

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

FEB 2 12 09 PM '98
FEDERAL ELECTION COMMISSION MAIL ROOM

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Berg Service for Congress		2. FEC IDENTIFICATION NUMBER C00326934
ADDRESS (Number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 293		
CITY, STATE and ZIP CODE Decatur, IL 62523	STATE/DISTRICT IL/19	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Termination Report
<input checked="" type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	

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

SUMMARY

6. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7-1-97 through 12-31-97		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	34,702.04	34,702.04
(b) Total Contribution Refunds (from Line 20(d))	-	-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	34,702.04	34,702.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12,445.68	12,445.68
(b) Total Offsets to Operating Expenditures (from Line 14)	-	-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	12,445.68	12,445.68
8. Cash on Hand at Close of Reporting Period (from Line 27)	51,224.94	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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)	30,829.45	

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 Brian Gilbert	Date 1/31/98
Signature of Treasurer <i>B. Gilbert</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the 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) Berg Service for Congress C00326934 Report Covering the Period From: 7-1-97 To: 12-31-97

	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
I. RECEIPTS		
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	26,740.00	
(ii) Unitemized -----	5,945.95	
(iii) Total of contributions from individuals -----	32,685.95	32,685.95
(b) Political Party Committees -----	-	-
(c) Other Political Committees (such as PACs) -----	2,016.09	2,016.09
(d) The Candidate -----	-	-
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	34,702.04	34,702.04
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	-	-
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	22,000.00	22,000.00
(b) All Other Loans -----	-	-
(c) TOTAL LOANS (add 13(a) and (b)) -----	22,000.00	22,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	-	-
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	9.24	9.24
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	56,711.28	56,711.28
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	12,445.68	12,445.68
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) -----	12,445.68	12,445.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 6,959.34	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 56,711.28	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 63,670.62	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 12,445.68	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 51,224.94	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Person Other Than Political Committees

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

PAGE 1 OF 6

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

BERG SERVICE FOR CONGRESS

C 00326934

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DENISE R. GILMORE 833 WESTOVER ROAD KANSAS CITY, MO 64113	ST. TERESA ACADEMY	7/3/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SCHOOL TEACHER Aggregate Year-to-Date > \$1000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ALLEN MERKLEY 1633 ADGERS WHARF CHESTERFIELD, MO 63017	ERNST & YOUNG LLP	7/10/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CPA / PARTNER Aggregate Year-to-Date > \$500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WESLEY JAY GIBSON 1 CHARLESTON ROAD HINSDALE, IL 60521	GIBSON & ASSOCIATES, INC	7/11/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT / MANAGEMENT CONSULTANT Aggregate Year-to-Date > \$1000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LINDA REZAB GIBSON 1 CHARLESTON ROAD HINSDALE, IL 60521	WOMANCARE, INC.	7/11/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OB/GYN PHYSICIAN Aggregate Year-to-Date > \$1000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DONALD A. ESTELL 801 S. MERAMEC CLAYTON, MO 63105	STERN BROTHERS & CO.	8/1/97	\$420
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BANKER Aggregate Year-to-Date > \$1000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LINDA L. ESTELL 801 S. MERAMEC CLAYTON, MO 63105	RETIRED	8/1/97	\$420
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED Aggregate Year-to-Date > \$1000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOSEPH T. WILSON 5 BERESFORD PLACE ROCKAWAY, NJ 07866	J.P. MORGAN	8/2/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SECURITIES SALES Aggregate Year-to-Date > \$1000		

SUBTOTAL of Receipts This Page (optional)

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 **2** OF **6**
FOR LINE NUMBER **11 (a)(i)**

Contributions from Individuals/Persons Other Than Political Committees

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NAME OF COMMITTEE (In Full)

