

SECTION
COMMUNICATIONS ROOM

JUL 11 12 04 PM '98

Wenzel & Associates Ltd.
7427 West Main Street
Belleville, Illinois 62223

Public Records Office
Federal Election Commission
999 East Street N.W.
Washington, D.C. 20463

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION MAIL ROOM

JUL 13 12 04 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Michael N Wenzel Price for Congress		2. FEC IDENTIFICATION NUMBER C 00330928
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 8205 W Main St PO Box 28707		
CITY, STATE and ZIP CODE Belleville IL 62223	STATE/DISTRICT IL 12	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- July 15 Quarterly Report 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- October 15 Quarterly Report Termination Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)

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
April 1 through June 30, 1998		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	87,859	182,966
(b) Total Contribution Refunds (from Line 20(d))	0	1,125
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	87,859	181,841
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	88,396	221,424
(b) Total Offsets to Operating Expenditures (from Line 14)	1,146	1,886
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	87,250	219,538
8. Cash on Hand at Close of Reporting Period (from Line 27)	120,093	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	155,866	

For further information contact:
Federal Election Commission
986 E Street, NW
Washington, DC 20493
Toll Free 800-424-9533
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael N Wenzel	Date 7-11-98
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

DETAILED SUMMARY PAGE

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

Name of Committee (in full)	Report Covering the Period:	
Price for Congress C00330928	From: 4-1-1998	To: 6-30-98
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) -----	57,040	
(ii) Unitemized -----	17,969	
(iii) Total of contributions from individuals -----	75,009	151,266
(b) Political Party Committees -----	550	800
(c) Other Political Committees (such as PACs) -----	12,300	30,900
(d) The Candidate -----	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	87,859	182,966
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	87,054	93,761
(b) All Other Loans -----	0	0
(c) TOTAL LOANS (add 13(a) and (b)) -----	87,054	93,761
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	1,146	1,886
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	0	0
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	176,059	278,613
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	88,396	221,424
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	0	0
(b) Of All Other Loans -----	0	0
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	0	1,125
(b) Political Party Committees -----	0	0
(c) Other Political Committees (such as PACs) -----	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	0	1,125
21. OTHER DISBURSEMENTS -----	0	0
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	88,396	222,549

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 32,430	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 176,059	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 208,489	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 88,396	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 120,093	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

Price for Congress

C-00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Douglas Aach 1604 Tenth Fairway Dr. Belleville, IL. 62221	Lincoln Surgical Assoc. Occupation: <u>PHYSICIAN</u>	5/28/98	\$ 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Howard Agins 2680 Lisa Ct. Northbrook, IL. 60062	self-employed Occupation: <u>PHYSICIAN</u>	6/15/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Charles Auer 301 Dorchester Dr. Belleville, IL. 62223	Midwest Emergency Dept. Services Occupation: <u>PHYSICIAN</u>	5/5/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
MARY S. BAJMER 2412 Pro Tour Dr. Eureka, IL. 62220	none Occupation: <u>Homemaker</u>	5/18/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Zelina Bilsel	Self-employed Occupation: <u>PHYSICIAN</u>	5/15/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Peter Bonatti 1303 W. Evergreen Plaza Effingham, IL. 62401	self-employed Occupation: <u>PHYSICIAN</u>	5/5/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Glenda Bridges 34 Powder Valley Dr. Belleville, IL. 62223	none Occupation: <u>Homemaker</u>	5/18/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1275		

SUBTOTAL of Receipts This Page (optional) 4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Price for Congress

C 00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Buser 116 S. FAIRWAY Dr Belleville, IL. 62223 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Belleville Family Med. Assoc. Ltd. Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 1000	5/22/98	1000.00
William Casperson 104 Red Fox Rd. Belleville, IL. 62223 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Lincoln Surgical Assoc. Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 1,000	5/28/98	1000.00
William Chadwick 9 Eighth Green Ct. Belleville, IL. 62220 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 1250	5/28/98	250.00
JAMES CLAWHAN 163 Lake Lorraine Dr. Belleville, IL. 62221 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Lincoln Surgical Assoc. Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 1000	6/26/98	1000.00
ANA MARIA S. CLARK 2434-C S. Walter Reed Dr. Arlington, VA 22206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	NONE Occupation: <u>Retired</u> Aggregate Year-to-Date > \$ 1000	4/27/98	1000.00
Andrew S. Clark 4582 Chippenham Dr. Roanoke, VA. 24017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 1000	4/22/98	1000.00
Anthony S. Clark 3307 N. Columbus St. Arlington, VA 22207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Howard Hughes Medical Institute Occupation: <u>Investment Manager</u> Aggregate Year-to-Date > \$ 1000	4/21/98	1000.00

