

REPORT OF RECEIPTS AND DISBURSEMENTS RECEIVED

For An Authorized Committee
(Summary Page)

FEC MAIL ROOM

1. NAME OF COMMITTEE (in full)

C00250555 060500 WILLIAM D SULASKI EWING FOR CONGRESS COMMITTEE PG BOX 3309 BLDGINGTON 1L 61702	2. FEC IDENTIFICATION NUMBER <p style="text-align: center; font-weight: bold;">C00250555</p> 3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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2000 JUL 10 P 3:35

4. TYPE OF REPORT

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-date
04/01/2000 through 08/30/2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$500.00	\$500.00
(b) Total Contribution Refunds (From Line 20(d))	\$0.00	\$1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$500.00	\$-500.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$26249.24	\$91165.65
(b) Total Offsets to Operating Expenditures (from Line 14)	\$184.60	\$649.24
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$26064.64	\$90516.41
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$208941.87	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3020

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 William D. Sulaski	Date 7/5/00
Signature of Treasurer 	

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

Name of Committee (in full) EWING FOR CONGRESS COMMITTEE C00250555		Report Covering the Period: From: 04/01/2000 To: 08/30/2000	
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)		\$0.00	
(ii) Unitemized		\$0.00	
(iii) Total of contributions from individual		\$0.00	\$0.00
(b) Political Party Committees		\$0.00	\$0.00
(c) Other Political Committees (such as PACs)		\$500.00	\$500.00
(d) The Candidate		\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))		\$500.00	\$500.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		\$0.00	\$0.00
13. LOANS:			
(a) Made or Guaranteed by the Candidate		\$0.00	\$0.00
(b) All Other Loans		\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))		\$0.00	\$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		\$184.60	\$649.24
15. OTHER RECEIPTS (Dividends, Interest, etc.)		\$1363.64	\$2908.20
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		\$2048.24	\$4057.44
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		\$26249.24	\$91165.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		\$0.00	\$0.00
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate		\$0.00	\$0.00
(b) Of All Other Loans		\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		\$0.00	\$0.00
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees		\$0.00	\$0.00
(b) Political Party Committees		\$0.00	\$0.00
(c) Other Political Committees (such as PACs)		\$0.00	\$1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		\$0.00	\$1000.00
21. OTHER DISBURSEMENTS		\$7950.00	\$14650.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		\$34199.24	\$106815.65
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD			\$242092.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)			\$2048.24
25. SUBTOTAL (add Line 23 and Line 24)			\$244141.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)			\$34199.24
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)			\$209941.87

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) EWING FOR CONGRESS COMMITTEE C00250555

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Independent Insurance Agents of America Mr. Robert Rusbuldt 412 First Street, S.E., Ste. 300 Washington, DC 20003-		06/02, 00	\$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
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	/ /	
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	/ /	
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	/ /	
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	/ /	
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	/ /	
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	/ /	

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full) C00250555
 EWING FOR CONGRESS COMMITTEE

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Printing Craftsmen Dean Hamilton 509 W. Howard St./P.O.Box 106 Pontiac, IL 61764-	Reimbursement for copy paper	06/02/00	\$45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$45.00	
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stacy Carey P.O. Box 766 Pontiac, IL 61764	Void check Misc. mileage	04/03/00	\$39.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$39.60	
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alex A. Calvert for Coroner DeWitt County Clinton, IL 61727	Void check Tickets	04/03/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$100.00	
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 ->		
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 ->		
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 ->		
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)	\$184.60
TOTAL This Period (last page this line number only)	\$184.60

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full) C00250555
 EWING FOR CONGRESS COMMITTEE

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pontiac National Bank P.O. Box 680 Pontiac, IL 61764- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Interest earned on NOW account Occupation	04/05/00	\$500.64
Aggregate Year-to-Date ->		\$2045.20	
Pontiac National Bank P.O. Box 680 Pontiac, IL 61764- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Interest earned on NOW account Occupation	05/03/00	\$387.02
Aggregate Year-to-Date ->		\$2432.22	
Pontiac National Bank P.O. Box 680 Pontiac, IL 61764- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Interest earned on NOW account Occupation	06/07/00	\$475.98
Aggregate Year-to-Date ->		\$2908.20	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Aggregate Year-to-Date ->			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Aggregate Year-to-Date ->			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Aggregate Year-to-Date ->			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Aggregate Year-to-Date ->			

SUBTOTAL of Receipts This Page (optional)	\$1363.64
TOTAL This Period (last page this line number only)	\$1363.64

