

# Emil Jones, Jr.

for Congress, 2nd District

✓ *Proven Ability    Proven Leadership    Experience*

HAND DELIVERED

VIA FEDERAL EXPRESS AND FACSIMILE

November 16, 1995

The Honorable Robin H. Carle  
Clerk of the House of Representatives  
Office of Records and Registration  
1036 Longworth House Office Building  
Washington, DC 20515-6612

RE:    Emil Jones for Congress  
      FEC Form 3 Report

Dear Ms. Carle:

Enclosed please find a copy of the FEC Form 3 Report ("Report") for Emil Jones for Congress. The original Report was sent via Federal Express on November 15, 1995 to the Federal Election Commission ("FEC"). The original Report was received by L. McCoy of the FEC on November 16, 1995.

Very truly yours,

*Melvin Caldwell*

Melvin Caldwell  
Treasurer  
Emil Jones for Congress

enclosure

RECEIVED  
LEGISLATIVE RESOURCE CENTER  
95 NOV 17 PM 12:10  
OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

169410

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
LEGISLATIVE RESOURCE CENTER

95 NOV 17 PM 12:10

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

1. NAME OF COMMITTEE (in full)  
**EMIL JONES FOR CONGRESS**

ADDRESS (number and street) ☐ Check if different than previously reported.  
**507 West 111th Street, Suite 9**

CITY, STATE and ZIP CODE: **Chicago, IL 60628**

STATE/DISTRICT  
**IL/02**

2. FEC IDENTIFICATION NUMBER

**C00306779**

3. IS THIS REPORT AN AMENDMENT?

☐ YES ☒ NO

## 4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☒ Twelfth day report preceding Special Primary  
(Type of Election)

election on 11/28/95 in the State of Illinois

☐ Thirtieth day report following the General Election on

in the State of

☐ Termination Report

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
<u>7/1/95</u> through <u>11/8/95</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$139,758.26	\$139,758.26
(b) Total Contribution Refunds (from Line 20(d))	\$ 2,000.00	\$ 2,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$137,758.26	\$137,758.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$ 99,865.76	\$ 99,865.76
(b) Total Offsets to Operating Expenditures (from Line 14)	\$ 0.00	\$ 0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$ 99,865.76	\$ 99,865.76
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$110,892.50	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 73,000.00	

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

**Melvin G. Caldwell**

Signature of Treasurer

*Melvin Caldwell*

Date

11-15-95

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

FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

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

Name of Committee (in full)  
**EMIL JONES FOR CONGRESS**

Report Covering the Period:

From: **7/1/95**

To: **11/8/95**

	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>I. RECEIPTS</b>		
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	\$ 67,991.00	
(i) Itemized (use Schedule A)	\$ 3,167.26	
(ii) Unitemized	\$ 71,158.26	\$ 71,158.26
(iii) Total of contributions from individuals	\$ 1,850.00	\$ 1,850.00
(b) Political Party Committees	\$ 66,750.00	\$ 66,750.00
(c) Other Political Committees (such as PACs)	\$ 0.00	\$ 0.00
(d) The Candidate	\$ 139,758.26	\$ 139,758.26
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	N/A	N/A
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$ 73,000.00	\$ 73,000.00
(b) All Other Loans	\$ 0.00	\$ 0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$ 73,000.00	\$ 73,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$ 0.00	\$ 0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$ 0.00	\$ 0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$212,758.26	\$212,758.26
<b>II. DISBURSEMENTS</b>		
17. OPERATING EXPENDITURES	\$ 99,865.76	\$ 99,865.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	N/A	N/A
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	\$ 0.00	\$ 0.00
(b) Of All Other Loans	\$ 0.00	\$ 0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$ 0.00	\$ 0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$ 2,000.00	\$ 2,000.00
(b) Political Party Committees	\$ 0.00	\$ 0.00
(c) Other Political Committees (such as PACs)	\$ 0.00	\$ 0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$ 2,000.00	\$ 2,000.00
21. OTHER DISBURSEMENTS	\$ 0.00	\$ 0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$101,865.76	\$101,865.76

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 212,758.26
25. SUBTOTAL (add Line 23 and Line 24)	\$ 212,758.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 101,865.76
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 110,892.50

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 1 OF 33  
FOR LINE NUMBER  
11(a)(i)

## Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas W. Ventulett, III 4234 Conway Valley Rd. NW Atlanta, GA 30327	Information Requested Occupation	10/21/95	\$3,000.00 (\$2,000.00 refunded/see Schedule B)
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah J. Chism 4425 N. Walnut St.	Occupation	10/15/95	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date > \$	200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miriam K. Feiger 4545 W. Touhy Lincolnwood, IL 60646	Crawford Supply Occupation	11/7/95	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Businessman 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
Carol I. Gardner 458 S. Middleton Ave. Palatine, IL 60067	Occupation	11/1/95	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date > \$	100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Theodore A. Jones 471 E. 31st St. Chicago, IL 60616	Information Requested Occupation	11/2/95	\$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
Clifton Rogers 471 E. 31st St. Chicago, IL 60616	Jones, Anderson & Rogers, Ltd. Occupation	11/2/95	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Accountant Aggregate Year-to-Date > \$	500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William S. Anderson 471 E. 31st St. Chicago, IL 60616	Jones, Anderson & Rogers, Ltd. Occupation	11/2/95	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Accountant Aggregate Year-to-Date > \$	1,000.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions From Individuals/Persons**

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

PAGE 2 OF 33

FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

<b>A. Full Name, Mailing Address and ZIP Code</b> Jack C. Bendheim 1 Parker Plaza Fort Lee, NJ 07024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Phillips Brothers <b>Occupation</b> Executive <b>Aggregate Year-to-Date</b> > \$ 500.00 <b>Date (month, day, year)</b> 11/7/95	<b>Amount of Each Receipt this Period</b> \$500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Daniel L. Houlihan 111 W. Washington, #1631 Chicago, IL 60602 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self <b>Occupation</b> Attorney <b>Aggregate Year-to-Date</b> > \$ 1,000.00 <b>Date (month, day, year)</b> 9/27/95	<b>Amount of Each Receipt this Period</b> \$1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Robert L. Tucker 111 W. Washington, Suite 1100 Chicago, IL 60602 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 200.00 <b>Date (month, day, year)</b> 10/19/95	<b>Amount of Each Receipt this Period</b> \$200.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Richard S. Fleisher 111 W. Washington, Suite 1505 Chicago, IL 60602 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Karlin & Fleisher <b>Occupation</b> Attorney <b>Aggregate Year-to-Date</b> > \$ 500.00 <b>Date (month, day, year)</b> 11/7/95	<b>Amount of Each Receipt this Period</b> \$500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Paul A. Brady 1115 S. Plymouth Ct. #404 Chicago, IL 60605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 200.00 <b>Date (month, day, year)</b> 10/24/95	<b>Amount of Each Receipt this Period</b> \$200.00
<b>F. Full Name, Mailing Address and ZIP Code</b> James Hill, Jr. 116 S. Michigan Ave., 11th Fl. Chicago, IL 60603 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> QVS Chicago Joint Venture <b>Occupation</b> Businessman <b>Aggregate Year-to-Date</b> > \$ 500.00 <b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Muriel R. Williams 11603 S. Aberdeen Chicago, IL 60643 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 200.00 <b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$200.00

SUBTOTAL of Receipts This Page (optional):

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions From Individuals/Persons**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 3 OF 33

FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (in Full)

EMIL JONES FOR CONGRESS C00306779

A. Full Name, Mailing Address and ZIP Code

David M. Dykstra  
12516 S. 83rd Ave.  
Palos Park, IL 60464

Name of Employer

Torvac

Date (month,  
day, year)

11/2/95

Amount of Each  
Receipt this Period

\$500.00

Receipt For:

☒ Primary  
☐ Other (specify):

☐ General

Occupation

President

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code

Bill Williams  
12531 S. Michigan Ave.  
Chicago, IL 60628

Name of Employer

Date (month,  
day, year)

9/28/95

Amount of Each  
Receipt this Period

\$200.00

Receipt For:

☒ Primary  
☐ Other (specify):

☐ General

Occupation

Aggregate Year-to-Date > \$ 200.00

C. Full Name, Mailing Address and ZIP Code

Ferris Williams  
12835 S. Sangamon St.  
Chicago, IL 60643

Name of Employer

Date (month,  
day, year)

11/2/95

Amount of Each  
Receipt this Period

\$200.00

Receipt For:

☒ Primary  
☐ Other (specify):

☐ General

Occupation

Aggregate Year-to-Date > \$ 200.00

D. Full Name, Mailing Address and ZIP Code

William Levine  
1300 N. Lake Shore Drive  
Chicago, IL 60610

Name of Employer

Date (month,  
day, year)

11/7/95

Amount of Each  
Receipt this Period

\$200.00

Receipt For:

☒ Primary  
☐ Other (specify):

☐ General

Occupation

Aggregate Year-to-Date > \$ 200.00

E. Full Name, Mailing Address and ZIP Code

Rudy Lombard  
1304 St. Claude Ave.  
New Orleans, LA 70116

Name of Employer

Self

Date (month,  
day, year)

11/2/95

Amount of Each  
Receipt this Period

\$500.00

Receipt For:

☒ Primary  
☐ Other (specify):

☐ General

Occupation

Investment Advisor

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code

Arnold Newberger  
1335 Astor St.  
Chicago, IL 60610

Name of Employer

Self

Date (month,  
day, year)

11/7/95

Amount of Each  
Receipt this Period

\$200.00

Receipt For:

☒ Primary  
☐ Other (specify):

☐ General

Occupation

Aggregate Year-to-Date > \$ 200.00

G. Full Name, Mailing Address and ZIP Code

James Strong  
134 N. LaSalle St.  
Chicago, IL 60602

Name of Employer

Self

Date (month,  
day, year)

9/26/95

Amount of Each  
Receipt this Period

\$500.00

Receipt For:

☒ Primary  
☐ Other (specify):

☐ General

Occupation

Consultant

Aggregate Year-to-Date > \$ 500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE<sup>4</sup> OF 33

FOR LINE NUMBER

11(a)(i)

## Contributions From Individuals/Persons

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NAME OF COMMITTEE (in Full)

EMIL JONES FOR CONGRESS C00306779

<b>A. Full Name, Mailing Address and ZIP Code</b> Larry R. Rogers 1355 S. Clark St. Chicago, IL 60605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Power, Roger & Smith <b>Occupation</b> Attorney <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Joseph E. Gardner 100 E. Erie Chicago, IL 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 11/8/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> David C. Rudd 10153 S. Artesian Chicago, IL 60642 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 10/24/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Lawrence A. Luckett 10348 Interlochen Dr. Palos Hills, IL 60465 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 11/1/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Dolores E. Cross 10400 S. Longwood Dr. Chicago, IL 60643 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 150.00	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$150.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Annette J. Bitoy 10512 S. Peoria St. Chicago, IL 60643 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 10/26/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Jerrina M. Burks 107 Deerpath Matteson, IL 60443 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 90.00	<b>Date (month, day, year)</b> 10/22/95	<b>Amount of Each Receipt this Period</b> \$90.00

SUBTOTAL of Receipts This Page (optional) .....