BERG SERVICE FOR CONGRESS

C00326934

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROBERT J. SANBORN 927 ROMONA RD, WILMETTE, IL 60091-1264	HARRIS ASSOCIATES, LP	8/11/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INVESTMENT MANAGER Aggregate Year-to-Date: > \$1,000		
JAMES W. WINN 6425 HIGH DR, SHAWNEE MISSION, KS 66208	GILMORE & BELL, P.C.	8/22/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date: > \$500		
NORMAN U. LIND P.O. BOX 374 CARLISLE, MA 01741	FIDELITY INVESTMENTS	9/27/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PORTFOLIO MANAGER Aggregate Year-to-Date: > \$1,000		
PAULA PHILLIPS 105 E. JEFFERSON EFFINGHAM, IL 62401	SELF EMPLOYED	10/14/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date: > \$1,000		
GERALD MCGOVERN 2423 BROADWAY SAN FRANCISCO, CA 94115	BROWN & WOOD	10/25/97	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date: > \$250		
BRIAN W. GILBERT 503 E. LINCOLN AVE. ALTAMONT, IL 62411	NONE	11/1/97	\$50
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): \$100 \$50	Occupation: STUDENT Aggregate Year-to-Date: > \$250	12/31/97	\$100
TERENCE HOGAN 1823 N. SEDGWICK CHICAGO, IL 60614	WANGER ASSET MANAGEMENT	11/3/97	\$1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INVESTMENT MANAGER Aggregate Year-to-Date: > \$2000 (\$1000 Primary) (\$1000 General)		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons Other Than Political Committees

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

PAGE 3 OF 6
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

BERG SERVICE FOR CONGRESS

CO0326934

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY JANE STABA 1823 N. SEDGWICK CHICAGO, IL 60614	UNIVERSITY OF CHICAGO HOSPITAL	11/3/97	\$1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PEDIATRICIAN Aggregate Year-to-Date > \$2000 (From Primary) (\$1000 General)		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VAN HARISSIS 32 COLD SPRING RD. AVON, CT 06001-4051	PHOENIX DUFF & PHELPS	11/15/97	\$250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INVESTMENT MANAGER Aggregate Year-to-Date > \$250		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN R. NEWSOME R.R. #1, BOX 58A SHUMWAY, IL 62461	SIM PRODUCTS	11/28/97	\$1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER / PRESIDENT Aggregate Year-to-Date > \$1000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID F. YATES 371 GRAY AVE. WEBSTER GROVES, MO 6319	THOMPSON COBURN	12/6/97	\$250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LAWYER Aggregate Year-to-Date > \$250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT C. ANDOLINA 625 25TH ST. SANTA MONICA, CA 90402	DONALDSON, LUKIN & JENRETTE	12/6/97	\$250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STOCK BROKER Aggregate Year-to-Date > \$250		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES F. MASON R.R. #6, BOX 36 DECATUR, IL 62521-8809	WAGNER CASTINGS Co.	12/18/97	\$500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > \$500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH SCHRODT, M.D. 102 KENWOOD AVE., STE. 140 DECATUR, IL 62526-4360	SELF EMPLOYED	12/18/97	\$250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN / SURGEON Aggregate Year-to-Date > \$250		

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 6
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons Other than Political Committees

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NAME OF COMMITTEE (In Full)