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information required 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) C00250555
 EWING FOR CONGRESS COMMITTEE

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capital Hill Club 300 First Street, S.E. Washington, DC 20003-	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/19/00	\$264.58
Connie Ewing 310 W. Lincoln Pontiac, IL 61764-	Consulting Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/08/00	\$700.00
Connie Ewing 310 W. Lincoln Pontiac, IL 61764-	Consulting Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/23/00	\$700.00
Connie Ewing 310 W. Lincoln Pontiac, IL 61764-	Consulting Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/26/00	\$700.00
Thomas W. Ewing 310 W. Lincoln Pontiac, IL 61764-	Repayment of loans Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/02/00	\$13264.49
Thomas W. Ewing 310 W. Lincoln Pontiac, IL 61764-	Travel/Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/02/00	\$2974.45
GTE NORTH P.O. Box 920041 Dallas, TX 75392-	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/14/00	\$74.70

SUBTOTAL of Disbursements This Page (optional)	\$18678.22
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full) C00250555
 EWING FOR CONGRESS COMMITTEE

Full Name, Mailing Address and Zip Code	Purpose of Disbursement Telephone	Date (month, day, year)	Amount of Each Disbursement This Period
GTE NORTH P.O. Box 920041 Dallas, TX 75392-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/26/00	\$252.23
GTE NORTH P.O. Box 920041 Dallas, TX 75392-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/00	\$236.90
GTE NORTH P.O. Box 920041 Dallas, TX 75392-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/00	\$44.67
GTE NORTH P.O. Box 920041 Dallas, TX 75392-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/00	\$84.54
Illinois Delegation-Philadelphia 2000 C/O Twiss and Altounian Consulting 180 N. LaSalle St., Suite 1818 Chicago, IL 60601-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/00	\$700.00
Ryan McLaughlin 761 Delaware Avenue, SW Washington, DC 20024-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/12/00	\$1000.00
Ryan McLaughlin 761 Delaware Avenue, SW Washington, DC 20024-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/00	\$500.00

SUBTOTAL of Disbursements This Page (optional)	\$2818.34
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 5
FOR LINE NUMBER 17

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) EWING FOR CONGRESS COMMITTEE C00250555

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ryan McLaughlin 761 Delaware Avenue, SW Washington, DC 20024-	Travel/Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/15/00	\$14.38
Ryan McLaughlin 761 Delaware Avenue, SW Washington, DC 20024-	Consulting Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/15/00	\$500.00
Nicor P.O. Box 416 Aurora, IL 60568-	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/08/00	\$29.23
Nicor P.O. Box 416 Aurora, IL 60568-	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/14/00	\$27.25
River Building Trust #119 210 Water Street Pontiac, IL 61764-	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/03/00	\$275.00
Sulaski & Webb, CPA's 207 W. Jefferson, #203 Bloomington, IL 61701-	Consulting Services/FEC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/14/00	\$300.00
Sulaski & Webb, CPA's 207 W. Jefferson, #203 Bloomington, IL 61701-	Consulting Services/FEC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/00	\$650.59

SUBTOTAL of Disbursements This Page (optional)	\$1796.45
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	OF
	4	5
FOR LINE NUMBER		
17		

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NAME OF COMMITTEE (In Full) EWING FOR CONGRESS COMMITTEE C00250555

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Mileage Plus Card - Visa P.O. Box 15098 Wilmington, DE 19886 See below for individual vendors over \$200	Travel/Mileage Credit card payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/03/00	\$904.00
United Mileage Plus Card - Visa P.O. Box 15098 Wilmington, DE 19886 See below for individual vendors over \$200	Travel/Mileage Credit card payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/00	\$749.81
United Mileage Plus Card - Visa P.O. Box 15098 Wilmington, DE 19886 See below for individual vendors over \$200	Travel/Mileage Credit card payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/02/00	\$664.54
Xerox Corporation P.O. Box 8137 Park Ridge, IL 60068-	Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/00	\$276.00
United Mileage Plus Card-Visa Individual vendor over \$200 United Airlines P.O. Box 66100 Chicago, IL 60666	Credit card payment Air fare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/06/00	\$219.00 (memo)
United Mileage Plus Card-Visa Individual vendor over \$200 TWA Airlines P.O. Box 20364 Kansas City, MO 64195	Credit card payment Air fare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/16/00	\$217.00 (memo)
United Mileage Plus Card-Visa Individual vendor over \$200 United Airlines P.O. Box 66100 Chicago, IL 60666	Credit card payment Air fare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/18/00	\$501.50 (memo)