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

## SCHEDULE A

## ITEMIZED RECEIPTS

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

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FOR LINE NUMBER  
11(a)(i)

## Contributions From Individuals/Persons

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

<b>A. Full Name, Mailing Address and ZIP Code</b> Dolphine W. Pierce 10929 S. Emerald Ave. Chicago, IL 60628 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 75.00	<b>Date (month, day, year)</b> 11/6/95	<b>Amount of Each Receipt this Period</b> \$75.00
<b>B. Full Name, Mailing Address and ZIP Code</b> James E. Flynn 11159 S. Loomis Chicago, IL 60643 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 50.00	<b>Date (month, day, year)</b> 10/18/95	<b>Amount of Each Receipt this Period</b> \$50.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Myrtis B. Robinson 11412 S. Lowe Chicago, IL 60628 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 9/29/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Peggy J. Lubin 118 E. 83rd St. Chicago, IL 60619 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 10/26/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Phillip Siebert 11800 Cardinal Ln. Caledonia, IL 61011 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 11/1/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Jan Williams 1219 E. 53rd St. Chicago, IL 60615 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 160.00	<b>Date (month, day, year)</b> 10/22/95 11/3/95	<b>Amount of Each Receipt this Period</b> \$ 10.00 \$150.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Thornal Washington 1230 Lincoln Ave. Chicago Heights, IL 60411 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 50.00	<b>Date (month, day, year)</b> 9/29/95	<b>Amount of Each Receipt this Period</b> \$ 50.00

SUBTOTAL of Receipts This Page (optional) .....

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions From Individuals/Persons**

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

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FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (in Full)

**EMIL JONES FOR CONGRESS C00306779**

<b>A. Full Name, Mailing Address and ZIP Code</b> Ann C. Piasecki 133 E. 2nd Ave. New Lenox, IL 60451	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 8/30/95	<b>Amount of Each Receipt this Period</b> \$50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Aggregate Year-to-Date</b> > \$ 50.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Nancy L. McDaniel 1340 W. 97th Pl. Chicago, IL 60643	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 11/3/95	<b>Amount of Each Receipt this Period</b> \$150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Aggregate Year-to-Date</b> > \$ 150.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Julia Holt 5 E. Carriageway Hazel Crest, IL 60429	<b>Name of Employer</b> Holt Funeral Home  <b>Occupation</b> Owner	<b>Date (month, day, year)</b> 10/8/95	<b>Amount of Each Receipt this Period</b> \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Aggregate Year-to-Date</b> > \$ 300.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Amy T. Billingsley 501 Hawkesbury Ln. Silver Spring, MD 20904	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 9/27/95	<b>Amount of Each Receipt this Period</b> \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Aggregate Year-to-Date</b> > \$ 100.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Cannutte N. Russell 5050 S. State St. Chicago, IL 60609	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 11/4/95	<b>Amount of Each Receipt this Period</b> \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Aggregate Year-to-Date</b> > \$ 100.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> J. Patrick Hanley 5051 W. Altgeld Chicago, IL 60639	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 9/28/95	<b>Amount of Each Receipt this Period</b> \$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Aggregate Year-to-Date</b> > \$ 200.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> William L. Harris 512 S. Market Marion, IL 62959	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 10/3/95	<b>Amount of Each Receipt this Period</b> \$150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Aggregate Year-to-Date</b> > \$ 150.00	

**SUBTOTAL** of Receipts This Page (optional) .....

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## Contributions From Individuals/Persons

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

<b>A. Full Name, Mailing Address and ZIP Code</b> Teddy Brodie Osantowski 5132 Steger Rd. Monee, IL 60449 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b> Aggregate Year-to-Date > \$ 100.00	<b>Date (month, day, year)</b> 11/6/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Patricia A. Gaughan 5238 N. Neenah, 1D Chicago, IL 60656 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b> Aggregate Year-to-Date > \$ 50.00	<b>Date (month, day, year)</b> 9/28/95	<b>Amount of Each Receipt this Period</b> \$50.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Melvin L. Katten 525 W. Monroe Chicago, IL 60661 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> KATTEN, Muchin & Zavis <b>Occupation</b> Attorney Aggregate Year-to-Date > \$ 250.00	<b>Date (month, day, year)</b> 11/7/95	<b>Amount of Each Receipt this Period</b> \$250.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Victor J. Cacciatore 527 S. Wells St., 8th Fl. Chicago, IL 60607 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self <b>Occupation</b> Attorney Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 11/6/95	<b>Amount of Each Receipt this Period</b> \$1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Evangeline Levison 533 E. 33rd Place Chicago, IL 60616 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self <b>Occupation</b> Attorney Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Marcella F. Wilson 534 E. 95th St. Chicago, IL 60612 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b> Aggregate Year-to-Date > \$ 200.00	<b>Date (month, day, year)</b> 10/18/95	<b>Amount of Each Receipt this Period</b> \$200.00
<b>G. Full Name, Mailing Address and ZIP Code</b> William H. Luking 54 W. Hubbard Chicago, IL 60612 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self <b>Occupation</b> Consultant Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 9/15/95	<b>Amount of Each Receipt this Period</b> \$1,000.00

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## SCHEDULE A

## ITEMIZED RECEIPTS

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## Contributions From Individuals/Persons

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

<b>A. Full Name, Mailing Address and ZIP Code</b> Robert J. Weinstein 540 N. LaSalle Chicago, IL 60610 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> HMO America <b>Occupation</b> Physician <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/2/95 <b>Amount of Each Receipt this Period</b> \$500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Norman G. Levin 56 E. Elm St. Chicago, IL 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 11/7/95 <b>Amount of Each Receipt this Period</b> \$100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Frank J. Pellegrino, Jr. 5822 N. Octavia Ave. Chicago, IL 60631 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 50.00	<b>Date (month, day, year)</b> 10/22/95 <b>Amount of Each Receipt this Period</b> \$50.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Marilyn M. Epps 5825 S. Dorchester Ave. Chicago, IL 60637 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 11/6/95 <b>Amount of Each Receipt this Period</b> \$100.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Arthur L. Berman 6007 N. Sheridan Rd., #18A Chicago, IL 60660 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Karlin & Fleisher <b>Occupation</b> Attorney <b>Aggregate Year-to-Date</b> > \$1,000.00	<b>Date (month, day, year)</b> 11/7/95 <b>Amount of Each Receipt this Period</b> \$1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Mark Hollander 6219 N. St. Louis Chicago, IL 60659 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Information Requested <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/28/95 <b>Amount of Each Receipt this Period</b> \$500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Bernard B. Hollander 6245 N. Central Park Chicago, IL 60659 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Information Requested <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/28/95 <b>Amount of Each Receipt this Period</b> \$1,000.00

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## SCHEDULE A

## ITEMIZED RECEIPTS

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## Contributions From Individuals/Persons

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

## A. Full Name, Mailing Address and ZIP Code

Jack L. Rajchenbach  
6301 N. Central Park  
Chicago, IL 60645

Name of Employer

Information  
RequestedDate (month,  
day, year)

10/28/95

Amount of Each  
Receipt this Period

\$500.00

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

Occupation

Aggregate Year-to-Date &gt; \$ 500.00

## B. Full Name, Mailing Address and ZIP Code

Robert J. Bingle  
634 S. Washington  
Hinsdale, IL 60521

Name of Employer

Information  
RequestedDate (month,  
day, year)

11/2/95

Amount of Each  
Receipt this Period

\$500.00

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

Occupation

Aggregate Year-to-Date &gt; \$ 500.00

## C. Full Name, Mailing Address and ZIP Code

Fredric G. Novy  
6546 N. Tahoma  
Chicago, IL 60646

Name of Employer

Information  
RequestedDate (month,  
day, year)

11/7/95

Amount of Each  
Receipt this Period

\$1,000.00

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

Occupation

Aggregate Year-to-Date &gt; \$ 1,000.00

## D. Full Name, Mailing Address and ZIP Code

Mary Louise Novy  
6546 N. Tahoma  
Chicago, IL 60646

Name of Employer

Information  
RequestedDate (month,  
day, year)

11/7/95

Amount of Each  
Receipt this Period

\$1,000.00

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

Occupation

Aggregate Year-to-Date &gt; \$ 1,000.00

## E. Full Name, Mailing Address and ZIP Code

Donn F. Bailey  
6700 S. Oglesby Ave.  
Chicago, IL 60649

Name of Employer

Date (month,  
day, year)

11/8/95

Amount of Each  
Receipt this Period

\$100.00

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

Occupation

Aggregate Year-to-Date &gt; \$ 100.00

## F. Full Name, Mailing Address and ZIP Code

T.D. Poppin Dollar Ramey, Jr.  
6715 S. Marshfield  
Chicago, IL 60636

Name of Employer

Date (month,  
day, year)

10/10/95

Amount of Each  
Receipt this Period

\$100.00

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

Occupation

Aggregate Year-to-Date &gt; \$ 100.00

## G. Full Name, Mailing Address and ZIP Code

Vernita J. Cole  
6727 S. Cregier  
Chicago, IL 60649

Name of Employer

Date (month,  
day, year)

11/7/95

Amount of Each  
Receipt this Period

\$100.00

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

Occupation

Aggregate Year-to-Date &gt; \$ 100.00

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**Contributions from Individuals/Persons**

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

<b>A. Full Name, Mailing Address and ZIP Code</b> Frieda G. Barton 6933 N. Kedzie #607 Chicago, IL 60645  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 11/1/95	Amount of Each Receipt this Period \$200.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Hulbert Waldroup 6955 S. Ashland Chicago, IL 60636  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 9/28/95	Amount of Each Receipt this Period \$200.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Vera L. Stevenson 700 N. Laramie Ave. Chicago, IL 60644  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 11/7/95	Amount of Each Receipt this Period \$50.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Pamela McDonough 712 S. Second St. Springfield, IL 62704  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Consultant Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/2/95	Amount of Each Receipt this Period \$1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Johnny Smith 7150 S. Halsted Chicago, IL 60621  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Smith Movers, Inc. Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/2/95	Amount of Each Receipt this Period \$500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Shawna D. Harrington 7251 S. South Shore Dr. #2L Chicago, IL 60649  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 90.00	Date (month, day, year) 10/22/95	Amount of Each Receipt this Period \$90.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Geraldine D. Jones 7321 South Shore Dr. #7D Chicago, IL 60649  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/22/95	Amount of Each Receipt this Period \$50.00

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## ITEMIZED RECEIPTS

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## Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

