main Mahomet, IL 61853-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/01/2000	128.00
McLean County Chambe 210 E. East Bloomington, IL 61701-	Ticket Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/19/2000	15.00
McLeod USA 2302 Fox Dr Champaign, IL 61820-	telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/2000	681.24
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)	01/16/2000	5.72
Manner Home Service 1037 County Road 2200E Sidney, IL 61877-	Signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	1,600.00
Kathy Michael 110 Diane Lane PO Box 184 Lexington, IL 61753-	Reimbursement/cell phone, travel ex Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/2000	640.48

SUBTOTAL of Disbursements This Page (optional)	3,170.44
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
Michaels Catering 720 S. Neil Street Champaign, IL 61820-	Fund-raising expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/2000	2,793.61
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)	01/18/2000	775.48
Jeanne Murray 905 Sunnycrest Drive Urbana, IL 61801-	Reimbursement/Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/21/2000	105.21
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)	01/31/2000	775.48
Jeanne Murray 905 Sunnycrest Drive Urbana, IL 61801-	Reimbursement/Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/2000	132.31
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)	02/14/2000	775.48
Helen Myers 2305 E. Vermont Urbana, IL 61802-	Services/Musician Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/07/2000	75.00

SUBTOTAL of Disbursements This Page (optional)	5,432.77
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
Paris Area Chamber of Commerce 105 N Central Paris, IL 61944-	event reservations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/25/2000	50.00
PDQ Printing 1802 N Lincoln Urbana, IL 61801-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/12/2000	498.07
Personal Service 1129 S. Grand East PO Box 4586 Springfield, IL 62708-	signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/10/2000	14,931.63
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):	01/14/2000	181.12
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):	02/23/2000	157.67
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):	01/12/2000	671.60
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):	01/21/2000	191.59

SUBTOTAL of Disbursements This Page (optional)	16,681.63
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
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)	01/22/2000	119.82
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)	02/10/2000	150.02
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)	02/26/2000	569.53
Record Press Inc 6980 S. St. Rt. 1 Saint Anne, IL 60964-	Newspaper Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/01/2000	18.00
Charles Stephens 2609 Galen Drive Champaign, IL 61821-	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/03/2000	1,200.00
Charles Stephens 2609 Galen Drive Champaign, IL 61821-	rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/14/2000	300.00
Charles Stephens 2609 Galen Drive Champaign, IL 61821-	rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/2000	400.00

SUBTOTAL of Disbursements This Page (optional)

3,257.37

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
Charles Stephens 2609 Galer Drive Champaign, IL 61821-	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/24/2000	400.00
Taylor Publications 239 E. Court St. Kankakee, IL 60901-	advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/26/2000	425.00
Tel Opinion 19 North Sixth Street Warrenton, VA 20186-	Polling Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/14/2000	2,750.00
Tel Opinion 19 North sixth Street Warrenton, VA 20186-	Polling Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/2000	2,750.00
The Leader 115 East Ave. Ogden, IL 61859-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/2000	55.60
Trophy Time 223 S. Locust Champaign, IL 61820-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/17/2000	6.75
Tuscola Review 115 W Sale Tuscola, IL 61953-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/21/2000	12.50

SUBTOTAL of Disbursements This Page (optional)	6,399.85
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 61821-	bulk mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/03/2000	43.44
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)	01/12/2000	300.00
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)	01/14/2000	82.50
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)	01/21/2000	54.77
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)	01/24/2000	28.49
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)	01/31/2000	99.00
U.S. Postmaster 2001 N. Mattis Champaign, IL 61831-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/02/2000	245.06

SUBTOTAL of Disbursements This Page (optional)	853.26
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
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)	02/08/2000	179.99
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)	02/09/2000	1,000.00
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)	02/19/2000	1,000.00
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)	02/19/2000	229.39
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)	02/19/2000	1,636.49
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)	02/19/2000	306.87
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)	02/19/2000	99.32

SUBTOTAL of Disbursements This Page (optional)

4,452.06

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
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)	02/24/2000	1,046.57
U.S. Postmaster 2431 N. Mattis Champaign, IL 61821-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	99.00
WalMart 913 W. Marketview Champaign, IL 61822-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	39.42
L. F. Welch 2201 Vawter Urbana, IL 61801	Reimbursement/Travel Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/01/2000	105.45
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)	01/24/2000	46,894.00
Wilson Grand 429 N. Street Asaph Alexandria, VA 22314-	Television Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/27/2000	30,000.00
Wilson Grand 429 N. Street Asaph Alexandria, VA 22314-	Television Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/07/2000	30,000.00