SUBTOTAL of Disbursements This Page (optional)	\$2594.35
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full) C00250535
 EWING FOR CONGRESS COMMITTEE

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Mileage Plus Card - Visa Individual vendor over \$200 The Woodlands Resort The Woodlands, TX 77380	Credit card payment Lodging	04/20/00	\$337.08 (memo)
United Mileage Plus Card - Visa Individual vendor over \$200 ATA Air P.O. Box 51609 Indianapolis, IN 46251-0609	Credit card payment Air fare	05/16/00	\$204.00 (memo)
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Travel/Mileage	Date (month, day, year)	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Supplies	Date (month, day, year)	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year) / /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year) / /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	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)	\$25887.36

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full) EWING FOR CONGRESS COMMITTEE C00250555

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Leadership Council Candidate Joe Knollenberg 27867 Orchard Lake Road Farmington, MI 48334-	Federal Contribution US House: MI/11 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/26/00	\$1000.00
Baker for Congress 46 Lincoln Hill, SW Quincy, IL 62301-	Federal Contribution US House: IL/17 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/00	\$1000.00
Dan Brady for State Representative 2904 Winchester Bloomington, IL 61704-	Tickets Non federal contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/00	\$150.00
Douglas Co. Republican Central Committee c/o Chuck Knox 102 Pinzon Tuscola, IL 61953-	Tickets Non federal contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/28/00	\$200.00
Andy Swing for Congress P. O. Box 1964 Muskogee, OK 74402-9969	Federal Contribution US House: OK/02 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/14/00	\$1000.00
Friends of Bill Redmond P.O. Box 1226 Los Alamos, NM 87544-	Federal Contribution US Senate: NM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/07/00	\$500.00
Friends of Don Sherwood 61 Warring Street Tunikhannock, PA 18657-	Federal Contribution US House: PA/10 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/26/00	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$4850.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full) EWING FOR CONGRESS COMMITTEE C00250555

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressman William Jenkins for Congress U.S. House of Representatives Washington, DC 20515-	Federal Contribution US House: IN/01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/26/00	\$1000.00
Mark Kirk for Congress 28 Greenbay Road Winnetka, IL 60093-	Federal Contribution US House: IL/10 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/00	\$1000.00
Citizens for Jim Ryan P.O. Box 142 Springfield, IL 62705-	Tickets Non federal contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/00	\$100.00
Tim Johnson for Congress 905 S. Neil St. Champaign, IL 61820-	Federal Contribution US House: IL/15 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/00	\$1000.00
		/ /	
		/ /	
		/ /	

SUBTOTAL of Disbursements This Page (optional)	\$3100.00
TOTAL This Period (last page this line number only)	\$7950.00

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
EWING FOR CONGRESS COMMITTEE 000250555				
Full Name, Mailing Address and Zip Code Thomas W. Ewing 310 W. Lincoln Pontiac, IL 61764-	\$2874.01		\$2874.01	.00
Nature of Debt (Purpose) Meals/Misc.				
Full Name, Mailing Address and Zip Code Thomas W. Ewing 310 W. Lincoln Pontiac, IL 61764-	\$3539.14		\$3539.14	.00
Nature of Debt (Purpose) Travel/Mileage				
Full Name, Mailing Address and Zip Code Thomas W. Ewing 310 W. Lincoln Pontiac, IL 61764-	\$227.61		\$227.61	.00
Nature of Debt (Purpose) Misc. & Meals				
Full Name, Mailing Address and Zip Code Thomas W. Ewing 310 W. Lincoln Pontiac, IL 61764-	\$1350.90		\$1350.90	.00
Nature of Debt (Purpose) Political events				

1) SUBTOTAL This Period this Page (optional)	.00
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
EWING FOR CONGRESS COMMITTEE C00250555				
Full Name, Mailing Address and Zip Code Thomas W. Ewing 310 W. Lincoln Pontiac, IL 61764-	\$5272.83		\$5272.83	.00
Nature of Debt (Purpose) Travel/Mileage				

1) SUBTOTAL this period (this page optional)	.00
2) TOTAL this period (last page this line number only)	.00
3) TOTAL OUTSTANDING LOANS from schedule 2 (last page only)	.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>7-5-00</i>
<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	
 <i>[Signature]</i> PREPARER	 <i>7-10-00</i> DATE PREPARED