<b>A. Full Name, Mailing Address and ZIP Code</b> Leon Jackson 765 E. 69th Chicago, IL 60637  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Multi-Fac Corp.  <b>Occupation</b> President  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Edward Wimp 7700 S. Michigan Ave. Chicago, IL 60619  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 50.00	<b>Date (month, day, year)</b> 11/8/95	<b>Amount of Each Receipt this Period</b> \$50.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Nolan N. Nelson 7817 S. Vernon Chicago, IL 60619  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 50.00	<b>Date (month, day, year)</b> 11/4/95	<b>Amount of Each Receipt this Period</b> \$50.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Alvin J. Robinson 7915 S. LaSalle Chicago, IL 60620  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Insurer's Review  <b>Occupation</b> President  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/2/95	<b>Amount of Each Receipt this Period</b> \$500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Linda A. Rollins 7924 S. Ada Chicago, IL 60620  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 120.00	<b>Date (month, day, year)</b> 11/3/95 11/3/95	<b>Amount of Each Receipt this Period</b> \$105.00 \$ 16.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Janice C. Parker 8 Clinton St. New Lenox, IL 60451  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 10/26/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Charles W. Bidwill, III 800 Happ Rd. Northfield, IL 60093  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Information Requested  <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/6/95	<b>Amount of Each Receipt this Period</b> \$1,000.00

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## SCHEDULE A

## ITEMIZED RECEIPTS

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## Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

EMIL JONES FOR CONGRESS C00306779

<b>A. Full Name, Mailing Address and ZIP Code</b> Carolyn M. Lee 8041 S. Yates Chicago, IL 60617  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 10/22/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Marva J. Lee 8300 S. Peoria Chicago, IL 60620  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 10/24/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Johnnie M. Newton 2309 W. 79th Place Chicago, IL 60620  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 10/31/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Bishop Shepard Little 2314 E. 83rd St. Chicago, IL 60617  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  <b>Aggregate Year-to-Date</b> > \$ 110.00	<b>Date (month, day, year)</b> 10/28/95	<b>Amount of Each Receipt this Period</b> \$110.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Robert M. Terzich 24 Shenandoah Dr. Galena, IL 61036  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 8/31/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Charles A. Davis 2400 S. Michigan Ave. Chicago, IL 60616  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self  Occupation Public Relations <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Arthur J. Smith, Sr. 242 Sheridan Road Glencoe, IL 60022  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Arts Transportation  Occupation Owner <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$500.00

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11(a)(i)

**Contributions from Individuals/Persons**

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NAME OF COMMITTEE (in Full)

**EMIL JONES FOR CONGRESS C00306779**

<b>A. Full Name, Mailing Address and ZIP Code</b> Michael F. McClain 2424 Sterling Ave. Quincy, IL 62301	<b>Name of Employer</b> Awerkamp & McClain  <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 11/8/95	<b>Amount of Each Receipt this Period</b> \$500.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Lawrence J. Suffredin 2431 Pioneer Rd. Evanston, IL 60201	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 9/28/95	<b>Amount of Each Receipt this Period</b> \$200.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date</b> > \$ 200.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Genevieve Adkins 25 Hawthorne Rd. Barrington Hills, IL 60010	<b>Name of Employer</b> Information Requested  <b>Occupation</b>	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$1,000.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date</b> > \$ 1,000.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Ray Adkins 25 Hawthorne Rd. Barrington Hills, IL 60010	<b>Name of Employer</b> State Farm Insurance  <b>Occupation</b> Agent	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$500.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Mary E. Healy 2509 W. 110th St. Chicago, IL 60655	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 10/13/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date</b> > \$ 100.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Clarence A. Darrow 2515 36th Street Rock Island, IL 61201	<b>Name of Employer</b> State of Illinois  <b>Occupation</b> Judge	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$500.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Dwain J. Kyles 2723 S. Michigan Ave. Chicago, IL 60616	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$200.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date</b> > \$ 200.00		

**SUBTOTAL** of Receipts This Page (optional) .....

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



## SCHEDULE A

## ITEMIZED RECEIPTS

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

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FOR LINE NUMBER  
11(a)(i)

## Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

## A. Full Name, Mailing Address and ZIP Code

Elzie L. Higginbottom  
2850 S. Michigan  
Chicago, IL 60616

## Name of Employer

Burling Builder, Inc.

Date (month,  
day, year)

11/2/95

Amount of Each  
Receipt this Period

\$1,000.00

Receipt For:

☒ Primary  
☐ Other (specify)☐ General

## Occupation

President

Aggregate Year-to-Date &gt; \$ 1,000.00

## B. Full Name, Mailing Address and ZIP Code

Jessica James  
2941 S. Michigan #502  
Chicago, IL 60616

## Name of Employer

Date (month,  
day, year)

11/6/95

Amount of Each  
Receipt this Period

\$100.00

Receipt For:

☒ Primary  
☐ Other (specify)☐ General

## Occupation

Aggregate Year-to-Date &gt; \$ 100.00

## C. Full Name, Mailing Address and ZIP Code

Rosalind L. Cook  
30 S. Arbor Trail  
Park Forest, IL 60466

## Name of Employer

Date (month,  
day, year)

10/22/95

Amount of Each  
Receipt this Period

\$200.00

Receipt For:

☒ Primary  
☐ Other (specify)☐ General

## Occupation

Aggregate Year-to-Date &gt; \$ 200.00

## D. Full Name, Mailing Address and ZIP Code

Steven B. Mendes  
30 S. Wacker, Suite 2208  
Chicago, IL 60606

## Name of Employer

Information  
RequestedDate (month,  
day, year)

10/31/95

Amount of Each  
Receipt this Period

\$1,000.00

Receipt For:

☒ Primary  
☐ Other (specify)☐ General

## Occupation

Aggregate Year-to-Date &gt; \$ 1,000.00

## E. Full Name, Mailing Address and ZIP Code

Cindy L. Huebner  
3004 Woodcreek  
Springfield, IL 62704

## Name of Employer

Date (month,  
day, year)

9/28/95

Amount of Each  
Receipt this Period

\$200.00

Receipt For:

☒ Primary  
☐ Other (specify)☐ General

## Occupation

Aggregate Year-to-Date &gt; \$ 200.00

## F. Full Name, Mailing Address and ZIP Code

John W. Rogers, Jr.  
307 N. Michigan Ave., Ste.500  
Chicago, IL 60601

## Name of Employer

Ariel Capital  
ManagementDate (month,  
day, year)

11/2/95

Amount of Each  
Receipt this Period

\$1,000.00

Receipt For:

☒ Primary  
☐ Other (specify)☐ General

## Occupation

Investment Advisor

Aggregate Year-to-Date &gt; \$ 1,000.00

## G. Full Name, Mailing Address and ZIP Code

Desiree Glapion Rogers  
307 N. Michigan Ave., Suite500  
Chicago, IL 60601

## Name of Employer

Illinois Department  
of LotteryDate (month,  
day, year)

11/2/95

Amount of Each  
Receipt this Period

\$500.00

Receipt For:

☒ Primary  
☐ Other (specify)☐ General

## Occupation

Director

Aggregate Year-to-Date &gt; \$ 500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER  
11(a)(i)

**Contributions from Individuals/Persons**

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NAME OF COMMITTEE (In Full)

**EMIL JONES FOR CONGRESS C00306779**

<b>A. Full Name, Mailing Address and ZIP Code</b> Leonard Lieberman 3169 Elmhurst Dr. Springfield, IL 62704	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$50.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-to-Date</b> > \$ 50.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Ralph J. Vari 317 W. 28th Place Chicago, IL 60616	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 10/22/95	<b>Amount of Each Receipt this Period</b> \$50.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-to-Date</b> > \$ 50.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Timothy Anderson 326 1/2 W. Adams St. Springfield, IL 62704	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 11/7/95	<b>Amount of Each Receipt this Period</b> \$200.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-to-Date</b> > \$ 200.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Sol A. Rosen 326 Roger Williams Ave. Highland Park, IL 60035	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 11/7/95	<b>Amount of Each Receipt this Period</b> \$200.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-to-Date</b> > \$ 200.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Philip H. Corboy 33 N. Dearborn Chicago, IL 60602	<b>Name of Employer</b> Corboy & Demetrio  <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$1,000.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-to-Date</b> > \$ 1,000.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Marlene Kaplan 33 Sheridan Rd. Highland Park, IL 60035	<b>Name of Employer</b> Information Requested  <b>Occupation</b>	<b>Date (month, day, year)</b> 10/25/95	<b>Amount of Each Receipt this Period</b> \$500.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-to-Date</b> > \$ 500.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> John Rosales 3316 S. Parnell Chicago, IL 60616	<b>Name of Employer</b> Coca-Cola Bottling Company  <b>Occupation</b> Government Relations	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$500.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-to-Date</b> > \$ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

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

## SCHEDULE A

## ITEMIZED RECEIPTS

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

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FOR LINE NUMBER  
11(a)(i)

## Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

## A. Full Name, Mailing Address and ZIP Code

Joseph A. Power, Jr.  
344 W. Wellington  
Chicago, IL 60657

## Name of Employer

Power, Roger &  
Smith

Date (month,  
day, year)

11/2/95

Amount of Each  
Receipt this Period

\$1,000.00

## Occupation

Attorney

Receipt For

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$ 1,000.00

## B. Full Name, Mailing Address and ZIP Code

Ana L. Quezada  
3443 W. 71st St.  
Chicago, IL 60629

## Name of Employer

Date (month,  
day, year)

10/17/95

Amount of Each  
Receipt this Period

\$150.00

## Occupation

Receipt For

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$ 150.00

## C. Full Name, Mailing Address and ZIP Code

Darrell Widen  
35 W. Wacker Dr., Suite 4700  
Chicago, IL 60601

## Name of Employer

Date (month,  
day, year)

9/28/95

Amount of Each  
Receipt this Period

\$200.00

## Occupation

Receipt For

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$ 200.00

## D. Full Name, Mailing Address and ZIP Code

James L. Fletcher  
35 W. Wacker Dr., Suite 4700  
Chicago, IL 60601

## Name of Employer

Winston &amp; Strawn

Date (month,  
day, year)

11/8/95

Amount of Each  
Receipt this Period

\$500.00

## Occupation

Attorney

Receipt For

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$ 500.00

## E. Full Name, Mailing Address and ZIP Code

Curt N. Rodin  
3724 Torrey Pines Pkwy.  
Northbrook, IL 60062

## Name of Employer

Anesi, Ozmon &amp; Rodin

Date (month,  
day, year)

11/2/95

Amount of Each  
Receipt this Period

\$1,000.00

## Occupation

Attorney

Receipt For

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$ 1,000.00

## F. Full Name, Mailing Address and ZIP Code

Fred P. Morgan  
3850 W. 87th St.  
Chicago, IL 60652

## Name of Employer

Date (month,  
day, year)