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Price for Congress

C 00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PIA L. CLARK 3307 N. Columbus St. Arlington, VA. 22207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	NONE Occupation: Flame maker Aggregate Year-to-Date > \$ 1000	4/21/98	1000.00
LASZLO CSERNAK 300 Oak Hill Dr. Belleville, IL. 62223 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Anesth. Assoc. of Belleville, Ltd. Occupation: Anesthesiologist Aggregate Year-to-Date > \$ 500	5/15/98	500.00
R. H. Deerhake 125 W. Edgar Findlay, OH 45840 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Self-employed Occupation: Physician Aggregate Year-to-Date > \$ 250	6/15/98	250.00
Bernadette W. Dobbs 21 Lake Lorraine Ct. Belleville, IL. 62226 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Midwest ENT Mgmt Inc. Occupation: R.N./Executive Aggregate Year-to-Date > \$ 500	5/14/98	500.00
MARILYN DUFRAY 4 Signal Hill Blvd. Belleville, IL. 62223 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: NONE Occupation: Homemaker Aggregate Year-to-Date > \$ 750	5/15/98	250.00
Richard Dwyer 3320 Waverly View Dr. Hollywood, CA. 90062 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Self-employed Occupation: Physician Aggregate Year-to-Date > \$ 500	6/15/98	500.00
Day Freehadd 626 N. 38th St. Belleville, IL. 62220 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Self-employed Occupation: Physician Aggregate Year-to-Date > \$ 1100	6/15/98	300.00

SUBTOTAL of Receipts This Page (optional) 3300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 13
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Price for Congress

C 00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randolph M. Freeman 119 Sun Lake Dr. Belleville, IL 62221	Anesthesia Assoc. of Belleville, Ltd.	5/7/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician 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
Giri T. Gireesan 676 N. St. Clair St. Ste. 1117 Chicago, IL 60611	Self-employed	4/27/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician 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
Aaron Greenspan 4400 Liddell Blvd. - Apt. 16H St. Louis, Mo. 63108	Self-employed	4/22/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 1200		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Guignon 117 Hickory Lake Belleville, IL 62223	None	6/26/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker 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
Michael Guignon 117 Hickory Lake Belleville, IL 62223	Self-employed	6/26/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician 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
Jay Haines II 15 Metcalf Dr. Belleville, IL 62223	Lincoln Surgical Assoc.	5/15/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician 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
Jane Haines 15 Metcalf Dr. Belleville, IL 62223	None	6/25/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > \$ 1000		

SUBTOTAL of Receipts This Page (optional)

4750

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Price for Congress

C 00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Delbert Harris 1002 College Rd. Lebanon, IL. 62254	self-employed	5/11/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Herrmann 145 Hickory Lake Belleville, IL. 62223	self-employed	4/27/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
CARA Holdener 13 Signal Hill Blvd. Belleville, IL. 62223	none	5/22/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 1500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PAUL Holdener 200 E. Fairway Dr. Belleville, IL. 62223	Belleville Radiologists LTC.	5/22/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Radiologist	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
Peter Holmes 14302 Shadow Oaks San Antonio, TX 78231	OSASA	5/7/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
John Hucker 600 E. Waters Edge Belleville, IL. 62221	self-employed	4/29/98	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 350	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Evelyn T. Hurd 106 Country Club Place Belleville, IL. 62223	none	4/29/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 1000	

SUBTOTAL of Receipts This Page (optional) 3850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 12
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Price for Congress