BERG SERVICE FOR CONGRESS C00326934

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>RAYMOND BERG</u> <u>P.O. BOX 277</u> <u>ALTAHONT, IL 62411</u>	<u>NONE</u>	<u>12/18/97</u>	<u>\$500</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>RETIRED</u>	<u>12/18/97</u>	<u>\$500</u>
<u>\$500</u> <u>\$500</u>	Aggregate Year-to-Date > <u>\$1000</u>		
<u>MARION BERG</u> <u>P.O. BOX 277</u> <u>ALTAHONT, IL 62411</u>	<u>NONE</u>	<u>12/18/97</u>	<u>\$500</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>RETIRED</u>	<u>12/18/97</u>	<u>\$500</u>
<u>\$500</u> <u>\$500</u>	Aggregate Year-to-Date > <u>\$1000</u>		
<u>JAMES W. ZIGLAR</u> <u>8900 FALLS ROAD</u> <u>POTOMAC, MD 20854</u>	<u>PAINE WEBBER</u>	<u>12/22/97</u>	<u>\$1000</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>BANKER</u>		
	Aggregate Year-to-Date > <u>\$1000</u>		
<u>JAMES M. SCHULTZ</u> <u>110 N. LONG</u> <u>EFFINGHAM, IL 62401</u>	<u>SELF - EMPLOYED</u>	<u>12/23/97</u>	<u>\$1000</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>INVESTOR</u>		
	Aggregate Year-to-Date > <u>\$1000</u>		
<u>BURNELL KRAFT</u> <u>P.O. Box 1470</u> <u>DECATUR, IL 62526</u>	<u>ARCHER DANIELS CO.</u>	<u>12/23/97</u>	<u>\$1000</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>EXECUTIVE</u>		
	Aggregate Year-to-Date > <u>\$1000</u>		
<u>JOAN C. MARRON</u> <u>901 LEXINGTON AVE., APT 715 S.</u> <u>NEW YORK, NY 10021-5952</u>	<u>PAINEWEBBER</u>	<u>12/23/97</u>	<u>\$250</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>BANKER</u>		
	Aggregate Year-to-Date > <u>\$250</u>		
<u>NICHOLAS DUST</u> <u>125 S. BANKER</u> <u>EFFINGHAM, IL 62401</u>	<u>SELF EMPLOYED</u>	<u>12/24/97</u>	<u>\$1000</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>WHOLESALE DISTRIBUTOR</u>		
	Aggregate Year-to-Date > <u>\$1000</u>		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons Other Than Political Committees

Use separate schedule for each category of the Detailed Summary Page

PAGE 5 OF 6
FOR LINE NUMBER 11 (a)(i)

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NAME OF COMMITTEE (In Full) **BERG SERVICE FOR CONGRESS** C00326934

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS OF RAY LAHOOD 3311 N. STERLING AVE., STE. 10 PEORIA, IL 61604-1837	N/A	12/26/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARTHUR STEFFINGTON 2672 FOREST GREEN DR. DECATUR, IL 62521	SKEFF DISTRIBUTING CO., INC.	12/26/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$1000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN G. WILLARETT, JR. WEDGEWOOD CT. R.R. #3, BOX 133 MATTOON, IL 61938	SELF EMPLOYED	12/26/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BUSINESS OWNER	Aggregate Year-to-Date > \$1000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHIL GIBBERSON R.R.#8 P.O. BOX 365-C DECATUR, IL 62525	SELF EMPLOYED	12/26/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BUSINESS OWNER	Aggregate Year-to-Date > \$500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN A. WOOD 463 LENNOX AVE. S. ORANGE, NJ 07079	PAINE WEBBER	12/29/97	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BANKER	Aggregate Year-to-Date > \$250	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. GORDON HOWIE 366 LAKEVIEW WAY REDWOOD CITY, CA 94062	PAINE WEBBER	12/29/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BANKER	Aggregate Year-to-Date > \$1000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T. DAVID RING P.O. BOX 1018 EFFINGHAM, IL 62401	PREMIER BROADCASTING INC. JOB MATCH, INC.	12/31/97 12/31/97	\$400 \$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BUSINESS OWNER	Aggregate Year-to-Date > \$500	

SUBTOTAL of Receipts This Page (optional)
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 **6** OF **6**
FOR LINE NUMBER **11(a)(i)**

Contributions from Individuals/Persons Other Than Political Committees

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NAME OF COMMITTEE (In Full)

BERG SERVICE FOR CONGRESS

C00326934

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NASH H. NAAM, M.D. 806 DARK MILLS EFFINGHAM, IL 62401	SELF EMPLOYED	12/31/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$1000	
RANDALL F. OTTE 2744 WOODBINE EVANSTON, IL 60201	PAINE WEBBER	12/31/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FINANCIAL ANALYST	Aggregate Year-to-Date > \$500	
JOSEPH V. MONITTO 16 HILL AND TREE COURT MELVILLE, NY 11747	PAINE WEBBER	12/31/97	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BANKER	Aggregate Year-to-Date > \$250	
TIMOTHY D. CHURCH 802 FOND DU LAC DR. E. PEORIA, IL 61611	STATE FARM INS. Co.	12/31/97	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$250	
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)