11/8/95

Amount of Each  
Receipt this Period

\$50.00

## Occupation

Receipt For

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$ 50.00

## G. Full Name, Mailing Address and ZIP Code

Jaime M. Rojkind  
401 N. Michigan Ave., Ste. 601  
Chicago, IL 60611

## Name of Employer

Rolei Financial  
Services

Date (month,  
day, year)

11/2/95

Amount of Each  
Receipt this Period

\$500.00

## Occupation

President

Receipt For

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$ 500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER  
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## Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

## A. Full Name, Mailing Address and ZIP Code

Harry W. Jones, Jr.  
4951 W. 186th St.  
Country Club Hills, IL 60478

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

10/28/95 \$60.00

Occupation

Receipt For

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$

60.00

## B. Full Name, Mailing Address and ZIP Code

David M. Gross  
138 Caldwell  
Jacksonville, IL 62650

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

9/28/95 \$200.00

Occupation

Receipt For

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$

200.00

## C. Full Name, Mailing Address and ZIP Code

Steven Pollack  
1399 Prairie Creek Ct.  
Carmel, IN 46032

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this PeriodInformation  
Requested

11/2/95 \$500.00

Occupation

Receipt For

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$

500.00

## D. Full Name, Mailing Address and ZIP Code

Michael Hoffmann  
1401 Bates Ave.  
Springfield, IL 62704

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this PeriodIllinois Senate  
Minority

10/31/95 \$250.00

Occupation

Chief of Staff

Receipt For

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$

250.00

## E. Full Name, Mailing Address and ZIP Code

Kevin J. Conway  
1426 Clinton Pl.  
River Forest, IL 60305

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

Cooney &amp; Conway

11/2/95 \$500.00

Occupation

Attorney

Receipt For

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$

500.00

## F. Full Name, Mailing Address and ZIP Code

James C. Place  
143 Sunset Ridge Rd.  
Northfield, IL 60093

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this PeriodInformation  
Requested

11/2/95 \$500.00

Occupation

Receipt For

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$

500.00

## G. Full Name, Mailing Address and ZIP Code

Irving L. Wein  
1550 W. Carroll  
Chicago, IL 60607

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

Benrus Fantasy Co.

11/7/95 \$500.00

Occupation

Executive

Receipt For

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER  
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## Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

EMIL JONES FOR CONGRESS C00306779

## A. Full Name, Mailing Address and ZIP Code

Marcellus H. Jones  
15929 Paulina  
Harvey, IL 60426

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

10/15/95 \$500.00

Occupation

Retired

Receipt For:

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$

500.00

## B. Full Name, Mailing Address and ZIP Code

Linda K. Hawker  
1615 S. Park  
Springfield, IL 62704

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

State of Illinois

11/6/95 \$300.00

Occupation

Asst. Sec. of Senate

Receipt For:

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$

300.00

## C. Full Name, Mailing Address and ZIP Code

Harry Klein  
16425 Van Dam Rd.  
South Holland, IL 60473

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this PeriodInformation  
Requested

10/31/95 \$500.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$

500.00

## D. Full Name, Mailing Address and ZIP Code

Robert H. Asher  
180 E. Pearson St. #4005  
Chicago, IL 60611

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

Chilo Manufacturing

11/6/95 \$1,000.00

Occupation

President

Receipt For:

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$

1,000.00

## E. Full Name, Mailing Address and ZIP Code

Howard Gordon Kaplan  
180 N. LaSalle St.  
Chicago, IL 60601

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

The Kaplan Partners

10/24/95 \$100.00

10/25/95 \$300.00

Occupation

Accountant

Receipt For:

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$

400.00

## F. Full Name, Mailing Address and ZIP Code

Mary Jane Asher  
180 E. Pearson St. #4005  
Chicago, IL 60611

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

11/6/95 \$1,000.00

Occupation

Housewife

Receipt For:

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$

1,000.00

## G. Full Name, Mailing Address and ZIP Code

Jeffrey M. Goldberg  
180 N. Pearson #6807  
Chicago, IL 60611

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

Self

11/2/95 \$500.00

Occupation

Attorney

Receipt For:

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$

500.00

SUBTOTAL of Receipts This Page (optional):

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals/Persons**

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

A. Full Name, Mailing Address and ZIP Code

Jerome J. Joyce  
18136 W. 2000 N. RD  
Reddick, IL 60961

Name of Employer

Self

Date (month, day, year)

9/28/95

Amount of Each Receipt this Period

\$500.00

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Occupation

Farmer/Consultant

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code

Robert A. Clifford  
2 N. LaSalle St., Ste. 700  
Chicago, IL 60602

Name of Employer

Corboy, Demetrio  
Clifford PC

Date (month, day, year)

11/2/95

Amount of Each Receipt this Period

\$1,000.00

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Occupation

Attorney

Aggregate Year-to-Date > \$ 1,000.00

C. Full Name, Mailing Address and ZIP Code

Timothy F. Wuliger  
20 Basswood Lane  
Moreland Hills, OH 44022

Name of Employer

Mallard Investments

Date (month, day, year)

11/7/95

Amount of Each Receipt this Period

\$500.00

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Occupation

Investor

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code

William Bonaparte, Jr.  
200 N. Dearborn #803  
Chicago, IL 60601

Name of Employer

Self

Date (month, day, year)

11/2/95

Amount of Each Receipt this Period

\$1,000.00

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Occupation

Aggregate Year-to-Date > \$ 1,000.00

E. Full Name, Mailing Address and ZIP Code

Robert F. Martwick  
203 N. LaSalle St.  
Chicago, IL 60601

Name of Employer

Occupation

Date (month, day, year)

9/28/95

Amount of Each Receipt this Period

\$200.00

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date > \$ 200.00

F. Full Name, Mailing Address and ZIP Code

Irwin M. Eisen  
2069 Burr Oaks Lane  
Highland Park, IL 60035

Name of Employer

Occupation

Date (month, day, year)

11/7/95

Amount of Each Receipt this Period

\$200.00

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date > \$ 200.00

G. Full Name, Mailing Address and ZIP Code

Daniel Asher  
211 E. Chicago Ave. #1020  
Chicago, IL 60611

Name of Employer

Kessler/Asher Group

Date (month, day, year)

11/6/95

Amount of Each Receipt this Period

\$1,000.00

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Occupation

Broker

Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedules  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER  
11(a)(i)

## Contributions from Individuals/Persons

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)

EMIL JONES FOR CONGRESS C00306779

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry G. O'Brien 2141 Cardinal Dr. Springfield, IL 62704		9/28/95	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date > \$	200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick A. Salvi 218 N. Utica St. Waukegan, IL 60085	Self	11/2/95	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	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
Gerald W. Shea 2205 Enterprise Center, Ste. 511 Westchester, IL 60154	Shea, Paige & Rogal	11/2/95	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Consultant	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
Donald F. Campbell 221 N. LaSalle St., Suite 3117 Chicago, IL 60601	Self	11/2/95	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Actuary	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
George E. Specht 2219 Amhurst Ct. Arlington Heights, IL 60004	Information Requested	11/2/95	\$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
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Vincent Bakeman 222 S. Jefferson St. Chicago, IL 60661	Human Resource Development Instit.	11/2/95	\$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
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doris Lomax 222 S. Jefferson St. Chicago, IL 60661	Human Resource Development Instit.	11/7/95	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Exec. Vice President	Aggregate Year-to-Date > \$	500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER

11(a)(i)

## CONTRIBUTIONS FROM INDIVIDUALS / PERSONS

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)

EMIL JONES FOR CONGRESS C00306779

<b>A. Full Name, Mailing Address and ZIP Code</b> Robert R. Mazer 940 Brittany Road Highland Park, IL. 60035 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b> Retired Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 11/7/95	<b>Amount of Each Receipt this Period</b> \$1000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Timothy E. Drea 948-1500 N. Road Taylorville, IL. 62568 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b> Aggregate Year-to-Date > \$ 200.00	<b>Date (month, day, year)</b> 9/28/95	<b>Amount of Each Receipt this Period</b> \$200.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Lewis Powell, III 9639 S. Wallace Chicago, IL. 60628 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> SELF <b>Occupation</b> Attorney Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Calvin L. Pearce 9740 S. Winston Chicago, Illinois 60643 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b> Aggregate Year-to-Date > \$ 100.00	<b>Date (month, day, year)</b> 10/18/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Juanita M. Simond 9818 S. Calumet Ave. Chicago, IL. 60628 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> CHICAGO BOARD OF EDUCATION <b>Occupation</b> ADMINISTRATOR Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Robert C. Miller P.O. Box 1078 Pinetop, Az. 85935 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b> Aggregate Year-to-Date > \$ 50.00	<b>Date (month, day, year)</b> 10/23/95	<b>Amount of Each Receipt this Period</b> \$50.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Rev. D.C. Coleman, Jr. P.O. Box 53444 Chicago, IL. 60653 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b> Aggregate Year-to-Date > \$ 100.00	<b>Date (month, day, year)</b> 11/6/95	<b>Amount of Each Receipt this Period</b> \$100.00

SUBTOTAL of Receipts This Page (optional)

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**Contributions from Individuals/ Persons**

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)

C00306 779

EMIL JONES FOR CONGRESS

<b>A. Full Name, Mailing Address and ZIP Code</b> Cirilo A. McSween 230 N. State Street Chicago, Illinois 60604 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Information Requested <b>Occupation</b> Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 11/7/95	<b>Amount of Each Receipt this Period</b> \$500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> LePhaye Gray-Washington 1425 W. 105th Street Chicago, Illinois 60643 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> <b>Occupation</b> Aggregate Year-to-Date > \$ 50.00	<b>Date (month, day, year)</b> 11/8/95	<b>Amount of Each Receipt this Period</b> \$50.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Samuel Mendenhall 1441 S. Plymouth Ct., Townhouse B Chicago, Illinois 60605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> <b>Occupation</b> Aggregate Year-to-Date > \$ 100.00	<b>Date (month, day, year)</b> 11/6/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Loretta Durbin 1525 Bates Ave. Springfield, Illinois 62704 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> <b>Occupation</b> Aggregate Year-to-Date > \$ 150.00	<b>Date (month, day, year)</b> 11/2/95	<b>Amount of Each Receipt this Period</b> \$150.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Horace Blue, Jr. 15415 Woodlawn East Ave. South Holland, Illinois 60473 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> <b>Occupation</b> Aggregate Year-to-Date > \$ 100.00	<b>Date (month, day, year)</b> 10/22/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>F. Full Name, Mailing Address and ZIP Code</b> William D. O'Neal 15831 Vine Ave. Harvey, Illinois 60426 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> <b>Occupation</b> Aggregate Year-to-Date > \$ 100.00	<b>Date (month, day, year)</b> 10/22/95	<b>Amount of Each Receipt this Period</b> \$100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Clarice O. Smith 1637 E. 91st Place Chicago, Illinois 60617 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> <b>Occupation</b> Aggregate Year-to-Date > \$ 100.00	<b>Date (month, day, year)</b> 9/30/95	<b>Amount of Each Receipt this Period</b> \$100.00