C00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry M. Hurd 106 Country Club Place Belleville, IL. 62223	Retired Occupation: <u>PHYSICIAN</u>	4/29/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Jerome 820 CATAWBA SWANSEA, IL. 62226	E.A.R. Nose, & Throat Inst. of S. Illinois LTD. Occupation: <u>PHYSICIAN</u>	5/22/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
JAMES Junker 16 Fox Meadows St. Louis, Mo. 63127	Self-employed Occupation: <u>PHYSICIAN</u>	5/28/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis Kappel 39 Signal Hill Blvd. Belleville, IL. 62223	Retired Occupation: <u>PHYSICIAN</u>	4/21/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
MARY T. Kappel 20 Gerold Lane Belleville, IL. 62223	NONE Occupation: <u>Homemaker</u>	5/5/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen R. Kappel 20 Gerold Lane Belleville, IL. 62223	Ass. Dr. Ho. Surgery, LTD. Occupation: <u>PHYSICIAN</u>	5/5/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
DAVID Kennedy 33 Picardy Lane St. Louis, Mo. 63124	Self-employed Occupation: <u>PHYSICIAN</u>	6/26/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000		

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 12
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Price for Congress

C 00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JEANNE Kennedy 33 Picardy Lane St. Louis, Mo. 63124	NONE	6/26/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > \$ 2000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ANWAR KHAN 509 Lake Christine Dr. Belleville, IL. 62221	ANWAR KHAN, Ltd.	4/21/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 1500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PANDURANGA KINI 7A Park Place SWANSEA, IL. 62226	Self-employed	4/29/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 350		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARIANN MacKENZIE 5014 DeQuincy Dr. FRIEFAX, VA. 22032	NONE	5/7/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired 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
STEVEN Mathus 180 S 3rd St. - Ste. 200 Belleville, IL. 62220	Self-employed	6/15/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician 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
Rebecca McGrady 18 Lake Lorraine Ct. SWANSEA, IL. 62226	NONE	5/22/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker 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
John McKelvey 204 Woody Creek Greer, S. C. 29650	Self-employed	5/28/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 300		

SUBTOTAL of Receipts This Page (optional)

5050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 12
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Price for Congress

C 00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James McMillian P.O. Box 25524 Scott AFB, IL 62225	NONE	4/29/98 6/1/98	500.00 440.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 2000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ventrapragada Mahan 382 Oak Hill Dr. Belleville, IL 62223	S.ILL. Pulmonary Consultants, Ltd.	5/5/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 350		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hans Moosa 513 E. Waters Edge Dr. Belleville, IL 62221	Vascular's Hand Surg, Ltd.	6/12/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 2000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Muchnick 41 Orchard Lane Kirkwood, Mo. 63122	Health Resources	4/29/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician 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
Fiorine Mullins 3812 Washington Woods Dr. Alexandria, VA 22309	NONE	6/15/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired 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
Catherine H. Nestor 6 Lake Lorraine Ct. Belleville, IL 62221	NONE	5/12/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker 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
Don Orscheln P.O. Box 956 Moberly, Mo. 65270	Self-employed	5/5/98	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional)

4840.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 12

FOR LINE NUMBER

11a

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NAME OF COMMITTEE (In Full)

Price for Congress

C 00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amanullah Pathan 113 Berkshire Dr. Belleville, IL. 62223	Metro Cardiology Group, Ltd.	4/29/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician 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
Robert L. Quas 4550 Memorial Dr. Belleville, IL. 62226	Self-employed	4/29/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 1300	5/22/98	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Reichert 141 Hickory Lake Belleville, IL. 62223	NONE	6/15/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eleanor B. Rickover 1101 S. Arlington Ridge Rd. Arlington, VA. 22202	NONE	5/11/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired 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
Michael Kiley 80.5 Raintree Woods Belleville, IL. 62223	Professional Therapy Services 824 So. 59th St Belleville IL 62223	5/18/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive 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
Kamona Rodriguez 229 Hickory Ridge Belleville, IL. 62223	NONE	5/22/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker 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
Dale Rosenberg 209 Persimmon Belleville, IL. 62221	Plastic Surgery Cos. Ltd.	6/26/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 750		

SUBTOTAL of Receipts This Page (optional)

3550.00

TOTAL This Period (last page this line number only)

