

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 3 11 21 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
CITIZENS FOR RUSH

ADDRESS (number and street) Check if different than previously reported.
3361 S. KING DRIVE

CITY, STATE and ZIP CODE STATE/DISTRICT
CHICAGO, IL 60616-4106 IL 1

2. FEC IDENTIFICATION NUMBER
C00257121

3. IS THIS REPORT AN AMENDMENT?
 YES 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

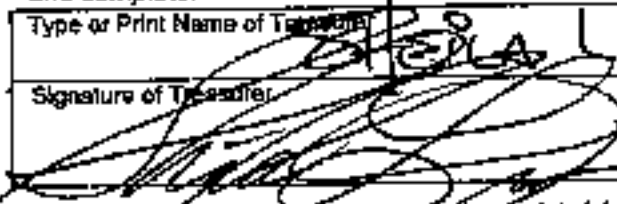
SUMMARY

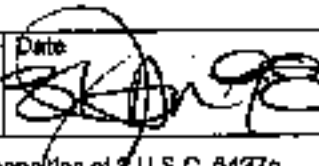
5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7/1/97 through 12/31/97		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	44,944.61	91,669.61
(b) Total Contribution Refunds (from Line 20(d))	- 0 -	- 0 -
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	44,944.61	91,669.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	52,831.86	62,563.15
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	52,831.86	62,563.15
8. Cash on Hand at Close of Reporting Period (from Line 27)	48,382.44	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	15,356.43	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
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: **STEPHA L JACKSON**

Signature of Treasurer: 

Date: 

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In Full)	Report Covering the Period:	
CITIZENS FOR RUSH	From: 7/1/97	To: 12/31/97
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)	21,550.00	
(ii) Unitemized	2,225.00	
(iii) Total of contributions from individuals	23,775.00	69,000.00
(b) Political Party Committees	169.61	169.61
(c) Other Political Committees (such as PACs)	21,000.00	31,500.00
(d) The Candidate	-	-
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	44,944.61	91,669.61
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	44,944.61	91,669.61
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	52,831.86	62,563.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	-	-
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	-	-
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	-	-
21. OTHER DISBURSEMENTS	-	-
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	52,831.86	62,563.15
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 56,269.69	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 44,944.61	
25. SUBTOTAL (add Line 23 and Line 24)	\$ 101,214.30	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 52,831.86	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 48,382.44	

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NAME OF COMMITTEE (In Full)

CITIZENS FOR JUST

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DINO ISOROTIOTIS 5415 N. SHERIDAN RD 60649	PRAXIS CORP.	11/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CIVIL ENGINEER	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARRY S. WATSON 10 WEST 35th STREET 60616	IIT RESEARCH INSTITUTE	11/17/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GROUP VICE PRESIDENT	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID J. VITALE 4925 S. WOODLAWN 60615	FIRST CHICAGO NBD CORP.	11/25/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE CHAIRMAN	Aggregate Year-to-Date > \$ 750.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
YVONNE STROUP 1218 E. MADISON PARK 60615	N/A	8/25/97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALLAN B. SWIFT 1331 F. Street NW 20004	Collinger Associates	8/25/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRINCIPAL	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARLE G. MONTGOMERY 24 BRIDLEWOOD 60062		11/22/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOUIS R. SILVERMAN 5650 S. DORCHESTER 60637	MANAGEMENT GROUP	11/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11(x)

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NAME OF COMMITTEE (in Full)

CITIZENS FOR RUSH

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY L. FRANCE 1612 EAST 79th ST. 60649	SELF	7/14/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	7/14/97	500.00
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JONATHAN H. WEBB 1319 CRAIN STREET 60202	SELF	11/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BANKER		
	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRIS TOMARUS 360 N. MICHIGAN 60601	SELF	7/14/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SELF-INVESTMENTS		
	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KOUBENTERZIAN 750 N. ORLEANS ST. 60610	BMT + ASSOCIATES	11/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TOY INVENTOR		
	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH STROUD 1218 EAST MADISON PK 60615	62 WJYS TELEVISION	8/25/97	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT		
	Aggregate Year-to-Date > \$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANIEL J. BURKE 310 S. HUMPHREY 60302	CHERO COMMUNITY DEVELOPMENT CORP	7/25/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A		
	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT P. BLACKWELL, SR. 100 S. WACKER DR. 60606	BLACKWELL CONSULTING	11/25/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT		
	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