SUBTOTAL of Disbursements This Page (optional)	108,136.44
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
Wilson Grand 429 N. Street Asaph Alexandria, VA 22314-	Television Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/11/2000	25,000.00
Wilson Grand 429 N. Street Asaph Alexandria, VA 22314-	Television Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/19/2000	25,000.00
Wilson Grand 429 N. Street Asaph Alexandria, VA 22314-	Television Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/28/2000	25,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	75,000.00
TOTAL This Period (last page this line number only)	252,113.16

SCHEDULE C

LOANS

NAME OF COMMITTEE (In Full)				
A. Full Name, Mailing Address and ZIP Code of Loan Source Bank Illinois 100 W. University Avenue Champaign, IL 61820- Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Original Amount of Loan 50,000.00	Cumulative Payment to Date	Balance Outstanding at Close of this Period 50,000.00
Terms: Date Incurred <u>02/18/2000</u> Date Due <u>02/01/2001</u> Interest Rate <u>8.50</u> % apr: Secured <u>YES</u>				
List All Endorsers or Guarantors (if any) to Item A				
Full Name, Mailing Address and Zip Code Timothy V. Johnson 2151 County Road 1100 N Sidney, IL 61877-		Name of Employer Occupation Amount Guaranteed Outstanding: \$50,000,000	[Hatched Area]	
Full Name, Mailing Address and Zip Code Timothy V. Johnson 2151 County Road 1100 N Sidney, IL 61877-		Name of Employer Occupation Amount Guaranteed Outstanding: \$50,000,000		

SUBTOTAL This Period This Page (optional)	50,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE C

LOANS

NAME OF COMMITTEE (In Full)			
A. Full Name, Mailing Address and ZIP Code of Loan Source Busey Bank 201 W. Main Urbana, IL 61801-	Original Amount of Loan 100,000.00	Cumulative Payment to Date	Balance Outstanding at Close of This Period 100,000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Term: Date Incurred <u>01/24/2000</u> date due <u>12/10/2000</u> interest rate <u>8.50</u> % (apx) secured <u>YES</u>			
List All Endorsees or Sureties (if any) to Item A			
Full Name, Mailing Address and Zip Code Timothy V. Johnson 2151 County Road 1100 N Sidney, IL 61877-	Name of Employer Occupation Amount Guaranteed Outstanding: \$100.00000		
Full Name, Mailing Address and Zip Code Timothy V. Johnson 2151 County Road 1100 N Sidney, IL 61877-	Name of Employer Occupation Amount Guaranteed Outstanding: \$100.00000		

SUBTOTAL This Period This Page (optional)	100,000.00
TOTAL This Period (last page this line number only)	150,000.00

DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
* Full Name, Mailing Address and Zip Code Dennis Graff 177 Riverside Newport Beach, CA 92663		10,869.65		10,869.65
Nature of Debt (Purpose) Fund-raising Expenses				
* Full Name, Mailing Address and Zip Code Kinkos 505 S. Mattis Champaign, IL 61821-		6,947.88		6,947.88
Nature of Debt (Purpose) Printing				
* Full Name, Mailing Address and Zip Code Wirthlin Worldwide 1363 Beverly Road Mc Lean, VA 22101-		5,500.00		5,500.00
Nature of Debt (Purpose) Polling				
* Full Name, Mailing Address and Zip Code Dreamscape Design 1 Henson Place Champaign, IL 61820-		17,876.71		17,876.71
Nature of Debt (Purpose) Printing, Layout				

1) SUBTOTAL This Period This Page (optional)	
2) TOTAL This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS (from Schedule C (last page only))	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Full Name, Mailing Address and Zip Code Strategic Marketing 2602 1/2 N Mattis Avenue Champaign, IL 61822-		6,861.19		6,861.19
Nature of Debt (Purpose) Mailing Service				
Full Name, Mailing Address and Zip Code Busey Bank 201 W. Main Urbana, IL 61801-		1,657.50		1,657.50
Nature of Debt (Purpose) Interest				

1) SUBTOTAL This period This page optional:	
2) TOTAL This period (last page this line number only)	49,712.93
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	240,000.00
4) ADD 2) and 3) add carry forward to appropriate line of Summary Page (last page only)	289,712.93

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