-

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 12

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Price for Congress

C 00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sylvia Sander 189 Country Club Place Belleville, IL 62223	NONE	6/18/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker 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
Stephen A. Schmidt 300 West Lincoln Belleville, IL 62220	Lincoln Surgical Assoc.	5/11/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician 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
Courtney D. Scott, Jr. 8820 Cottongrass Lundorf, MD 20603	Self-employed	5/15/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician 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
John Sedlacek 201 S. Belt W. Belleville, IL 62220	NONE	6/15/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 300		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Geri Rothman - Serot 11629 Conway Rd. St. Louis, Mo 63131-2410	Center for Orthopedics	5/15/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Scheduler 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
Donald Serot 11629 Conway Rd. St. Louis, Mo. 63131-2410	Center for Orthopedics	5/15/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician 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
Naseem Shekhanji 4550 Memorial Dr. Belleville, IL 62226	Self-employed	4/15/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 12
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Price for Congress

C 00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LA VERNE SIMMONS 109 LA MOISE LANE Belleville, IL. 62223	NONE	6/30/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Homemaker</u> 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
GURCHARAN SINGH 2255 DePaul Dr. - Ste. 675 Bridgeton, Mo. 63044	Self-employed	5/22/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Physician</u> 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
DONALD R. SMITH 3540 RUE DULAC Shreveport, LA. 71107	Self-employed	5/15/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Physician</u> 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
HAROLD SMITH, JR. 3600 W. LAKE AVE. Glenview, IL. 60025	NONE	6/15/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Self-employed</u> Aggregate Year-to-Date > \$ 7000	6/15/97	1000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEBORAH K. STEW 600 CROWN POINTE Belleville, IL. 62221	NONE	5/22/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Homemaker</u> 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
ALEX SUDHOLT 12 SANDPIPER DR. Belleville, IL. 62221	Southern IL. Physicians Group, Ltd.	5/5/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Physician</u> 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
JANET SUSHI 2520 OAK SPRINGS LANE St. Louis, Mo. 63131	NONE	6/30/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Homemaker</u> Aggregate Year-to-Date > \$ 2000		

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 12
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Price for Congress

C 00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul S Szweczyk 12531 DARANA DR St. Louis, Mo. 63128	Eye Physicians & Surgeons of Belleville Occupation: Physician Aggregate Year-to-Date > \$ 1500	5/28/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephanie Tebow 20 N. 82nd St. Belleville, IL 62223	Price for Congress Occupation: Campaign Manager Aggregate Year-to-Date > \$ 1000	6/2/98 6/30/98	250.00 650.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marylou Turrell 66 Signal Hill Blvd. Belleville, IL 62223	NONE Occupation: Homemaker Aggregate Year-to-Date > \$ 250	5/1/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Weems-Vandy 541 Conway Village Dr St. Louis, Mo. 63141	NONE Occupation: Homemaker Aggregate Year-to-Date > \$ 2000	5/15/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary J. Vick 3608 W. MAIN ST. Belleville, IL 62223	DERM ASSOCIATES LTD Occupation: Physician Aggregate Year-to-Date > \$ 600	5/15/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANK VOLLMER 7315 W. MAIN ST. Belleville, IL 62223	self-employed Occupation: Realtor Aggregate Year-to-Date > \$ 750	6/30/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Delwyn Worthington 5931 E. Arcadia Lane Phoenix, AZ 85018	self-employed Occupation: Physician Aggregate Year-to-Date > \$ 250	5/14/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

4400.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Price for Congress C 00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E Wilson 402 West Main St O'Fallon IL 62269		5-22-98	100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 270	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Behnken 912 Indian Springs Rd O'Fallon IL 62269		5-14-98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 300	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald W Bennett 801 Indian Springs Rd O'Fallon IL 62269		5-22-98	100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 275	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert L Broderick 57 West Main St Belleville IL		4-22-98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 270	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Fulford 1607 Fairway O'Fallon IL 62269		5-5-98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 300	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James F Gregory 220 Waters Edge Belleville IL 62221	Gregory & Musiele Dentistry Ltd	5-14-98	100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 300	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William F Hoffman		5-5-98	100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 270	

SUBTOTAL of Receipts This Page (optional)

1,000

TOTAL This Period (last page this line number only)

57,040

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 116

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NAME OF COMMITTEE (in Full)

Price for Congress C 00330978

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randolph Co Republican Central Committee		4/29/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alexander Co Republican Womens Org		6-8-98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Madison Co Republican Central		1-21-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 550

TOTAL This Period (last page this line number only) 550

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NAME OF COMMITTEE (in Full)

