REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
A BROTHD AIMED TOWARD EDUCATION OF IL
FED ELEC DEVICE FOR POLITICALLY ACTIVE MOTORCYCLIST

ADDRESS (number and street) [X] Check if different than previously reported
2403 SUSAN CURVE, PO BOX 908

CITY, STATE and ZIP CODE
CORTLAND IL 60112

RECEIVED FEDERAL ELECTION COMMISSION APR 15

2. FEC IDENTIFICATION NUMBER
C00308460

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [X] April 15 Quarterly Report

[ ] July 15 Quarterly Report

[ ] October 15 Quarterly Report

[ ] January 31 Year End Report

[ ] July 31 Mid Year Report (Non-election Year Only)

[ ] Termination Report

Monthly Report Due On:

[ ] February 20	[ ] June 20	[ ] October 20
[ ] March 20	[ ] July 20	[ ] November 20
[ ] April 20	[ ] August 20	[ ] December 20
[ ] May 20	[ ] September 20	[ ] January 31

[ ] 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

[ ] 30-Day Post-Election Report following the General Election on _____ in the State of _____.

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/99 through 3/31/99		
6. (a) Cash on Hand January 1, 1999		$ 1566.58
(b) Cash on Hand at Beginning of Reporting Period	$ 1566.58	
(c) Total Receipts (from Line 19)	$ 5862.65	$ 5862.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 7429.23	$ 7429.23
7. Total Disbursements (from Line 30)	$ 1873.00	$ 1873.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 5556.23	$ 5556.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 00.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 00.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
CHERYL PEARRE

Signature of Treasurer
Cheryl Pearre

Date
4/4/99

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

FEC FORM 3X
(revised 8/93)

FE8AND64

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

(revised 1/1/91)

NAME OF COMMITTEE: ABATE OF ILLINOIS FEDPAC

REPORT COVERING PERIOD FROM 1/1/99 TO: 3/31/99

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	3692.00	3692.00	11(a)
ii. Unitemized	2170.65	2170.65	11(a)
iii. Total (add i and ii) ➤	5862.65	5862.65	11(a)
b. Political Party Committees	00.00	00.00	11(b)
c. Other Political Committees (such as PACs)	00.00	00.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	5862.65	5862.65	11(d)
12. Transfers From Affiliated/Other Party Committees	00.00	00.00	12
13. All Loans Received	00.00	00.00	13
14. Loan Repayments Received	00.00	00.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	00.00	00.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	00.00	00.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	00.00	00.00	17
18. Transfers from Nonfederal Account for Joint Activity	00.00	00.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5862.65	5862.65	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	5862.65	5862.65	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	00.00	00.00	21(a)i
ii. Non-Federal Share	00.00	00.00	21(a)ii
b. Other Federal Operating Expenditures	1343.00	1343.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	1343.00	1343.00	21(c)
22. Transfers to Affiliated/Other Party Committees	00.00	00.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	200.00	200.00	23
24. Independent Expenditures (use Schedule E)	00.00	00.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	00.00	00.00	25
26. Loan Repayments Made	00.00	00.00	26
27. Loans Made	00.00	00.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	00.00	00.00	28(a)
b. Political Party Committees	00.00	00.00	28(b)
c. Other Political Committees (such as PACs)	00.00	00.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	00.00	00.00	28(d)
29. Other Disbursements	300.00	300.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1843.00	1843.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1843.00	1843.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5862.65	5862.65	32
33. Total Contribution Refunds (from line 28d)	00.00	00.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5862.65	5862.65	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1343.00	1343.00	35
36. Offsets to Operating Expenditures (from line 15)	00.00	00.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	1343.00	1343.00	37

FE2A\064

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

ABATE OF ILLINOIS FEDPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sherry Breedon 341 Forrest Dr N Pekin Il 61554 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cracker Barrel Cashier Aggregate Year-to-Date > $	1/29/99	75.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
George Tinkham 423 W Vine Springfield IL 62704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	State of IL Attorny Aggregate Year-to-Date > $	1/29/99	25.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Connie Boone 155 E Oak Canton IL 61520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sebo & Clark Legal Secretary Aggregate Year-to-Date > $	1/29/99	45.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Butch McClellan 915 S Stewart Creve Coeur IL 61610 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Caterpillar Mechinest Aggregate Year-to-Date > $	1/29/99	70.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Elida Lakota 212 Weeman Ct Bartoville IL 61607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. FRANCIS Med. Center Therapist Aggregate Year-to-Date > $	1/29/99	29.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jack Wheeler 221 E Cornwall Crete IL 60417 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Holland Co. L.P. Service Tech Aggregate Year-to-Date > $	1/29/99	110.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Brian Cleloha 614 N 2nd Ave Canton IL 61520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KC Draftline Service Beer Line Service Aggregate Year-to-Date > $	1/29/99	30.00