**SUBTOTAL** of Receipts This Page (optional)

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedules  
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FOR LINE NUMBER

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## Contributions from individuals/persons

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## NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

## A. Full Name, Mailing Address and ZIP Code

Earl J. Sanders  
8913 S. Blackstone Ave  
Chicago, IL 60619

## Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

11/8/95

\$50.00

## Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$50.00

## B. Full Name, Mailing Address and ZIP Code

Dudley Brown, Jr.  
8944 Tamaroa Ter.  
Skokie IL 60076

## Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

10/24/95

\$150.00

## Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$150.00

## C. Full Name, Mailing Address and ZIP Code

Charles E. Lurry  
8956 S. Ridgeland Ave.  
Chicago, IL 60617

## Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

11/8/95

\$50.00

## Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$50.00

## D. Full Name, Mailing Address and ZIP Code

Marshall Abraham  
900 N. Michigan #2010  
Chicago, IL 60611

## Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

11/7/95

\$100.00

## Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$100.00

## E. Full Name, Mailing Address and ZIP Code

Charles W. Bidwill  
911 Sunset  
Winnetka, IL 60093

## Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

11/6/95

\$1,000.00

## Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$1,000.00

## F. Full Name, Mailing Address and ZIP Code

Raphy R. Daniels  
9112 S. Marshfield St.  
Chicago, IL 60620

## Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

10/27/95

\$225.00

Occupation: Engineer

\$275.00

Receipt For:

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$500.00

## G. Full Name, Mailing Address and ZIP Code

Edward G. Gardner  
9152 S. Michigan Ave.  
Chicago, IL 60619

## Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

11/7/95

\$500.00

## Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date &gt; \$500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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11 (a) (i)

**Contributions from Individuals/Persons**

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**NAME OF COMMITTEE (in Full)**  
**EMIL JONES FOR CONGRESS C00306779**

**A. Full Name, Mailing Address and ZIP Code**  
Geoffrey L. Gifford  
834 W. George  
Chicago, IL 60657

**Name of Employer**

Pavalon & Gifford

**Date (month,  
day, year)**

11/2/95

**Amount of Each  
Receipt this Period**

\$500.00

**Occupation**

Attorney

**Receipt For:**

☒ Primary

☐ General

☐ Other (specify)

**Aggregate Year-to-Date** > \$500.00

**B. Full Name, Mailing Address and ZIP Code**  
Courtney C. Nottage  
835 Judson Ave., #404  
Evanston, IL 60202

**Name of Employer**

William J. Harte, Ltd.

**Date (month,  
day, year)**

9/29/95  
10/27/95

**Amount of Each  
Receipt this Period**

\$13.00 in-kind

\$13.00 in-kind

(Federal Express)

**Occupation**

Attorney

11/7/95

\$200.00

**Receipt For:**

☐ Primary

☐ General

☐ Other (specify)

**Aggregate Year-to-Date** > \$226.00

**C. Full Name, Mailing Address and ZIP Code**  
Niva M. Lubin  
8541 S. State  
Chicago, IL 60619

**Name of Employer**

**Date (month,  
day, year)**

10/26/95

**Amount of Each  
Receipt this Period**

\$100.00

**Occupation**

**Receipt For:**

☐ Primary

☐ General

☐ Other (specify)

**Aggregate Year-to-Date** > \$100.00

**D. Full Name, Mailing Address and ZIP Code**  
Irma J. Dixon  
8550 S. Prairie  
Chicago, IL 60619

**Name of Employer**

**Date (month,  
day, year)**

9/18/95

**Amount of Each  
Receipt this Period**

\$100.00

**Occupation**

**Receipt For:**

☐ Primary

☐ General

☐ Other (specify)

**Aggregate Year-to-Date** > \$100.00

**E. Full Name, Mailing Address and ZIP Code**  
Lynda N. Hale  
8715 S. Prairie  
Chicago, IL 60619

**Name of Employer**

**Date (month,  
day, year)**

11/8/95

**Amount of Each  
Receipt this Period**

\$100.00

**Occupation**

**Receipt For:**

☐ Primary

☐ General

☐ Other (specify)

**Aggregate Year-to-Date** > \$100.00

**F. Full Name, Mailing Address and ZIP Code**  
Michael Segal  
875 N. Michigan Ave.  
Chicago, IL 60611

**Name of Employer**

Near North Insurance

**Date (month,  
day, year)**

10/24/95

**Amount of Each  
Receipt this Period**

\$1,000.00

**Occupation**

CEO

**Receipt For:**

☐ Primary

☐ General

☐ Other (specify)

**Aggregate Year-to-Date** > \$1,000.00

**G. Full Name, Mailing Address and ZIP Code**  
Cheryl Bullock  
8901 S. Clyde Ave.  
Chicago, IL 60617

**Name of Employer**

**Date (month,  
day, year)**

11/7/95

**Amount of Each  
Receipt this Period**

\$100.00

**Occupation**

**Receipt For:**

☐ Primary

☐ General

☐ Other (specify)

**Aggregate Year-to-Date** > \$

**SUBTOTAL of Receipts This Page (optional)**

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**Contributions from Individuals / Persons**

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NAME OF COMMITTEE (In Full)

C00306779

EMIL JONES FOR CONGRESS

<b>A. Full Name, Mailing Address and ZIP Code</b> Gary T. Bohn 16 N 630 Oaks Lane West Dundee, Illinois 60118 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Date (month, day, year)</b> 11/1/95 <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Amount of Each Receipt this Period</b> \$100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Billie J. Gray 1700 E. 56th Street #808 Chicago, Illinois 60637 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Date (month, day, year)</b> 11/4/95 <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Amount of Each Receipt this Period</b> \$100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> William Batte 181 Jefferson Lane Blooming Dale, Illinois 60108 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Date (month, day, year)</b> 11/1/95 <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Amount of Each Receipt this Period</b> \$100.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Walter P. Trock, III 18514 Country Lane Lansing, Illinois 60438 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Date (month, day, year)</b> 11/1/95 <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Amount of Each Receipt this Period</b> \$100.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Geraldine Tyler 18549 Meadow Lane Hazel Crest, Illinois 60429 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Date (month, day, year)</b> 10/22/95 <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 160.00	<b>Amount of Each Receipt this Period</b> \$160.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Barbara J. Woods 19629 Lake Shore Drive Lynwood, Illinois 60411 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Date (month, day, year)</b> 10/22/95 <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 50.00	<b>Amount of Each Receipt this Period</b> \$50.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Elzadia Steward 2207 W. 107th Street Chicago, Illinois 60643 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Date (month, day, year)</b> 11/7/95 <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Amount of Each Receipt this Period</b> \$100.00

**SUBTOTAL** of Receipts This Page (optional) .....

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

# SCHEDULE A

## ITEMIZED RECEIPTS

### CONTRIBUTIONS FROM INDIVIDUALS/ PERSONS

Use separate schedules for each category of the Detailed Summary Page

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11 (a) (i)

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS

C00306779

A. Full Name, Mailing Address and ZIP Code

JEAN M. SPATHIS  
22515 RIVERSIDE DR.

RIGHTON PARK, ILLINOIS 60471

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

Name of Employer

Date (month, day, year)

11/1/95

Amount of Each Receipt this Period

\$100.00

Occupation

Aggregate Year-to-Date > \$ 100.00

B. Full Name, Mailing Address and ZIP Code

WILLIAM H. KELSO

R.R. 1

Pleasant Plains, IL. 62677

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

Name of Employer

Date (month, day, year)

11/8/95

Amount of Each Receipt this Period

\$100.00

Occupation

Aggregate Year-to-Date > \$ 100.00

C. Full Name, Mailing Address and ZIP Code

Alfred G. Ronan  
225 W. Washington, Suite 1700  
Chicago, IL 60606

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

Name of Employer

Self

Date (month, day, year)

9/28/95

Amount of Each Receipt this Period

\$1,000.00

Occupation

Attorney

Aggregate Year-to-Date > \$ 1,000.00

D. Full Name, Mailing Address and ZIP Code

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

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

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

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

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

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

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

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER  
11 (b)

**Contributions From Party Committees**

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

NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

A. Full Name, Mailing Address and ZIP Code

Citizens to Elect Jesse White  
1368 N. Sedgwick  
Chicago, IL 60610

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

10/26/95 \$100.00

Occupation

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date > \$ 100.00

B. Full Name, Mailing Address and ZIP Code

Philip J. Rock Campaign Committee  
350 N. LaSalle St., 9th Floor  
Chicago, IL 60610

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

11/2/95 \$1,000.00

Occupation

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date > \$ 1,000.00

C. Full Name, Mailing Address and ZIP Code

Jerry P. Genova Mayoral Campaign  
P.O. Box 1519  
Calumet City, IL 60409

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

10/18/95 \$500.00

Occupation

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code

Peoples for Faulkner  
7518 S. Constance  
Chicago, IL 60649

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

9/30/95 \$100.00

Occupation

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date > \$ 100.00

E. Full Name, Mailing Address and ZIP Code

Democratic Congressional  
Campaign Committee  
430 S. Capitol Street  
Washington, DC 20003

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

10/31/95 \$150.00 IN-  
KIND  
(DCCC PAC  
Workbook)

Occupation

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date > \$ 150.00

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Occupation

Receipt For

☐ Primary

☐ General

☐ 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

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 28 OF 33

FOR LINE NUMBER 11 (c)

## Contributions from other political committees

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

NAME OF COMMITTEE (In Full)  
EMIL JONES FOR CONGRESS C00306779

<b>A. Full Name, Mailing Address and ZIP Code</b> Build Political Action Committee Of The National Association Of Home Builders 1202 15th St., NW Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	Name of Employer  Occupation  Date (month, day, year) 10/31/95 Aggregate Year-to-Date > \$ 5,000.00	Amount of Each Receipt this Period  \$5,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> American Hotel Motel Political Action Committee 1201 New York Ave, NW Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer  Occupation  Date (month, day, year) 11/2/95 Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period  \$500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Hotel Employees & Restaurant Employees Int'l Union TIP 1219 28th St., NW Washington, DC 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer  Occupation  Date (month, day, year) 11/2/95 Aggregate Year-to-Date > \$ 1,000.00	Amount of Each Receipt this Period  \$1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Team Ameritech Political Action Committee 1401 H Street, NW P.O. Box Washington, DC 20038 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer  Occupation  Date (month, day, year) 10/18/95 Aggregate Year-to-Date > \$ 5,000.00	Amount of Each Receipt this Period  \$5,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> American Federation of State, County & Municipal Employees-- People, Qualified Employees 1625 L Street NW, Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer  Occupation  Date (month, day, year) 11/2/95 Aggregate Year-to-Date > \$ 5,000.00	Amount of Each Receipt this Period  \$5,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Ironworkers Political Action League 1750 New York Ave., NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer  Occupation  Date (month, day, year) 10/27/95 Aggregate Year-to-Date > \$ 2,000.00	Amount of Each Receipt this Period  \$2,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> AMOCO Political Action Committee 200 E. Randolph Drive Chicago, IL 60601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer  Occupation  Date (month, day, year) 11/1/95 Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period  \$500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 29 OF 33