Price for Congress C 00330920

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amer. Ass of Clinical Urologists 1111 PLAZA Dr. #550 SCHAUMBURG, IL. 60173	(URO PAC)	5/4/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Southern IL. Optometric Soc 15 N. Locust St. Pickneyville, IL. 62274		5/18/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Neurological Surgery P.O. Box 136 Washington DC 200440136	(ANSPAC)	5/30/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PRAX PAC P.O. Box 2958 DANBURY, CT. 06813-2958		6/12/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Monday Morning PAC P.O. Box 10097 Arlington, VA. 22210		6/18/98	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MOBIL CORP. PAC 3225 Gallows Rd. FAIRFAX, VA. 22037-0001		6/30/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
American Medical Society PAC 1101 Vermont Ave. NW WASHINGTON, D.C. 20005		6/15/98	5000. "in kind" Poll
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 10000	

SUBTOTAL of Receipts This Page (optional)

12300

TOTAL This Period (last page this line number only)

12300

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER
Line 14

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)
Price for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
News Democrat 120 S. Illinois St. Belleville, IL 62220	AD REFUND	6/11/98	\$ 1136
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation 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
Ameritech P.O. Box 29670 Chicago, IL 60629	Rebate on Paper	6/10/98	10
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 this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	\$ 1146
TOTAL This Period (last page this line number only)	\$ 1146

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 10
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Price for Congress C 0038928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Alphagraphics 127 N. Belt East SWANSEA, IL. 62226	Printing	4/1/98	596.05
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4/7/98	2546.11
	<input type="checkbox"/> Other (specify)	4/22/98	2033.25
Watson's 10402 Lincoln Trail Fairview Hgts., IL. 62208	Ofc. Supplies	4/1/98	66.87
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/8/98	589.97
	<input type="checkbox"/> Other (specify)	6/8/98	57.89
Hesse Photo 3800 W. Main Belleuille, IL. 62226	Photos	4/1/98	115.70
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Fed Ex P.O. Box 1140 Memphis, Tenn. 38101	Delivery Service	4/2/98	86.25
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/22/98	50.75
	<input type="checkbox"/> Other (specify)	5/22/98	48.75
Postmaster Dutch Hollow Station Belleuille, IL. 62223	Postage	4/3/98	224.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4/14/98	160.00
	<input type="checkbox"/> Other (specify)	4/30/97	96.00
First Bank 6323 W. Main St. Belleuille, IL. 62223	Checks	4/2/98	41.97
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
AT & T P.O. Box 27-866 KANSAS CITY, Mo. 64174	Phone Service	4/7/98	406.70
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/8/98	301.08
	<input type="checkbox"/> Other (specify)	6/12/98	537.78
Wall St. Journal 200 BURNETT ROAD Chicopee, Massachusetts 01020	Subscription	4/7/98	89.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Southern ILLINOISAN P.O. Box 2108 Carbondale, IL. 62902	Ad	4/7/98	11.33
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

8059.45

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 10
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in full)

Price for Congress C 00330928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill's 2500 Smelting Works Rd. SWANSEA, IL. 62226	Trash Plu Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/98 5/8/98 6/8/98	30.00 30.00 30.00
B. Full Name, Mailing Address and ZIP Code Southwestern Bell 73 Innsbruck Lane Shiloh, IL.	Cellular Phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/98 5/8/98 6/12/98	136.54 100.43 120.19
C. Full Name, Mailing Address and ZIP Code MAIN ST. MARKET 8193 W. MAIN ST. Belleuille, IL. 62223	Food, P. Products etc., Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/98 5/8/98 6/8/98	378.31 175.06 23.54
D. Full Name, Mailing Address and ZIP Code Shriners Belleuille, IL.	Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/98	200.00
E. Full Name, Mailing Address and ZIP Code CONSENSUS Six the Pines Court St. Louis, Mo. 63141	Consultants Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/10/98 5/29/98 6/18/98	7002.00 3840.77 4652.22
F. Full Name, Mailing Address and ZIP Code Stephanie Tebow 7800 W. MAIN Apt. 4 Belleuille, IL. 62223	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/10/98 4/30/98 5/15/98	100.00 956.55 1250.00
G. Full Name, Mailing Address and ZIP Code Dortie Brown 300 S. 9th St. New Baden, IL. 62265	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/10/98 4/15/98 7/30/98	100.00 79.57 500.27
H. Full Name, Mailing Address and ZIP Code Ron Stephens 535 Edwardsville Rd. Troy, IL.	Ad - Golf Tournament Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/98	125.00
I. Full Name, Mailing Address and ZIP Code Jonel's Florist	Flowers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/98 6/1/98	35.45 40.78