TOTAL This Period (last page this line number only)

\$26740.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (C)

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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)

BERG SERVICE FOR CONGRESS

C00326934

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
AWMA'S WHOLE PAC 1128 16TH ST. N.W. WASHINGTON, DC. 20036-4808		11-21-97	\$148,30 IN-KIND
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$148,30
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
AFLAC INCORPORATED PAC AFLAC CENTER COLUMBUS, GA 31999		11-28-97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$1000
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
SECURITIES INDUSTRY ASSOC. PAC 1401 EYE ST., N.W., SUITE 1000 WASHINGTON, DC. 20005-2225		12-18-97	\$117.79
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$117.79
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
CARE PAC 1310 G ST., N.W. 12TH FLOOR WASHINGTON, D.C. 20005		12-18-97	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$250
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
AMERICAN GENERAL CORP, PAC P.O. BOX 3247 HOUSTON, TX 77253-3247		12-26-97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$500
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)	\$2016.09
TOTAL This Period (last page this line number only)	\$2016.09

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3

FOR LINE NUMBER

Contributions from the Candidate

11 (d)

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NAME OF COMMITTEE (In Full)

Berg Service for Congress

C00326934

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (In Period)
Jerry Berg R.R. #1 Box 183C, Chris Drive Oreana, IL 62554	PaineWebber, Inc.	10-24-97 12-18-97 (in kind: candidate photos) (to be reimbursed)	37.84 MEMO 107.50 MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Banker	Aggregate Year-to-Date: \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (In Period)
(Same as above)		7-12-97 7-18-97 7-31-97	224.00 MEMO 6.46 MEMO 2.94 MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (In Period)
(Same as above)		8-20-97 8-25-97 9-04-97	64.00 MEMO 66.48 MEMO 6.47 MEMO
Receipt For: <input checked="" 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 (In Period)
(Same as above)		9-5-97 9-8-97 10-9-97	1.24 MEMO 352.00 MEMO 640.00 MEMO
Receipt For: <input checked="" 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 (In Period)
(Same as above)		10-9-97 10-31-97 11-12-97	3.72 MEMO 34.25 MEMO 32.00 MEMO
Receipt For: <input checked="" 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 (In Period)
(Same as above)		11-17-97 12-13-97 (in kind: Postage) (to be reimbursed)	8.59 MEMO 5.80 MEMO
Receipt For: <input checked="" 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 (In Period)
(Same as above)		9-11-97 10-17-97 (in kind: Air Travel) (to be reimbursed)	302.00 MEMO 50.00 MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: \$	

SUBTOTAL of Receipts This Page (optional)

1940.29 MEMO

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 2 OF 3

FOR LINE NUMBER 11 (d)

Contributions from the Candidate

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NAME OF COMMITTEE (In Full)		C 00326934		
A. Full Name, Mailing Address and ZIP Code Jerry Berg R.R. #1 Box 183C, Chris Drive OREGON, IL 62554		Name of Employer PaineWebber, Inc.	Date (month, day, year) 7-9-97 7-10-97 8-13-97	Amount of Each Receipt This Period 27.41 MEMO 85.00 MEMO 3.18 MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Banker		Aggregate Year-to-Date > \$
B. Full Name, Mailing Address and ZIP Code (same as above)		Name of Employer	Date (month, day, year) 8-23-97 8-23-97 8-23-97	Amount of Each Receipt This Period 12.82 MEMO 214.62 MEMO 59.50 MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation		Aggregate Year-to-Date > \$
C. Full Name, Mailing Address and ZIP Code (same as above)		Name of Employer	Date (month, day, year) 8-25-97 9-22-97 10-09-97	Amount of Each Receipt This Period 38.08 MEMO 161.85 MEMO 121.59 MEMO
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 (same as above)		Name of Employer	Date (month, day, year) 10-9-97 10-30-97 11-10-97	Amount of Each Receipt This Period 49.61 MEMO 28.67 MEMO 7.99 MEMO
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 (same as above)		Name of Employer	Date (month, day, year) 12-4-97 12-13-97	Amount of Each Receipt This Period 47.71 MEMO 21.54 MEMO
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 (same as above)		Name of Employer	Date (month, day, year) 12-24-97 (in kind: Office Supplies) (To be Reimbursed)	Amount of Each Receipt This Period 62.63 MEMO
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 (same as above)		Name of Employer	Date (month, day, year) 7-1-97 to 12-31-97 (in kind: Mileage) (To be Reimbursed)	Amount of Each Receipt This Period 5,600.00 MEMO
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)				\$6542.15 MEMO
TOTAL This Period (see page this line number only)				\$6542.15 MEMO