6,500.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

CITIZENS FOR RUSH

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH R. LOPEZ 53 W. JACKSON 60604	SELF Occupation: ATTORNEY	11/22/97	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT M. McGLOTTEN 8904 DEN LEE DRIVE 20735	McGLOTTEN & JARVIS Occupation: LOBBYIST	8/25/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANIEL LEVIN 350 W. HUBBARD 60610	THE HABITAT CO. Occupation: REAL ESTATE EXECUTIVE	7/14/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAKIS G. LIMPERIS 839 WASHINGTON 60126	SELF Occupation: PHYSICIAN	11/22/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES HINCHLIFF 2626 N. LAKEVIEW 60614	PEOPLES ENERGY CORPORATION Occupation: Sr. Vice President	11/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY J. FUSCO 535 FRANKLIN 60305		7/25/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERESA D. FRANCE 2305 E. GARSON 60417-3509	SELF Occupation: DENTIST	7/14/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

3,100.00

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 5

FOR LINE NUMBER 11(a)(2)

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NAME OF COMMITTEE (In Full) **CITIZENS FOR RUSH**

A. Full Name, Mailing Address and ZIP Code DAVID E. MILLER 6259 S. COTTAGE GROVE 60637	Name of Employer SELF	Date (month, day, year) 7/14/97	Amount of Each Receipt this Period 250.00
	Occupation DENTIST	7/14/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Timothy J. Rand 41 West 84th Street 60620	Name of Employer REQUESTED	Date (month, day, year) 11/7/97	Amount of Each Receipt this Period 2,000.00
	Occupation REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (in Full)

CITIZENS FOR RUSH

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
RONALD SHAPIRO 1029 STRATFORD 60015	REQUESTED Occupation: REQUESTED	11/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
STEVEN H. NEMEROVSKI 111 EAST WACKER DR. 60601	LAVINE NAUDON P.C. Occupation: ATTORNEY	11/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
LAWRENCE J. SUFFREDIN JR. 444 N. MICHIGAN 60611	SELF Occupation: ATTORNEY	11/22/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
VONESCA M. STROUD 1505 EAST STADIUM 48104	KIRBY VALCULM Occupation: SALESPERSON	8/25/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
MARY A. SCALETTA-GALWEI 1218 W. FLOURNOY 60607	REQUESTED Occupation: REQUESTED	11/25/97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 325.00		
PAMELA M. RAKESTRAW 1705 CAMBRIDGE AVE. 60422	SR TRANSPORTATION INC. Occupation: CEO	11/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
JOHN S. ORLANDO 5965 SEARL TERRACE 20816	Immorse Co. INC. Occupation: VICE PRESIDENT	8/25/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

3,950.00

TOTAL This Period (last page this line number only)

21,550.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full) **CITIZENS FOR RUSH**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE 480 S. CAPITAL ST 20543		6/97 THRU 12/97	169.61
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 169.61	
B. 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 > \$	
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)

TOTAL This Period (last page this line number only) **169.61**

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NAME OF COMMITTEE (in Full)

CITIZENS FOR RUSH

A. Full Name, Mailing Address and ZIP Code DRIVE POLITICAL FUND 25 LOUISIANA N.W. 20001	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	11/7/97 12/16/97	1,000.00 3,500.00
		\$ 4,500.00	

B. Full Name, Mailing Address and ZIP Code FORD MOTOR CO. - CIVIC ACTION FUND THE AMERICAN ROAD 48121	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	8/25/97	500.00
		\$ 500.00	

C. Full Name, Mailing Address and ZIP Code NARFE - PAC 1533 NEW HAMPSHIRE, N.W. 20036	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	12/16/97	1,000.00
		\$ 1,000.00	

D. Full Name, Mailing Address and ZIP Code NAT'L EDUCATION ASSN. PAC 1201 16th Street, N.W. 20036	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	11/7/97	500.00
		\$ 500.00	

E. Full Name, Mailing Address and ZIP Code NATIONAL CABLE TELEVISION PAC 1724 MASSACHUSETTS, N.W. 20036	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	7/7/97 7/7/95	413.25 2086.75
		\$ 2,500.00	

F. Full Name, Mailing Address and ZIP Code NAT'L RESISTANCE ASSN. VENTURE CAP. ASSN. 1685 N. FORT MYER DR 22204	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	7/25/97	1,000.00
		\$ 1,000.00	

G. Full Name, Mailing Address and ZIP Code POWER PAC - Edison 701 PENNSYLVANIA, N.W. 20004-2696	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	7/14/97	500.00
		\$ 500.00	