SUBTOTAL of Disbursements This Page (optional)

19,906.68

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (if Full) **Price for Congress** C 00330928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Wheeler Repair 904 Moreland Dr. Belleville, IL. 62223	Door Repair Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/98	172.00
Matt Johnson 1300 Caseyville Ave. Swansea, IL. 62226	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/98 4/30/98 5/15/98	758.50 758.50 758.50
James Cluck 8903 Tanglewood Circle Belleville, IL. 62223	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/98 4/30/98 5/15/98	782.50 782.50 782.50
Gail Eichelberger 214 Skyline View Dr. Collinsville, IL. 62234	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/98 4/30/98 5/15/98	758.50 758.50 758.50
Postal World 316 Axminster Fenton, Mo. 63026	Mailings Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/98	4804.42
Stephanie Tebow 8800 W. Main Apt. #4 Belleville, IL. 62223	Expense Report Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/98	231.57
First Bank 6323 W. Main St. Belleville, IL. 62223	Fed-941 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/98 4/30/98 5/15/98	890.66 1020.46 1323.46
Illinois Power P.O. Box 2522 Decatur, IL. 62525	Utility Exp. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/98 4/20/98 5/4/98	45.60 218.81 679.00
Ameritech P.O. Box 29670 Chicago, IL. 60629	Telephone Exp. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/98 5/8/98 6/8/98	585.43 469.53 478.47

SUBTOTAL of Disbursements This Page (optional)	17,817.91
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 4 OF 10
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Price for Congress

C 00330928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
IL Dept. of Employment Sec. Springfield, IL.	UI 3-40 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15	620.42
IL Dept. of Revenue Springfield, IL.	State Withholding Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/98	600.00
B.C. News P.O. Box 606 Belleville, IL. 62222	Subscription Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/98	32.00
T C I 4436 State Rt 161 East Belleville, IL. 62221	Cable Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/98 5/22/98 6/12/98	101.55 41.20 41.20
Lee Fletcher 506 1st St. S.E. Washington, D.C. 20515	Consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/92	1500.00
Keri Strackeljahw 4856 Club Congress Waterloo, IL. 62298	Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/98 5/29/98	375.00 375.00
Int. Specialty	Balloons Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/98	1210.00
Radio Shack 5720 N. Belt W. Belleville, IL. 62226	Phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/2/98	142.59
Illinois Power P.O. Box 2522 Decatur, IL. 62525	Power / Utility Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/8/98 5/8/98 6/12/98	52.23 194.55 218.89

SUBTOTAL of Disbursements This Page (optional)

5494.63

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 10
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Price for Congress

C-00330928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ALL AROUND Delivery 4807 West Main St. - Ste. 224 Belleville, IL. 62223	Delivery Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/8/98	111.00
Judy Bassett 4021 Jumpers Hill Lane Ellicott City, MD 21042	Expense Report Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/8/98	210.57
Peaknet 6400 W. Main Belleville, IL. 62223	Internet Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/8/98	38.90
Sorkina, Northrup, Burkhardt IL Bldg - Ste-800 Springfield, IL. 62705	Attorney Fees Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/8/98	38.96
Strategic FOCUS 10411 Clayton Rd. - Ste A-4 St. Louis, Mo. 63131	Consultants Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/8/98 6/20/98	7069.59 2221.41
Petrosian 8203 W. Main Belleville, IL. 62223	Rent / Office Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/98 5/29/98 6/26/98	500.00 500.00 500.00
Bill Price 500 Oak Hill Dr. Belleville, IL. 62223	Reimb - Exp. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/8/98	182.37
Kwik Kopy 4 Bellevue Park Plaza Belleville, IL. 62226	Copies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/8/98	33.00
Matt Johnson 1300 Caseyville Ave SWANSEA, IL. 62226	Reimburse - Exp Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/98 5/19/98 5/29/98	39.70 47.58 48.72