FOR LINE NUMBER  
11(c)

**Contributions from other political committees**

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

NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

A. Full Name, Mailing Address and ZIP Code

Nat'l Association of Social Workers  
Political Action For Candidate Election  
750 First St., NE Suite 700  
Washington, DC 20002

Name of Employer

Occupation

Date (month,  
day, year)

11/2/95

Amount of Each  
Receipt this Period

\$2,000.00

Receipt For:

☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 2,000.00

B. Full Name, Mailing Address and ZIP Code

Credit Union Legislative Action  
Council  
805 Fifteenth St., NW, Suite 3  
Washington, DC 20005

Name of Employer

Occupation

Date (month,  
day, year)

10/20/95

Amount of Each  
Receipt this Period

\$2,500.00

Receipt For:

☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$2,500.00

C. Full Name, Mailing Address and ZIP Code

Dealers Election Action Committee of  
The National Automobile Dealers  
Association  
8400 Westpark Dr., McLean, VA 22102

Name of Employer

Occupation

Date (month,  
day, year)

11/7/95

Amount of Each  
Receipt this Period

\$5,000.00

Receipt For:

☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 5,000.00

D. Full Name, Mailing Address and ZIP Code

Community Bankers Association  
of Illinois  
901 Community Drive  
Springfield, IL 62703

Name of Employer

Occupation

Date (month,  
day, year)

10/31/95

Amount of Each  
Receipt this Period

\$500.00

Receipt For:

☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$500.00

E. Full Name, Mailing Address and ZIP Code

First Chicago Corp Government Affairs  
One First National Plaza  
Chicago, IL 60670

Name of Employer

Occupation

Date (month,  
day, year)

10/26/95

Amount of Each  
Receipt this Period

\$1,000.00

Receipt For:

☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$1,000.00

F. Full Name, Mailing Address and ZIP Code

Sprint PAC  
P.O. Box 11315  
Kansas City, MO 64112

Name of Employer

Occupation

Date (month,  
day, year)

11/2/95

Amount of Each  
Receipt this Period

\$500.00

Receipt For:

☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code

Browning-Ferris Industries PAC  
P.O. Box 3151  
Houston, TX 77253

Name of Employer

Occupation

Date (month,  
day, year)

11/6/95

Amount of Each  
Receipt this Period

\$1,000.00

Receipt For:

☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 30 OF 33

FOR LINE NUMBER  
11(c)**Contributions from other political committees**

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

## NAME OF COMMITTEE (in Full)

EMIL JONES FOR CONGRESS C00306779

A. Full Name, Mailing Address and ZIP Code  
 Illinois Marketers Political  
 Action Committee  
 P.O. Box 3662  
 Springfield, IL 62708

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

Name of Employer

Date (month,  
day, year)  
10/3/95Amount of Each  
Receipt this Period  
\$500.00

Occupation

Aggregate Year-to-Date &gt; \$ 500.00

B. Full Name, Mailing Address and ZIP Code  
 Commonwealth Edison Political  
 Action Committee  
 P.O. Box 767  
 Chicago, IL 60690

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

Name of Employer

Date (month,  
day, year)  
11/8/95Amount of Each  
Receipt this Period  
\$1,000.00

Occupation

Aggregate Year-to-Date &gt; \$1,000.00

C. Full Name, Mailing Address and ZIP Code  
 Searle PAC  
 P.O. Box 786  
 Skokie, IL 60076

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

Name of Employer

Date (month,  
day, year)  
11/7/95Amount of Each  
Receipt this Period  
\$500.00

Occupation

Aggregate Year-to-Date &gt; \$500.00

D. Full Name, Mailing Address and ZIP Code

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

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

Occupation

Aggregate Year-to-Date &gt; \$

E. Full Name, Mailing Address and ZIP Code

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

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

Occupation

Aggregate Year-to-Date &gt; \$

F. Full Name, Mailing Address and ZIP Code

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

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

Occupation

Aggregate Year-to-Date &gt; \$

G. Full Name, Mailing Address and ZIP Code

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

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

Occupation

Aggregate Year-to-Date &gt; \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

11(c)

**Contributions from other political committees**

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**NAME OF COMMITTEE (in Full)**

EMIL JONES FOR CONGRESS C00306779

**A. Full Name, Mailing Address and ZIP Code**

Kemper National Campaign Fund  
1 Kemper Drive  
Long Grove, IL 60049

**Name of Employer**

Date (month,  
day, year)

10/31/95

Amount of Each  
Receipt this Period

\$500.00

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

**Occupation**

Aggregate Year-to-Date > \$500.00

**B. Full Name, Mailing Address and ZIP Code**

United Health Care Corporation  
Political Fund  
1 South Wacker Drive  
Chicago, IL 60606

**Name of Employer**

Date (month,  
day, year)

11/2/95

Amount of Each  
Receipt this Period

\$1,000.00

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

**Occupation**

Aggregate Year-to-Date > \$1,000.00

**C. Full Name, Mailing Address and ZIP Code**

Harrah's Entertainment, Inc.  
Employees' Political Action  
Committee  
1023 Cherry Road, Memphis, TN 38110

**Name of Employer**

Date (month,  
day, year)

11/7/95

Amount of Each  
Receipt this Period

\$2,500.00

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

**Occupation**

Aggregate Year-to-Date > \$2,500.00

**D. Full Name, Mailing Address and ZIP Code**

American Dental Political Action  
Committee  
1111 14th St., NW  
Washington, DC 20005

**Name of Employer**

Date (month,  
day, year)

11/1/95

Amount of Each  
Receipt this Period

\$5,000.00

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

**Occupation**

Aggregate Year-to-Date > \$5,000.00

**E. Full Name, Mailing Address and ZIP Code**

American Physical Therapy  
1111 N. Fairfax St.  
Alexandria, VA 22314

**Name of Employer**

Date (month,  
day, year)

10/30/95

Amount of Each  
Receipt this Period

\$2,000.00

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

**Occupation**

Aggregate Year-to-Date > \$2,000.00

**F. Full Name, Mailing Address and ZIP Code**

American Bankers Association  
Bank PAC  
1120 Connecticut Ave., NW  
Washington, DC 20036

**Name of Employer**

Date (month,  
day, year)

11/3/95

Amount of Each  
Receipt this Period

\$1,500.00

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

**Occupation**

Aggregate Year-to-Date > \$1,500.00

**G. Full Name, Mailing Address and ZIP Code**

IBEW Local 1464 COPE Committee  
1125 15th St., NW  
Washington, DC 20005

**Name of Employer**

Date (month,  
day, year)

11/2/95

Amount of Each  
Receipt this Period

\$5,000.00

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

**Occupation**

Aggregate Year-to-Date > \$5,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 32 OF 33

FOR LINE NUMBER  
11 (c)

**Contributions from other political committees**

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NAME OF COMMITTEE (in Full)

EMIL JONES FOR CONGRESS C00306779

A. Full Name, Mailing Address and ZIP Code

Illinois Bank PAC  
205 W. Randolph St.  
Chicago, IL 60606

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

10/13/95

\$1,000.00

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$1,000.00

B. Full Name, Mailing Address and ZIP Code

Drive Political Fund  
25 Louisiana Ave., NW  
Washington, DC 20001

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

10/13/95

\$5,000.00

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$5,000.00

C. Full Name, Mailing Address and ZIP Code

GM Civic Involvement Program  
3044 W. Grand Blvd.  
Detroit, MI 48202

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

10/26/95

\$250.00

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$250.00

D. Full Name, Mailing Address and ZIP Code

American Telephone & Telegraph  
Company Political Action Committee  
32 Ave. of the Americans  
New York, NY 10013

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

10/17/95

\$2,500.00

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$2,500.00

E. Full Name, Mailing Address and ZIP Code

Pepsi-Cola General Bottlers Pac  
3501 Algonquin Rd.  
Rolling Meadows, IL 60008

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

10/10/95

\$1,000.00

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$1,000.00

F. Full Name, Mailing Address and ZIP Code

Independent Insurance Agents of  
America Inc. Political Action Committee  
412 First St., SE, Suite 6  
Washington, DC 20003

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

11/2/95

\$1,000.00

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$1,000.00

G. Full Name, Mailing Address and ZIP Code

International Union of Operating  
Engineers--Local 150 Political  
Action Committee  
6200 Joliet Road, Countryside, IL 60535

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

10/4/95

\$5,000.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$5,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 33 OF 33

FOR LINE NUMBER  
13 (a)

Loans made or guaranteed by the Candidate

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)

EMIL JONES FOR CONGRESS

C00306779

A. Full Name, Mailing Address and ZIP Code

Emil Jones, Jr.  
11357 S. Lowe Street  
Chicago, Illinois 60628

Name of Employer

State of Illinois

Date (month,  
day, year)

10/14/95

Amount of Each  
Receipt this Period

\$ 73,000  
(LOAN)

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

Occupation  
State Senator

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

Occupation

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

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Occupation

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

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 212,758.26

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 1 OF 7  
FOR LINE NUMBER  
17

## Operating Expenses

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)

EMIL JONES FOR CONGRESS C00306779

<b>A. Full Name, Mailing Address and ZIP Code</b> South Suburban Post Office Bedford Park, IL 60499	<b>Purpose of Disbursement</b> Bulk Mail-Permit, Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/17/95 11/7/95	<b>Amount of Each Disbursement This Period</b> \$170.00 \$2,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Linda Rollins 1746 W. 107th Chicago, IL 60643	<b>Purpose of Disbursement</b> Reimbursement For Decorations & Party Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/17/95	<b>Amount of Each Disbursement This Period</b> \$109.20
<b>C. Full Name, Mailing Address and ZIP Code</b> Barbara Staples 1252 Walnut Decatur, IL 62528	<b>Purpose of Disbursement</b> Reimbursement For Stamp Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/19/95	<b>Amount of Each Disbursement This Period</b> \$25.60
<b>D. Full Name, Mailing Address and ZIP Code</b> Saundra Bishop 1068 W. 108th Chicago, IL 60628	<b>Purpose of Disbursement</b> Reimbursement For office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/19/95 10/26/95	<b>Amount of Each Disbursement This Period</b> \$1,040.43 \$531.86
<b>E. Full Name, Mailing Address and ZIP Code</b> Order from Horder 1601 W. Algonquin Rd. Mt. Prospect, IL 60056	<b>Purpose of Disbursement</b> Computer Labels Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/19/95	<b>Amount of Each Disbursement This Period</b> \$199.95
<b>F. Full Name, Mailing Address and ZIP Code</b> The Monroe Club 111 W. Monroe St. Chicago, IL 60603	<b>Purpose of Disbursement</b> Event Deposit & Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/20/95 11/1/95	<b>Amount of Each Disbursement This Period</b> \$2,000.00 \$6,291.03
<b>G. Full Name, Mailing Address and ZIP Code</b> Janet Conner 643 W. 109th St. Chicago, IL 60628	<b>Purpose of Disbursement</b> Reimbursement For Stamp purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/21/95	<b>Amount of Each Disbursement This Period</b> \$320.00
<b>H. Full Name, Mailing Address and ZIP Code</b> John Barone 3553 Hoyne Chicago, IL 60609	<b>Purpose of Disbursement</b> Reimbursement for Party decorations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/21/95	<b>Amount of Each Disbursement This Period</b> \$99.13
<b>I. Full Name, Mailing Address and ZIP Code</b> Essential Photography 1447 W. 103rd St. Chicago, IL 60643	<b>Purpose of Disbursement</b> Photographer & Photography Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/22/95 11/4/95	<b>Amount of Each Disbursement This Period</b> \$750.00 \$700.00

SUBTOTAL of Disbursements This Page (optional) .....