SUBTOTAL of Receipts This Page (optional) 384.00

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

FE7ANO47

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a.i

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NAME OF COMMITTEE (In Full)

ABATE of ILLINOIS FEDPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jeff Roberts 408 E Ellis New Berlin IL 62670 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Franchies Sales Aggregate Year-to-Date > $	1/29/99	150.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Divid Hissong PO Box 401 St. Joeseph IL 61873 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chasles Levy Circ. Co. Lead driver Aggregate Year-to-Date > $	1/29/99	25.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Russ Breese Box 56 Dunfermlian IL 61524 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation Aggregate Year-to-Date > $	1/29/99	20.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Brad VanHorn 4388 Water St Pearl City IL 61062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Same Self Employeed Aggregate Year-to-Date > $	1/29/99	375.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steve Neis 4608 W 85th PL HomeTown IL 60456 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jevec Transportation Mechanic Aggregate Year-to-Date > $	1/29/99	19.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Marsolais 229 N Green St Carpentersville IL 60110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carpenterville Township COP Aggregate Year-to-Date > $	1/29/99	175.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Morse 1312 N 2ND St Chillicothe IL 61523 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Self Aggregate Year-to-Date > $	1/29/99	78.00

SUBTOTAL of Receipts This Page (optional) 842.00

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

FOR LINE NUMBER 11a.1

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NAME OF COMMITTEE (in Full)
ABATE of ILLINOIS PEDPAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Paul Scott, 20347 Comer RD, Carlinville IL 62626	Self / Brick Dr.	1/29/99	95.00
B. Linda Oliver, 4036 Bobby LN, Chiy IL 60176	Self / MED	1/29/99	52.00
C. Rebecca Snider, 1725 Ridge, Rockford IL 61103	UBC 792 / Carpenter	1/29/99	80.00
D. Eve Pierson, 832 Blaze Rd., Knoxville IL 61448	Catalog Specialities / Warhouse worker	1/29/99	35.00
E. Rat Conner, 206 E Jackson, Dhio IL 61349	Mendota Township High School' / Teacher	1/29/99	135.00
F. Julie Grady, 17237 2400E st, Princeton IL161356	Ladd Construction / Laborer	1/29/99	100.00
G. Barry Sadoff, 828 Panorama Dr #303, Palatine IL 60067	systems / Truck Driver	1/29/99	65.00

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date > $

SUBTOTAL of Receipts This Page (optional) 562.00

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

FE7/N947

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a.i

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NAME OF COMMITTEE (In Full)

ABATE of ILLINOIS FEDPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Tom Harms 14535 N Railroad Chillicothe IL 61523 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Mechanic Aggregate Year-to-Date > $	1/29/99	270.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mark Kates 715 Tohill Pl Decatur IL 62521 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Thrall car Wielder Aggregate Year-to-Date > $	1/29/99	18.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Wendal Chambliss 3411Forrest Dr N. Pekin IL 61554 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	IL Dept. of Trans. Field Tech Aggregate Year-to-Date > $	1/29/99	75.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mike Grachek 2322 W Barker W. Peoria IL 61604 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Caterpillar Mechanic Aggregate Year-to-Date > $	1/29/99	35.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Steinhoff 402 Jefferson St Yorkville IL 60560 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Menards Shipper Aggregate Year-to-Date > $	1/29/99	23.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Russ Guest 1502 S Low Bloomington IL 61701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	M Penn Electric Electrician Aggregate Year-to-Date > $	1/29/99	80.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ben Lauderdale 2941 Niccolls Rd Springfield IL 62703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sheet Metal Union Sheet metal Aggregate Year-to-Date > $	1/29/99	15.00

SUBTOTAL of Receipts This Page (optional) 516.00

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

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a.i

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NAME OF COMMITTEE (In Full)