SUBTOTAL of Receipts This Page (optional) 10,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
FOR LINE NUMBER 1(cc)

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NAME OF COMMITTEE (In Full)

CITIZENS FOR RUSH

A. Full Name, Mailing Address and ZIP Code AMALGAMATED TRANSIT UNION PAC 5025 WISCONSIN AVE., N.W. 20016-4139	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

B. Full Name, Mailing Address and ZIP Code AMERICAN DENTAL - PAC 1111 14th STREET N.W. 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

C. Full Name, Mailing Address and ZIP Code AMERICAN MARITIME OFFICERS VOLUNTARY POL. FUND 650 4th AVE. 11232	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

D. Full Name, Mailing Address and ZIP Code ACLA PAC 1050 - 31st STREET NW 20007	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

E. Full Name, Mailing Address and ZIP Code BROWNING - FERRIS IND. - PAC P.O. Box 3151 77253	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

F. Full Name, Mailing Address and ZIP Code CBDE/PAC LASALLE & JACKSON STREET 60604	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

G. Full Name, Mailing Address and ZIP Code CITICORP VOLUNTARY POLITICAL FUND 1101 PENNSYLVANIA, N.W. 20004	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) **5,500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

CITIZENS FOR RUST

A. Full Name, Mailing Address and ZIP Code SBC COMMUNICATIONS-EMPAC 175 E. HOUSTON 78205	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		

		8/25/97	500.00
		10/24/97	500.00
			\$ 1,000.00

B. Full Name, Mailing Address and ZIP Code SEAFARERS POLITICAL ACTIVITY 5201A WYWAY CAMP SPRING, MD 20746	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		

		8/8/97	500.00
			\$ 500.00

C. Full Name, Mailing Address and ZIP Code TEAM AMERITECH PAC 1401 H. STREET N.W. 20038-7768	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		

		8/25/97	1,000.00
			\$ 1,000.00

D. Full Name, Mailing Address and ZIP Code TELEVISION RADIO PAC 1771 N STREET N.W. 20036-2891	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		

		8/25/97	500.00
			\$ 500.00

E. Full Name, Mailing Address and ZIP Code TRANSPORTATION POL ED. LEAGUE 14600 DETROIT AVE 48107	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		

		8/4/97	500.00
			\$ 500.00

F. Full Name, Mailing Address and ZIP Code UAW V CAP 8000 EAST JEFFERSON 48214-3963	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		

		8/25/97	500.00
			\$ 500.00

G. Full Name, Mailing Address and ZIP Code UNITED MINE WORKERS OF AMERICA - COMPAC 900 15TH ST. N.W. 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		

		11/7/97	500.00
			\$ 500.00

SUBTOTAL of Receipts This Page (optional) 4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UPS - PAC 55 GLENLAKE PARKWAY 30320		8/25/97	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	
B. 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 > \$	
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) 500.00
 TOTAL This Period (last page this line number only) 21,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

CITIZENS FOR RUSH

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ameritech Bill Pymt Center CHGO	Deposit Installment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/97	225.00
Ameritech Bill Pymt Center CHGO	TELEPHONE SERVICE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/97 12/12/97	3,153.09 516.25
African American Leadership Partnership CHICAGO	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/97 7/26/97	500.00 100.00
Biggs Restaurant CHICAGO	Facilities food GRAND RAISER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/97	1,100.00
Canmel Cutter Printing	PRINTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/97	1,074.42
Carolyn Rush 3534 S. CALUMET 60653	CONSULTING fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/97	1,872.00
Carolyn Rush 3534 S. CALUMET 60653	AIRLINE TICKETS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/97 10/18/97	500.00 411.00
Carolyn Rush 3534 S. CALUMET 60653	PURCHASE OF floor TILE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/97 10/24/97	102.67 100.00
Carolyn Rush 3534 S. CALUMET 60653	OFFICE SUPPLIES & XMAS GIFTS BY STAFF Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1459 1475	89.20 152.60

SUBTOTAL of Disbursements This Page (optional)

9896.23

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 **5**
FOR LINE NUMBER **17**

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NAME OF COMMITTEE (in Full)