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3

FOR LINE NUMBER 11(a)

Contributions from the Candidate

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NAME OF COMMITTEE (In Full)

Berg Service for Congress

C00326934

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Berg R.R. #1 Box 183C, Chris Drive Oreana, IL 62554	PaineWebber, Inc.	7-1-97 to 12-31-97 (See kind: General Corp Expense)	347.01 Memo (TO BE Reimbursed)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banker	Aggregate Year-to-Date \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
(Same as above)	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
(Same as above)	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
(Same as above)	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
(Same as above)	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
(Same as above)	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
(Same as above)	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

8829.45 MEMO

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

BERG SERVICE FOR CONGRESS

COO32694

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ADAM SURSA 164 PARK PLACE DECATUR, IL 62522	STAFF	7/13/97	\$1108.20
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/22/97	\$277.05
B & W PRINTING 209 N. 4TH ST. EFFINGHAM, IL 62401	PRINTING OF CAMPAIGN MATERIALS	7/2/97	\$1605.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/97	\$570.00
CELLULAR ONE 2401 W. JEFFERSON SPRINGFIELD, IL 62702	TELEPHONE	8/30/97	\$141.90
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/97	\$113.34
		11/1/97	\$86.57
CONSOLIDATED COMMUNICATIONS P.O. BOX 6193 CAROL STREAM, IL 60197	TELEPHONE	7/10/97	\$193.91
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/97	\$182.87
(SAME AS ABOVE)	TELEPHONE	9/6/97	\$41.33
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/97	\$26.66
DECATUR CLUB DECATUR, IL	FUNDRAISING EVENT COST	11/17/97	\$1049.17
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
EFFINGHAM SIGNS + GRAPHICS 1009 S. OAK EFFINGHAM, IL 62401	CAMPAIGN SIGNS	7/1/97	\$80.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/97	\$60.00
FAST IMPRESSIONS 2220 E. LOGAN ST. DECATUR, IL 62526	PRINTING OF CAMPAIGN MATERIALS	11/23/97	\$743.65
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
FIRST CELLULAR 417 S. 42ND MT. VERNON, IL 62864	TELEPHONE	7/7/97	\$314.48
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$6594.13

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 2 OF 3
FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

BERG SERVICE FOR CONGRESS

COO 32694

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FIRST CELLULAR 417 S. 42ND ST. MT. VERNON, IL 62864	TELEPHONE	8/20/97	\$153.30
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	9/6/97	\$116.35
	<input type="checkbox"/> Other (specify)	9/21/97	\$119.36
B. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	TELEPHONE	11/1/97	\$57.15
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	11/28/97	\$67.90
	<input type="checkbox"/> Other (specify)	11/28/97	\$171.23
C. Full Name, Mailing Address and ZIP Code GTE NORTH P.O. BOX 920041 DALLAS, TX 75392	TELEPHONE	10/7/97	\$351.14
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	11/9/97	\$328.05
	<input type="checkbox"/> Other (specify)	12/16/97	\$185.22
D. Full Name, Mailing Address and ZIP Code INTERNAL REVENUE SERVICE KANSAS CITY, MO 64999	PAYROLL TAXES	10/25/97	\$229.50
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
E. Full Name, Mailing Address and ZIP Code J. P. FINLEY 174 JENNIFER CT. CHATHAM, IL 62629	EXPENSE REIMBURSEMENT	12/6/97	\$563.03
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
F. Full Name, Mailing Address and ZIP Code LHF SPECIALTY ADVERTISING 1106 STEPHENS SPRINGFIELD, IL 62702	CAMPAIGN SIGNS	8/22/97	\$300.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	9/11/97	\$599.14
G. Full Name, Mailing Address and ZIP Code MODERN MAILING 150 FORREST AVE. SPRINGFIELD, IL 62702	CAMPAIGN MAILING	10/6/97	\$1452.89
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
H. Full Name, Mailing Address and ZIP Code POSTMASTER ALTAMONT, IL	POSTMASTER	7/31/97	\$6.46
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	9/14/97	\$29.00
I. Full Name, Mailing Address and ZIP Code UNITEMIZED DISBURSEMENTS			
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$973.53