ABATE of ILLINOIS FEDPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Yvonne Shelton 2221 Eleanor Springfield IL 62702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Regis Cosmetologist Aggregate Year-to-Date > $	1/29/99	15.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Pete Jacobs 9858 N Keystone Skoke IL 69976 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	TKG Enterprizes Cheif Aggregate Year-to-Date > $	1/02/99	50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harold Noel PO Box 391 Ashland IL 62612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	RB Evans Constructions carpenter Aggregate Year-to-Date > $	1/29/99	200.00 IN KIND
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jimmy Dean PO Box 133 Galesburg IL 61402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self RV Sales Aggregate Year-to-Date > $	1/29/99	100.00 IN KIND
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ron Frazier PO Box 18 St David Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	1/29/99	600.00 INKIND
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mike Boone 155 E Oak Canton IL 61520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Caterpillar Prodject Enginer Aggregate Year-to-Date > $	1/29/99	20.00 IN KIND
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jean Comtois 531 s Main Gifford IL 61847 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Unemployed Aggregate Year-to-Date > $		200.00 IN KIND

SUBTOTAL of Receipts This Page (optional) 1185.00

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

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 6

FOR LINE NUMBER 11a.1

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NAME OF COMMITTEE (In Full)

ABATE of ILLINOIS FEDPAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dennis & Irma O'Dell 700 Elm St Carmi IL 62821 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	IBEW Union Occupation: telephone installer Aggregate Year-to-Date > $	1/29/99	200.00 IN KIND
B. Pauli Lagerstrom PO Box 436 Avon IL 61415 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ABATE of ILLINOIS Occupation: Office Manager Aggregate Year-to-Date > $	1/29/99	75.00 IN KIND
C. Betsy Ritz Frith 2941 Nickie Rd Springfield IL 62703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NONE Occupation: House wife Aggregate Year-to-Date > $	1/29/99	50.00 IN KIND
D. Jeff Roberts 408 E Ellis New Berlin IL 62670 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Franchies sales Aggregate Year-to-Date > $ 200.00	1/29/99	50.00 IN KIND
E. Jeff Wheeler 221 E Cornwall Crete IL 60417 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Holland Co. L.P. Occupation: Service Tech Aggregate Year-to-Date > $ 118.00	1/29/99	8.00 IN KIND
F. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	203.00
TOTAL This Period (last page this line number only)	3692.00

FE7AN047

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)

ABATE of ILLINOIS EEDPAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Harold Noel PO Box 391 Ashland IL 62612	Disbursement for: [ ] Primary [ ] General [X] Other (specify) in kind	1/29/99	200.00
B. Jimmy Dean PO Box 133 Galesburg IL 61402	Disbursement for: [ ] Primary [ ] General [X] Other (specify) in kind	1/29/99	100.00
C. Ron Frazier PO Box 18 St David IL 61563	Disbursement for: [ ] Primary [ ] General [X] Other (specify) in kind	1/29/99	600.00
D. Mike Boone 155 E Oak Canton Il 61520	Disbursement for: [ ] Primary [ ] General [X] Other (specify) in kind	1/29/99	20.00
E. Jean Comtois 531 S Main Gifford IL 61847	Disbursement for: [ ] Primary [ ] General [X] Other (specify) in kind	1/29/99	200.00
F. Dennis & Irma O'Dell 700 Elm St Carmi Il 62821	Disbursement for: [ ] Primary [ ] General [X] Other (specify) in kind	1/29/99	20.00
G. Pauli Lagerstrom PO Box 436 Avon Il 61415	Disbursement for: [ ] Primary [ ] General [X] Other (specify) In kind	1/29/99	75.00
H. Betsy Ritz Frith 2941 Nickie Rd Springfield IL 62703	Disbursement for: [ ] Primary [ ] General [X] Other (specify) In Kind	1/29/99	50.00
I. Jeff Roberts 408 E Ellis New Berlin IL 62670	Disbursement for: [ ] Primary [ ] General [X] Other (specify) in kind	1/29/99	50.00

SUBTOTAL of Disbursements This Page (optional)	1315.00
TOTAL This Period (last page this line number only)	

FEBAN064

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

ABATE of ILLINOIS FEDPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jack Wheeler 221 e Cornwall Crete IL 60417	Disbursement for: ☐ Primary ☐ General ☒ Other (specify) in kind	1/29/99	8.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	8.00
TOTAL This Period (last page this line number only)	1323.00

FEBANO64

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

ABATE of ILLINOIS FEDPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Volunteers for Shimkus PO Box 5458 Springfield IL 62705	Contribution IL-20 Disbursement for: [x] Primary [ ] General [ ] Other (specify)	2/20/99	200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	200.00

FEBAN064

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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JMB. — PREPARER

4-15-99 — DATE PREPARED

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