SUBTOTAL of Disbursements This Page (optional)

11541.80

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 10
FOR LINE NUMBER 7

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NAME OF COMMITTEE (in Full)

Price for Congress

C 00330928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Illinois - American Water Belleville, IL	Utility/Water Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/98	158.84
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Dutch Hollow Station Belleville, IL 62223	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/98 5/14/98 5/18/98	96.00 96.00 140.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Belleville West Booster Club	Golf And Ad. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/98	1000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dottie Bourn 309 S. 9th St. New Baden, IL 62265	Mileage Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/98 5/20/98 5/26/98	24.73 15.75 11.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dottie Bourn 300 S. 9th St. New Baden, IL 62265	Reimburse/Exp. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/98 6/29/98	66.23 10.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barbara Friedrich 322 Carson Dr. Belleville, IL 62223	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/98	743.50
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tucker Kacing	Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/98	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Dutch Hollow Station Belleville, IL 62223	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/98	20.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Alphagraphics 127 N. Belt East SWANSEA, IL 62226	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/98 6/8/98	117.77 67.98

SUBTOTAL of Disbursements This Page (optional)

3067.87

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 7 OF 10
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Price for Congress

C 00330928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brinks Security P.O. Box 650 532 DALLAS, TX. 75265	Security Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/98	83.25
B. Full Name, Mailing Address and ZIP Code Strategic Focus 1238 CHAVANAC Dr. St. Louis, Mo. 63011	Consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/98	858.97
C. Full Name, Mailing Address and ZIP Code News - Democrat P.O. Box 427 Belleville, IL. 62222	Subscription Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/98	45.00
D. Full Name, Mailing Address and ZIP Code CARNIVAL Supplies 108 Commerce Lane Fairview Heights, IL. 62208	Candy / Helium Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/98 5/29/98 6/2/98	23.75 31.62 86.22
E. Full Name, Mailing Address and ZIP Code Attitude Designs P.O. Box 28 ANNA, IL. 62906	T-Shirts / Caps Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/26/98 6/19/98	900.00 225.00
F. Full Name, Mailing Address and ZIP Code Pro Tech 613 N. Springer St. Carbondale, IL. 62223	Off. Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/98	90.72
G. Full Name, Mailing Address and ZIP Code Sappinton Cellular P.O. Box 131 Trenton, IL. 62293	Phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98	52.55
H. Full Name, Mailing Address and ZIP Code SAM'S 1350 W. Hwy 50 O'Fallon, IL. 62269	Candy / Soda Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98 6/2/98 6/12/98	40.60 66.39 90.32
I. Full Name, Mailing Address and ZIP Code Matt Johnson 1300 Caseyville Ave. SWANSEA, IL. 62226	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98 6/15/98	758.50 758.50

SUBTOTAL of Disbursements This Page (optional)

4767.63

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in full)

Price for Congress

C 00 330928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James Cluck 8903 Tanglewood Circle Belleuille, IL. 62223	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98 6/15/98	782.50 782.50
GAIL Eichelberger 214 Skyline View Dr. Collinsville, IL. 62234	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98 6/15/98	752.50 758.50
Dottie Bourn 300 S. 9th St. New Baden, IL. 62245	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98 5/15/98 6/25/98 6/29/98	500.27 500.27 100.00 20.00
Stephanie Tekow 8800 N. 82 Apt. #4 Belleville, IL. 62223	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98 6/17/98	1750.00 750.00
First Bank 6323 W. Main St. Belleville, IL. 62223	Fed- 941 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/98 6/15/98	1020.46 270.00
Best Buy 26 Plaza Dr. Fairview Hgts, IL. 62208	Computer Part Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98	254.40
Vernier Motor Sports	Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98	500.00
MALL JOHNSON 1300 Caseyville Ave Swansea, IL. 62226	Reimburse/Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/98	2.51
Fed Ex P.O. Box 1140 Memphis, TN. 38101	Delivery Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/98 6/12/98	42.50 19.00

SUBTOTAL of Disbursements This Page (optional)

9387.41

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (In Full)