CITIZENS FOR RUSSIA

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COCOA BEACH HILTON COCOA BEACH, FL	HOTEL - 1 NITE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/7/97	84.90
DAVID L. ANDRUKITSINO WASHINGTON, DC	PRINTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/1/97	1,246.20
DEMOCRATIC NATL COMMITTEE WASHINGTON, DC	SERVICES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/97	150.00
DEMOCRATIC NATL CLUBS WASHINGTON D.C.	FUNDRAISER EXPENSES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/97	1,100.00
FIRST CHURCH OF DELIVERANCE CHICAGO, IL	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/97	20.00
FIRST CHURCH OF LOVE & FAITH CHICAGO, IL	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/7/97	60.00
FIRST FAMILY CATERING CHICAGO, IL	FOOD FOR MEETING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/97	265.00
GREEK ISLAND RESTAURANT CHICAGO, IL	FACILITIES + FOOD FOR FUNDRAISER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/97	1,715.78
IL NOTARY ASSOCIATION SPRINGFIELD, IL	NOTARY COMMISSIONS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/6/97	180.00
SUBTOTAL of Disbursements This Page (optional)			4,821.88
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

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NAME OF COMMITTEE (in Full)

CITIZENS FOR ROUSH

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PROGRESS PRINTING 3324 S. HALSTED CHGO	PETITION PRINTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/97	250.00
RON LESTER & ASSOC.	POLL CONSULTANT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/97	2,250.00
STELICA L JACKSON 4410 S. Drexel 60653	ACCOUNTING SERVICES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/97 8/20/97 11/6/97	1,000.00 1,000.00 1,000.00
Shiloh Miss. Baptist Church CHICAGO	DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/97	100.00
TAI CHICAGO 180 N. STETSON AVE CHGO	FOCUS GROUP MEETINGS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/97	5,000.00
Timothy Wright 1351 E. HYDE PARK BLD. 60615	AIRLINE TICKETS + HOTEL for ALG. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/97	745.00
Tropic Island Jerk Chicken 537 EAST 79TH ST.	Food for Meeting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/7/97	141.38
US POSTMASTER	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/97 10/23/97 11/12/97	320.00 320.00 100.00
UNITED AIRLINES	UPGRADE COUPONS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/97 8/18/97 10/6/97	200.00 200.00 200.00

SUBTOTAL of Disbursements This Page (optional)

12,826.38

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 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

CITIZENS FOR RUSH

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JUDY RUSH WILSON 60653	OFFICE CLEAN UP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/19/97	150.00
KENWOOD DREXEL MANSION 4801 S DREXEL 60615	DEPOSIT FOR XMAS PARTY FACILITY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/97	1,250.00
KINKO'S 1315 EAST 5TH ST. 60637	PRINTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/24/97	60.28
LEONAS 1936 W. AUGUSTA 60622	CATERING FOR MEETING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/97	195.67
MANDAR INN 2249 S. WENWORTH 60609	CATERING FOR MEETING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/97 10/31/97	180.00 167.45
MEREDITH NAPPER P.O. BOX 303 25425	CONTRACT FEES FOR NEWS PAPER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/17/97 9/18/97 10/22/97 12/10/97	5,769.00 2,500.00 2,500.00 2,500.00
MID CITY PRINTING CHGO	PRINTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/24/97	180.00
OWEN LAWSON	PHOTOGRAPHY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/97	240.00
PINZLE DESIGN 1935 N. KENMORE 60614	DESIGN NETWORK & TYPESETTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/97	125.00

SUBTOTAL of Disbursements This Page (optional)

15,817.40

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 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

CITIZENS FOR RUSH

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
UNITED AIRLINES	AIRLINES TICKETS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/7/97	1,257.00
B. Full Name, Mailing Address and ZIP Code SOUTH SHORE BANK 3401 KING DR. 60616	SERVICE CHARGES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/97 8/31/97 9/30/97	22.83 21.41 16.25
C. Full Name, Mailing Address and ZIP Code SOUTH SHORE BANK 3401 KING DR NB 60616	SERVICE CHARGES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/97 11/30/97 12/31/97	21.92 24.81 19.89
D. Full Name, Mailing Address and ZIP Code DEMOCRATIC NAT'L CONGRESSORIAL CAMPAIGN COMMITTEE 430 E. CAPITOL ST 20003	IN KIND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/97 THRU 12/97	169.61
E. Full Name, Mailing Address and ZIP Code NATIONAL CABLE TELEVISION 1724 MASSACHUSETTS 20036	"THE WIREHEAD" IN KIND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/97	413.25
F. Full Name, Mailing Address and ZIP Code CITIZENS FOR LAUREY 3361 S. KING DR 60616	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/95	7,503.00
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)