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 7  
FOR LINE NUMBER 17

## Operating Expenses

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)

EMIL JONES FOR CONGRESS C00306779

<b>A. Full Name, Mailing Address and ZIP Code</b> United Billboard Company P.O. Box 827 Park Ridge, IL 60068	<b>Purpose of Disbursement</b> Billboard Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/10/95 11/1/95	<b>Amount of Each Disbursement This Period</b> \$3,500.00 \$2,500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Diversified Telecommunications 1062 S. Halsted Chicago, IL 60628	<b>Purpose of Disbursement</b> Phone Equipment & Installation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/11/95 11/2/95	<b>Amount of Each Disbursement This Period</b> \$2,250.00 \$ 545.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Chicago Post Office Main Post Office Chicago, IL 60607	<b>Purpose of Disbursement</b> Bulk Mail Permit Postage & Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/11/95 11/7/95	<b>Amount of Each Disbursement This Period</b> \$170.00 \$4,500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Xerox Business Services 160 N. Franklin Chicago, IL 60606	<b>Purpose of Disbursement</b> Copy Machine Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/12/95	<b>Amount of Each Disbursement This Period</b> \$814.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Nathaniel Howse, Jr. 180 W. Washinton Chicago, IL 60602	<b>Purpose of Disbursement</b> Legal Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/13/95	<b>Amount of Each Disbursement This Period</b> \$1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Abacus Associates 52 School Street Hatfield, MA 01038	<b>Purpose of Disbursement</b> Polling Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/16/95 10/26/95	<b>Amount of Each Disbursement This Period</b> \$11,394.15 \$ 7,240.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Cuffie, Inc. 914 E. 79th St. Chicago, IL 60619	<b>Purpose of Disbursement</b> Catering Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/16/95 10/21/95	<b>Amount of Each Disbursement This Period</b> \$1,800.00 \$ 225.00
<b>H. Full Name, Mailing Address and ZIP Code</b> Felicia Richmond 18122 Kedzie Hazel Crest, IL 60429	<b>Purpose of Disbursement</b> Staff Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/16/95	<b>Amount of Each Disbursement This Period</b> \$134.40
<b>I. Full Name, Mailing Address and ZIP Code</b> Salim Alnurridin 139 E. 115th St. Chicago, IL 60628	<b>Purpose of Disbursement</b> Staff Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/16/95 10/25/95 10/31/95 11/7/95	<b>Amount of Each Disbursement This Period</b> \$500.00 \$500.00 \$500.00 \$500.00

SUBTOTAL of Disbursements This Page (optional) .....

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 7  
FOR LINE NUMBER 17

## Operating Expenses

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## NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS Coo306779

<b>A. Full Name, Mailing Address and ZIP Code</b> Ameritech N17 - W24300 Riverwood Dr. Waukesha, WI 53188	<b>Purpose of Disbursement</b> Telephone Deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/19/95 10/11/95 10/12/95 10/26/95	<b>Amount of Each Disbursement This Period</b> \$600.00 \$1,400.00 \$200.00 \$200.00
<b>B. Full Name, Mailing Address and ZIP Code</b> The Button Farm 8700 S. Sproat Oak Lawn, IL 60453	<b>Purpose of Disbursement</b> Campaign Buttons Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/27/95 10/12/95 10/20/95	<b>Amount of Each Disbursement This Period</b> \$560.00 \$660.00 \$550.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Chicago Post Office 100 W. Randolph Chicago, IL 60601	<b>Purpose of Disbursement</b> P.O. Box Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/27/95	<b>Amount of Each Disbursement This Period</b> \$96.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Chicago Post Office 100 W. Randolph Chicago, IL 60601	<b>Purpose of Disbursement</b> Postage Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/2/95	<b>Amount of Each Disbursement This Period</b> \$320.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Chicago Post Office 211 S. Clark St Chicago, IL 60604	<b>Purpose of Disbursement</b> Postage Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/3/95 10/11/95	<b>Amount of Each Disbursement This Period</b> \$960.00 \$960.00
<b>F. Full Name, Mailing Address and ZIP Code</b> George Dee 12019 S. Stewarts Chicago, IL 60628	<b>Purpose of Disbursement</b> Sign Painting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/4/95 10/6/95 10/19/95	<b>Amount of Each Disbursement This Period</b> \$200.00 \$300.00 \$600.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Computer Rental Corp. of America 9815 W. Foster Schiller Park, IL 60176	<b>Purpose of Disbursement</b> Computer Equipment Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/5/95	<b>Amount of Each Disbursement This Period</b> \$1,085.62
<b>H. Full Name, Mailing Address and ZIP Code</b> The Holiday Inn/Matteson 500 Holiday Plaza Matteson, IL 60443	<b>Purpose of Disbursement</b> Reception Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/6/95 10/16/95	<b>Amount of Each Disbursement This Period</b> \$250.00 \$725.00
<b>I. Full Name, Mailing Address and ZIP Code</b> Progress Printing Corp. 3324 S. Halsted St. Chicago, IL 60608	<b>Purpose of Disbursement</b> Campaign Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/10/95 10/23/95	<b>Amount of Each Disbursement This Period</b> \$225.00 \$4,135.00

SUBTOTAL of Disbursements This Page (optional) .....

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 4 OF 7  
FOR LINE NUMBER 17

## Operating Expenses

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NAME OF COMMITTEE (in Full)

EMIL JONES FOR CONGRESS C00306779

A. Full Name, Mailing Address and ZIP Code Chicago Post Office Main Post Office Chicago, IL 60607	Purpose of Disbursement <b>Postage Stamps</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/23/95	Amount of Each Disbursement This Period \$3,200.00
B. Full Name, Mailing Address and ZIP Code Capitol Press 114 N. 2nd Springfield, IL 62701	Purpose of Disbursement <b>Campaign Printing</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/26/95	Amount of Each Disbursement This Period \$178.00
C. Full Name, Mailing Address and ZIP Code IL Nurses Association 300 S. Wacker Chicago, IL 60606	Purpose of Disbursement <b>Label Purchase</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/26/95	Amount of Each Disbursement This Period \$214.50
D. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 1140 Memphis, TN 38101	Purpose of Disbursement <b>Delivery Services</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/26/95	Amount of Each Disbursement This Period \$45.00
E. Full Name, Mailing Address and ZIP Code Deborah Chism 4425 Walnut Springfield, IL 62707	Purpose of Disbursement <b>Staff Services</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/26/95	Amount of Each Disbursement This Period \$100.00
F. Full Name, Mailing Address and ZIP Code Randall McClendon 6 Bradford Rd. Joliet, IL 69433	Purpose of Disbursement <b>Painting Services</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/27/95	Amount of Each Disbursement This Period \$400.00
G. Full Name, Mailing Address and ZIP Code Lori Joyce 1115 Woodland Springfield, IL 62704	Purpose of Disbursement <b>Staff Services</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/31/95	Amount of Each Disbursement This Period \$2,416.67
H. Full Name, Mailing Address and ZIP Code Ann Liston 1219 W. Lawrence Springfield, IL 62704	Purpose of Disbursement <b>Staff Services</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/31/95	Amount of Each Disbursement This Period \$1229.17
I. Full Name, Mailing Address and ZIP Code A. Tish Mercer 4800 S. Chicago Beach Dr. Chicago, IL 60615	Purpose of Disbursement <b>Reimbursement for Office supplies</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/31/95	Amount of Each Disbursement This Period \$67.35

SUBTOTAL of Disbursements This Page (optional) .....

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 7  
FOR LINE NUMBER 17

## Operating Expenses

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

<b>A. Full Name, Mailing Address and ZIP Code</b> Off Track Betting 223 W. Jackson Chicago, IL 60601	<b>Purpose of Disbursement</b> Event Deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/1/95	<b>Amount of Each Disbursement This Period</b> \$375.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Ambrosino & Muir 847 Sansome St. San Francisco, CA 94111	<b>Purpose of Disbursement</b> Direct Mail Production Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/4/95	<b>Amount of Each Disbursement This Period</b> \$13,100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Media Man Inc. 1152 E. 48th St. Chicago, IL 60615	<b>Purpose of Disbursement</b> Radio production & Buys Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/7/95 11/8/95	<b>Amount of Each Disbursement This Period</b> \$2,000.00 \$10,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Beverly Bank, Chicago 1357 W. 103rd St. Chicago, IL 60643	<b>Purpose of Disbursement</b> Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/2/95 11/8/99	<b>Amount of Each Disbursement This Period</b> \$12.70 \$15.00
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>H. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>I. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>

SUBTOTAL of Disbursements This Page (optional) .....

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 7  
FOR LINE NUMBER 17

**Operating Expenses**

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NAME OF COMMITTEE (in Full)  
**EMIL JONES FOR CONGRESS C00306779**

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Courtney Nottage</b> <b>835 Judson Ave.</b> <b>Evanston, IL 60202</b>	<b>Purpose of Disbursement</b> <b>Federal Express</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> <b>9/29/95</b> <b>10/27/95</b>	<b>Amount of Each Disbursement This Period</b> <b>\$13.00 in kind</b> <b>\$13.00 received</b>
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Democratic Congressional Campaign Committee</b> <b>430 South Capitol Street</b> <b>Washington, DC 20033</b>	<b>Purpose of Disbursement</b> <b>DCCC PAC Workbook</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> <b>10/31/95</b>	<b>Amount of Each Disbursement This Period</b> <b>\$150.00</b> <b>IN KIND RECEIVED</b>
<b>C. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>D. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>H. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>I. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>

SUBTOTAL of Disbursements This Page (optional) .....

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Refunds of Contributions to Individuals/Persons**

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

PAGE 7 OF 7  
FOR LINE NUMBER 20(a)

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NAME OF COMMITTEE (In Full)

EMIL JONES FOR CONGRESS C00306779

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas Ventulett, III 4234 Conway Valley Rd., NW Atlanta, GA 30327	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/8/95	\$2,000.00
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) .....