Price for Congress

C 00330928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Telegraph 111 E. Broadway Alton, IL. 62002	Subscription Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/98	48.75
B. Full Name, Mailing Address and ZIP Code CompuType 4401 N. Belt West Belleville, IL. 62223	Purpose of Disbursement Computer Repair Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/8/98 6/18/98	Amount of Each Disbursement This Period 170.00 195.00
C. Full Name, Mailing Address and ZIP Code CARNIVAL Supplies 108 Commerce Lane Fairview Hgts., IL. 62208	Purpose of Disbursement Candy / Helium Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/11/98 6/26/98 6/30/98	Amount of Each Disbursement This Period 51.56 76.52 68.47
D. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 29670 Chicago, IL. 60629	Purpose of Disbursement Phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/12/98	Amount of Each Disbursement This Period 48.92
E. Full Name, Mailing Address and ZIP Code First Photo 28 Bellevue Park Plaza Belleville, IL. 62223	Purpose of Disbursement Film Developing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/18/98	Amount of Each Disbursement This Period 73.62
F. Full Name, Mailing Address and ZIP Code SAM'S Club 1350 W. Hwy 50 O'Fallon, IL. 62269	Purpose of Disbursement Candy / Soda Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/26/98 6/30/98	Amount of Each Disbursement This Period 48.72 100.76
G. Full Name, Mailing Address and ZIP Code UPS	Purpose of Disbursement Parcel Delivery Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/26/98	Amount of Each Disbursement This Period 11.29
H. Full Name, Mailing Address and ZIP Code American Med. Soc. PAC 1101 Vermont Ave. NW Washington, DC. 20005	Purpose of Disbursement Poll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/15/98	Amount of Each Disbursement This Period 5000 (To Kind Red)
I. Full Name, Mailing Address and ZIP Code First Bank 6323 W. Main St. Belleville, IL. 62223	Purpose of Disbursement Bank Charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/30/98	Amount of Each Disbursement This Period 18.00

SUBTOTAL of Disbursements This Page (optional)

5911.51

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 10 OF 10
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)

Price for Congress

C 60330928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Expense Reimbursement for Gas, Hotel, Photo, Software	Date (month, day, year)	Amount of Each Disbursement This Period
William M Price 500 Oak Hill Dr Belleville FL 62223	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-30-98	2054.00
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)

2,054.00

TOTAL This Period (last page this line number only)

88,008.89

LOANS

Name of Company (in Full) **Price for Congress** **CO 330928**

A. Full Name, Mailing Address and ZIP Code of Loan Source William M Price 500 Oak Hill Dr Belleville IL 62223	Original Amount of Loan 62,105	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 62,105
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Terms: Date Incurred 10-31-97 Date Due 12 MON Interest Rate 0 % (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	[Hatched Area]	[Hatched Area]
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer	[Hatched Area]	[Hatched Area]
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer	[Hatched Area]	[Hatched Area]
	Occupation		
	Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source William M Price 500 Oak Hill Dr Belleville IL 62223	Original Amount of Loan 6707	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 6707
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Terms: Date Incurred 2-25-98 Date Due OPEN Interest Rate 0 % (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	[Hatched Area]	[Hatched Area]
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer	[Hatched Area]	[Hatched Area]
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer	[Hatched Area]	[Hatched Area]
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional) _____

TOTALS This Period (last page in this line only) _____

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS

Name of Committee (in Full) Price for Congress C 60330928

A. Full Name, Mailing Address and ZIP Code of Loan Source <u>William M Price</u> <u>100 Oak Hill Dr</u> <u>Belleville IL 62223</u>	Original Amount of Loan <u>85,000</u>	Cumulative Payment To Date <u>0</u>	Balance Outstanding at Close of This Period <u>85,000</u>
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Rate <u>0</u> % (april)	<input type="checkbox"/> Secured	
Terms: Date Incurred <u>6-19-98</u> Date Due <u>Perman</u>			

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 <u>William M Price</u> <u>100 Oak Hill Dr</u> <u>Belleville IL 62223</u>	Original Amount of Loan <u>2054</u>	Cumulative Payment To Date <u>0</u>	Balance Outstanding at Close of This Period <u>2054</u>
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Rate <u>0</u> % (april)	<input type="checkbox"/> Secured	
Terms: Date Incurred <u>6-30-98</u> Date Due <u>Perman</u>			

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) 87,054

TOTALS This Period (last page in this line only) 87,054

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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 7-13-98
<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>SEL</i> PREPARER	7-17-98 DATE PREPARED