9469.97

TOTAL This Period (last page this line number only)

52,832.86

SCHEDULE D
(Revised 3/80)

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
CITIZENS FOR RUSH				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ROBERT WRIGHT 1212 S. MICHIGAN CHGO	3,000.00			3,000.00
Nature of Debt (Purpose): SALARY				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor PROGRESSIVE LAND DEV. 7801 S. COTTAGE GROVE 60619	1,400.00			1,400.00
Nature of Debt (Purpose): OFFICE RENT				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor LEAH BLOOMENTHAL 6325 N. SHERIDAN CHGO	62.40			62.40
Nature of Debt (Purpose): OFFICE SUPPLIES				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor CHARISSE HODGES 3348 S. GILES 60616	850.00			850.00
Nature of Debt (Purpose): SALARY				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor JAMES BERRY COMMUNICATIONS 435 W. WISCONSIN 60614	1,000.00			1,000.00
Nature of Debt (Purpose): P.R. CONSULTANT				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor LORI ANN BASS & ASSOC 730 N. FRANKLIN CHGO	94.54			94.54
Nature of Debt (Purpose): RAISING CONSULTANT				
1) SUBTOTALS This Period This Page (optional)				6,406.94
2) TOTALS This Period (last page in this line 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)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Contributor (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<p>CITIZENS FOR RUSA A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor CITIZENS FOR GARY LAPILLE P.O. Box 64665 60664-1664</p>	2,000.00			2,000.00
<p>Nature of Debt (Purpose): REFUND</p>				
<p>B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Tribco Construction 500 W. MONROE 60661</p>	300.00			300.00
<p>Nature of Debt (Purpose): REFUND</p>				
<p>C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor VISION, HEALTH MGMT SYSTEMS 2838 S. INDIANA 60616</p>	250.00			250.00
<p>Nature of Debt (Purpose): REFUND</p>				
<p>D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Apostolic Faith Church 3823 S. INDIANA 60653</p>	500.00			500.00
<p>Nature of Debt (Purpose): REFUND</p>				
<p>E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Trilla Steel Drum Corp 55 GLENLAKE PKWY, N.E. 30328</p>	200.00			200.00
<p>Nature of Debt (Purpose): REFUND</p>				
<p>F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor McLay Services 1313 S. Michigan 60605</p>	1,000.00			1,000.00
<p>Nature of Debt (Purpose): REFUND</p>				
<p>1) SUBTOTALS This Period This Page (optional)</p>				4,250.00
<p>2) TOTALS This Period (last page in this line only)</p>				
<p>3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)</p>				
<p>4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</p>				

SCHEDULE D
(Revised 3/80)

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
<p>CITIZENS FOR RUSH A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor NAT'L DEM CLUB WASHINGTON, D.C.</p>		1,210.45	-0-	1,210.45
<p>Nature of Debt (Purpose): FUNDRAISER</p>				
<p>B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor METRO SENIORS IN ACTION CHICAGO</p>		100.00		100.00
<p>Nature of Debt (Purpose): AD IN AD BOOK</p>				
<p>C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor SECURITY SERVICES HIGHLAND PARK</p>		130.17		130.17
<p>Nature of Debt (Purpose): BUGULAR ALARM</p>				
<p>D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor COMMONWEALTH EDISON BILL PAYMENT CENTER</p>		1,109.93		1,109.93
<p>Nature of Debt (Purpose): ELECTRICITY</p>				
<p>E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor PEOPLE'S GAS BILL PYMT CENTER</p>		1,000.00		1,000.00
<p>Nature of Debt (Purpose): HEATING OIL</p>				
<p>F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor AMERITECH BILL PAYMENT CENTER</p>		446.12		446.12
<p>Nature of Debt (Purpose): TELEPHONE</p>				
<p>1) SUBTOTALS This Period This Page (optional)</p>				3,996.67
<p>2) TOTALS This Period (last page in this line only)</p>				
<p>3) TOTAL OUTSTANDING LOANS from Schedule D (last page only)</p>				
<p>4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</p>				


SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Certificate (in Full) CITIZENS FOR RUSH	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor DAVID L. ANDRUKITTS, INC WASHINGTON		702.82		702.82
Nature of Debt (Purpose): PRINTING				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				702.82
2) TOTALS This Period (total page in this line only)				5,356.43
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				— 0 —
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				5,356.43

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <u>2/3/98</u>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
 PREPARER	<u>2/3/98</u> DATE PREPARED