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

101,865.76

**SCHEDULE C**  
(Revised 3/80)

**LOANS**

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

Name of Committee (in Full) <b>EMIL JONES FOR CONGRESS</b>				C00306779			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>Beverly Bank 1357 W. 103rd Street Chicago, Illinois 60643</b>				Original Amount of Loan  <b>\$ 75,000</b>	Cumulative Payment To Date  <b>0</b>	Balance Outstanding at Close of This Period  <b>\$ 75,000</b>	
Election <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				Terms: Date Incurred <u>10/4/95</u> Date Due <u>1/10/96</u> Interest Rate <u>9.83%</u> (apr)		Secured	
List All Endorsers or Guarantors (if any) to Item A							
1. Full Name, Mailing Address and ZIP Code  <b>Emil Jones, Jr. 11357 S. Lowe Street Chicago, Illinois 60628</b>		Name of Employer <b>State of Illinois</b>					
		Occupation <b>State Senator</b>					
		Amount Guaranteed Outstanding: <b>\$ 75,000</b>					
2. Full Name, Mailing Address and ZIP Code		Name of Employer					
		Occupation					
		Amount Guaranteed Outstanding: <b>\$</b>					
3. Full Name, Mailing Address and ZIP Code		Name of Employer					
		Occupation					
		Amount Guaranteed Outstanding: <b>\$</b>					
B. Full Name, Mailing Address and ZIP Code of Loan Source				Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period	
Election <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr)		Secured	
List All Endorsers or Guarantors (if any) to Item B							
1. Full Name, Mailing Address and ZIP Code		Name of Employer					
		Occupation					
		Amount Guaranteed Outstanding: <b>\$</b>					
2. Full Name, Mailing Address and ZIP Code		Name of Employer					
		Occupation					
		Amount Guaranteed Outstanding: <b>\$</b>					
3. Full Name, Mailing Address and ZIP Code		Name of Employer					
		Occupation					
		Amount Guaranteed Outstanding: <b>\$</b>					
SUBTOTALS This Period This Page (optional) .....				<b>\$75,000</b>			
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 AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) EMIL JONES FOR CONGRESS	FEC IDENTIFICATION NUMBER C00306779	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) Beverly Bank 1357 W. 103rd Street Chicago, IL 60643	AMOUNT OF LOAN \$75,000.00	INTEREST RATE (APR) 9.83%
	DATE INCURRED OR ESTABLISHED October 4, 1995	DATE DUE 1/10/96

A. Has loan been restructured? ☒ No ☐ Yes If yes, date originally incurred: \_\_\_\_\_

B. If line of credit, amount of this draw: N/A; total outstanding balance: N/A

C. Are other parties secondarily liable for the debt incurred?  
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
☐ No ☒ Yes If yes, specify: real estate at 11357 S. Lowe, Chicago and rights in accounts

What is the value of this collateral? \$135,000.00

Does the lender have a perfected security interest in it? ☐ No ☒ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?

☒ No ☐ Yes If yes, specify: \_\_\_\_\_ What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: \_\_\_\_\_ Location of account: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  
N/A

G. COMMITTEE TREASURER

TYPED NAME Melvin Caldwell

SIGNATURE

*Melvin Caldwell*

DATE

11-15-95

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE Vincent C. Ragland	TITLE Vice President	DATE 11/15/95
TYPED NAME	SIGNATURE	

# DISCLOSURE STATEMENT

Principal	Loan Date	Maturity	Loan No	Call	Collateral	Account	Officer	Initials
\$75,000.00	10-04-1995	01-10-1996			076		101	

References in the shaded area are for Lender's use only and do not limit the applicability of this document to any particular loan or item.

**Borrower:** EMIL JONES JR (SSN: 360-26-5020)  
11357 S LOWE  
CHICAGO, IL 60628

**Lender:** Beverly Bank Chicago  
Beverly Bank Chicago  
1357 W. 103rd Street  
Chicago, IL 60643

ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost me.	Amount Financed The amount of credit provided to me or on my behalf.	Total of Payments The amount I will have paid after I have made all payments as scheduled.
9.830%	\$1,843.15	\$75,000.00	\$76,843.15

**PAYMENT SCHEDULE.** My payment schedule will be one payment of \$75,621.06 on January 10, 1996, and 2 interest payments varying from \$601.03 to \$621.06, monthly, beginning November 10, 1995.

**PROPERTY INSURANCE.** I may obtain property insurance from anyone I want that is acceptable to Lender.

**SECURITY.** I am giving a security interest in REAL ESTATE AT 11357 S LOWE CHICAGO IL 60628 in addition to Lender's security interest and other rights in my accounts, including deposit accounts.

**LATE CHARGE.** If a payment is 11 days late, I will be charged 5.000% of the payment or \$10.00, whichever is greater.

**PREPAYMENT.** If I pay off early, I will not have to pay a penalty.

I will look at my contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

I read and was given a completed copy of this Disclosure Statement on October 4, 1995, prior to signing the Note.

X \_\_\_\_\_  
EMIL JONES JR

## Amount Financed Itemization

Amount paid to me directly:	\$75,000.00
\$75,000.00 Deposited to Account # 450651000	
Note Principal:	\$75,000.00
Prepaid Finance Charges:	\$0.00
Amount Financed:	\$75,000.00

Fixed Rate. Single Pay.

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# PROMISSORY NOTE

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\$75,000.00	10-04-1995	01-10-1996			076		101	

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**Borrower:** EMIL JONES JR (SSN: 360-26-5020)  
11357 S LOWE  
CHICAGO, IL 60628

**Lender:** Beverly Bank Chicago  
Beverly Bank Chicago  
1357 W. 103rd Street  
Chicago, IL 60643

**Principal Amount:** \$75,000.00

**Interest Rate:** 9.750%

**Date of Note:** October 4, 1995

**PROMISE TO PAY.** I promise to pay to Beverly Bank Chicago ("Lender"), or order, in lawful money of the United States of America, the principal amount of Seventy Five Thousand & 00/100 Dollars (\$75,000.00), together with interest at the rate of 9.750% per annum on the unpaid principal balance from October 10, 1995, until paid in full. The interest rate will not increase above 18.000%.

**PAYMENT.** I will pay this loan in one principal payment of \$75,000.00 plus interest on January 10, 1996. This payment due January 10, 1996, will be for all principal and accrued interest not yet paid. In addition, I will pay regular monthly payments of all accrued unpaid interest due as of each payment date, beginning November 10, 1995, with all subsequent interest payments to be due on the same day of each month after that. Interest on this Note is computed on a 365/365 simple interest basis; that is, by applying the ratio of the annual interest rate over the number of days in a year, multiplied by the outstanding principal balance, multiplied by the actual number of days the principal balance is outstanding. I will pay Lender at Lender's address shown above or at such other place as Lender may designate in writing. Unless otherwise agreed or required by applicable law, payments will be applied first to accrued unpaid interest, then to principal, and any remaining amount to any unpaid collection costs and late charges.

**PREPAYMENT.** I may pay without penalty all or a portion of the amount owed earlier than it is due. Early payments will not, unless agreed to by Lender in writing, relieve me of my obligation to continue to make payments under the payment schedule. Rather, they will reduce the principal balance due.

**LATE CHARGE.** If a payment is 11 days or more late, I will be charged 5.000% of the regularly scheduled payment or \$10.00, whichever is greater.

**DEFAULT.** I will be in default if any of the following happens: (a) I fail to make any payment when due. (b) I break any promise I have made to Lender, or I fail to comply with or to perform when due any other term, obligation, covenant, or condition contained in this Note or any agreement related to this Note, or in any other agreement or loan I have with Lender. (c) Any representation or statement made or furnished to Lender by me or on my behalf is false or misleading in any material respect either now or at the time made or furnished. (d) I die or become insolvent, a receiver is appointed for any part of my property, I make an assignment for the benefit of creditors, or any proceeding is commenced either by me or against me under any bankruptcy or insolvency laws. (e) Any creditor tries to take any of my property on or in which Lender has a lien or security interest. This includes a garnishment of any of my accounts, including deposit accounts, with Lender. (f) Any of the events described in this default section occurs with respect to any guarantor of this Note. (g) Lender in good faith deems itself insecure.

**LENDER'S RIGHTS.** Upon default, Lender may declare the entire unpaid principal balance on this Note and all accrued unpaid interest immediately due, without notice, and then I will pay that amount. Upon default, including failure to pay upon final maturity, Lender, at its option, may also, permitted under applicable law, increase the interest rate on this Note to 18.000% per annum. The interest rate will not exceed the maximum rate permitted by applicable law. Lender may hire or pay someone else to help collect this Note if I do not pay. I also will pay Lender that amount. This includes, subject to any limits under applicable law, Lender's attorneys' fees and Lender's legal expenses whether or not there is a lawsuit, including anticipated post-judgment collection services. If not prohibited by applicable law, I also will pay any court costs, in addition to all other sums provided by law. This Note has been delivered to Lender and accepted by Lender in the State of Illinois. If there is a lawsuit, I agree upon Lender's request to submit to the jurisdiction of the courts of WILL County, the State of Illinois. This Note shall be governed by and construed in accordance with the laws of the State of Illinois.

**RIGHT OF SETOFF.** I grant to Lender a contractual possessory security interest in, and hereby assign, convey, deliver, pledge, and transfer to Lender all my right, title and interest in and to, my accounts with Lender (whether checking, savings, or some other account), including without limitation a accounts held jointly with someone else and all accounts I may open in the future, excluding however all IRA, Keogh, and trust accounts. I authorize Lender, to the extent permitted by applicable law, to charge or setoff all sums owing on this Note against any and all such accounts.

**COLLATERAL.** This Note is secured by a Mortgage dated October 4, 1995, to Lender on real property located in COOK County, State of Illinois, all the terms and conditions of which are hereby incorporated and made a part of this Note.

**GENERAL PROVISIONS.** Lender may delay or forgo enforcing any of its rights or remedies under this Note without losing them. I and any other person who signs, guarantees or endorses this Note, to the extent allowed by law, waive presentment, demand for payment, protest and notice of dishonor. Upon any change in the terms of this Note, and unless otherwise expressly stated in writing, no party who signs this Note, whether as make guarantor, accommodation maker or endorser, shall be released from liability. All such parties agree that Lender may renew or extend (repeatedly or for any length of time) this loan, or release any party or guarantor or collateral; or impair, fail to realize upon or perfect Lender's security interest in the collateral. All such parties also agree that Lender may modify this loan without the consent of or notice to anyone other than the party with whom the modification is made.

**PRIOR TO SIGNING THIS NOTE, I READ AND UNDERSTOOD ALL THE PROVISIONS OF THIS NOTE. I AGREE TO THE TERMS OF THE NOTE AND ACKNOWLEDGE RECEIPT OF A COMPLETED COPY OF THE NOTE.**

**BORROWER:**

X  
EMIL JONES JR