SUBTOTAL of Disbursements This Page (optional)

5,703.25

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 3 OF 3
FOR LINE NUMBER 17

OPERATING EXPENDITURE

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NAME OF COMMITTEE (In Full)

BERG SERVICE FOR CONGRESS

C0032694

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
ANMA'S WHOLE PAC 1128 16TH ST. N.W. WASHINGTON, D.C. 20036-4808	FUND RAISING EVENT COST	11-21-97	\$148.30 (IN-KIND RECEIVED)
B. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
C. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
D. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
E. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
F. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
G. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
H. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
I. 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)	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)

\$12445.68

SCHEDULE C
(Revised 3/80)

LOANS

Name of Committee (in Full) Berg Service for Congress C00326934			
A. Full Name, Mailing Address and ZIP Code of Loan Source Jerry Berg RR. #1 Box 103c, Chris Drive Oreana, IL 62554 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan 22,000.00	Cumulative Payment To Date —	Balance Outstanding at Close of This Period 22,000.00
Terms: Date Incurred <u>12/31/97</u> Date Due <u>3/17/98</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			22,000.00
Carry outstanding balance only to LINE 9, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans


Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

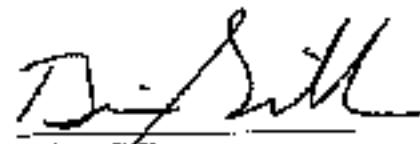
Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Berg Service for Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Jerry Berg RR #1 Box 103C, Chris Drive Oreana, IL 62554	-0-	942.15	-0-	942.15
Nature of Debt (Purpose): Office Supplies				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor (Same as above)	-0-	1,442.95	-0-	1,442.95
Nature of Debt (Purpose): Postage				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor (Same as above)	-0-	352.00	-0-	352.00
Nature of Debt (Purpose): Air Travel				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor (Same as above)	-0-	5,600.00	-0-	5,600.00
Nature of Debt (Purpose): Travel - Mileage				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor (Same as above)	-0-	347.01	-0-	347.01
Nature of Debt (Purpose): General Campaign Expenses - Unitemized				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor (Same as above)	-0-	145.34	-0-	145.34
Nature of Debt (Purpose): Candidate Photos				
1) SUBTOTALS This Period This Page (optional)				-
2) TOTALS This Period (last page in this line only)				8,829.45
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				22,000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				30,829.45

Campaign Loan Agreement

Jerry Berg agrees to loan the Berg Service for Congress congressional campaign committee \$22,000 for use to pay campaign expenses in the March 17, 1998 Illinois Primary Election for the Republican nomination for United States Representative for the 19th Congressional District. This loan is non-interest bearing and must be repaid by March 17th unless extended by mutual agreement of Jerry Berg and Berg Service for Congress. The loan will be repaid from campaign contributions to Berg Service for Congress as pledges to the campaign are honored and monies are made available over the coming weeks, and, again, in no case later than March 17th unless extended by mutual agreement of the parties.

Agreed this 31st day of December, 1997


Jerry Berg
Republican Candidate for Congress
Illinois 19th District
LENDER


Brian Gilbert
Treasurer
Berg Service for Congress
BORROWER

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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