

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

1. NAME OF COMMITTEE (in full)

2000 OCT 14 A 11: 21

Donnelley for Congress, Inc.		2. FEC IDENTIFICATION NUMBER C00350581
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 7194	STATE/DISTRICT IL 10	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CITY, STATE and ZIP CODE Libertyville, IL 60048		

4. TYPE OF REPORT

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

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

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>07/01/2000</u> through <u>09/30/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))		97,250.31
(b) Total Contribution Refunds (From Line 20(d))		25,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))		72,250.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2,691.70	2,374,944.47
(b) Total Offsets to Operating Expenditures (from Line 14)	2,197.43	14,996.38
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	494.27	2,359,948.11
8. Cash on Hand at Close of Reporting Period (from Line 27)	44,843.24	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2,300,000.00	

For further information:
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 Terry L. Robbins		Date 10-12-00
Signature of Treasurer <i>Terry Robbins</i>		

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

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FEC FORM 3
(Revised 4/87)

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

Name of Committee (in full) Donnelley for Congress, Inc.	Report Covering the Period: From: 07/01/2000 To: 09/30/2000	
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)		
(ii) Unitemized		84,067.03
(iii) Total of contributions from individual		
(b) Political Party Committees		13,183.28
(c) Other Political Committees (such as PACs)		
(d) The Candidate		97,250.31
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(i), (b), (c) and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		2,300,000.00
(b) All Other Loans		2,300,000.00
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	2,197.43	14,998.36
15. OTHER RECEIPTS (Dividends, Interest, etc.)	5,498.00	5,798.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	7,695.43	2,418,044.87
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	2,691.70	2,374,944.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	100,000.00	100,000.00
(b) Of All Other Loans		100,000.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	100,000.00	100,000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		15,000.00
(b) Political Party Committees		10,000.00
(c) Other Political Committees (such as PACs)		25,000.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		50,000.00
21. OTHER DISBURSEMENTS		800.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	102,691.70	2,500,744.47
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		139,839.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		7,695.43
25. SUBTOTAL (add Line 23 and Line 24)		147,534.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		102,691.70
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		44,843.24

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (In Full)
Donnelley for Congress, Inc.

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Parkview Complex 215 E. Park Ave. Libertyville, IL 60048-	REFUND	09/30/2000	841.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	841.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilson Grand 629 N. Saint Asaph Street Alexandria, VA 22314-	REFUND	07/05/2000	1,356.43
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	1,356.43
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	

SUBTOTAL of Receipts This Page (optional)	2,197.43
TOTAL This Period (last page this line number only)	2,197.43

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full) Donnelley for Congress, Inc.			
A. Full Name, Mailing Address and Zip Code Amarach Net Solutions P.O. Box 5482 Rockford, IL 61125- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer SALE OF COMPUTER EQUIPMENT Occupation	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 5,000.00 Aggregate Year-to-Date -> 5,000.00
B. Full Name, Mailing Address and Zip Code Edward Morgan 1316 St. William Dr Libertyville, IL 60046- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer SALE OF OFFICE FURNITURE Occupation	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 300.00 Aggregate Year-to-Date -> 300.00
C. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period Aggregate Year-to-Date ->
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period Aggregate Year-to-Date ->
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period Aggregate Year-to-Date ->
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period Aggregate Year-to-Date ->
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period Aggregate Year-to-Date ->

SUBTOTAL of Receipts This Page (optional)	5,300.00
TOTAL This Period (last page this line number only)	5,300.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Donnelley for Congress, Inc.

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sullivan & Mitchell PLLC 1100 Connecticut Ave. NW Suite 330 Washington, DC 20036-	Legal Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/27/2000	252.50
Sterne, Kessler, Goldstein & Fox PLLC 1100 New York Avenue Suite 600 Washington, DC 20005-3834	Legal Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/06/2000	2,439.20
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):	/ /	Amount of Each Disbursement This Period
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):	/ /	Amount of Each Disbursement This Period
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):	/ /	Amount of Each Disbursement This Period
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):	/ /	Amount of Each Disbursement This Period
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):	/ /	Amount of Each Disbursement This Period
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):	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,691.70
TOTAL This Period (last page this line number only)	2,691.70

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 19a

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NAME OF COMMITTEE (In Full)
Donnelley for Congress, Inc.

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shawn Margaret Donnelley P.O. Box 7194 Libertyville, IL 60048-	Loan Repayment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/13/2000	100,000.00
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	100,000.00
TOTAL This Period (last page this line number only)	100,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Donnelley for Congress, Inc.

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kirk for Congress 1910 Waukegan Road Glenview, IL 60025-	SEE BELOW Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/06/2000	0.00
Kirk for Congress 1910 Waukegan Road Glenview, IL 60025-	Federal In-Kind Contribution IL/10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/06/2000	700.00 MEMO
		/ /	
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		/ /	
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SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	0.00

SCHEDULE C

LOANS

NAME OF COMMITTEE (In Full) Donnelley for Congress, Inc.			
A. Full Name, Mailing Address and ZIP Code of Loan Recipient Shawn Margaret Donnelley P.O. Box 7194 Libertyville, IL 60048-	Original Amount of Loan 100,000.00	Cumulative Payment to Date	Balance Outstanding at Close of This Period 100,000.00 (Personal Funds)
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Terms: Date Incurred 11/23/1999 Date Due 12/31/2000 Interest Rate 5.57 % (apx) Secured NO			
List All Endorsers or Guarantors (if any) to Item A			
Full Name, Mailing Address and Zip Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		

SUBTOTAL This Period This Page (optional)	100,000.00
TOTAL This Period (last page this line number only)	

NAME OF COMMITTEE (In Full) Donnelley for Congress, Inc.			
A. Full Name, Mailing Address and ZIP Code of Loan Source Shawn Margaret Donnelley P.O. Box 7194 Libertyville, IL 60048-	Original Amount of Loan 100,000.00	Cumulative Payment To Date	Balance Outstanding at Close of This Period 100,000.00 (Personal Funds)
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Terms: Date Issued <u>01/28/2000</u> Date Due <u>12/31/2000</u> Interest Rate <u>5.88</u> % (apr) Secured <u>NO</u>			
List All Endorsers of Quarters (if any) to Item A			
Full Name, Mailing Address and Zip Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		

SUBTOTAL This Period This Page (optional)	100,000.00
TOTAL This Period (last page this line number only)	

NAME OF COMMITTEE (In Full) Donnelley for Congress, Inc.			
A. Full Name, Mailing Address and ZIP Code of Loan Source Shawn Margaret Donnelley P.O. Box 7194 Libertyville, IL 60048-	Original Amount of Loan 200,000.00	Cumulative Payment To Date 100,000.00	Balance Outstanding at Close of This Period 100,000.00 (Personal Funds)
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Terms: Date Incurred <u>02/07/2000</u> Date Due <u>12/31/2000</u> Interest Rate <u>6.20</u> % (apr) Secured <u>NO</u>			
List All Endorsers or Guarantors (if any) to Item A			
Full Name, Mailing Address and Zip Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		

SUBTOTAL This Period This Page (optional)	100,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE C

LOANS

NAME OF COMMITTEE (In Full) Donnelley for Congress, Inc.			
A. Full Name, Mailing Address and ZIP Code of Loan Source Shawn Margaret Donnelley P.O. Box 7194 Libertyville, IL 60048-	Original Amount of loan 400,000.00	Cumulative Payment to Date	Balance Outstanding at Close of This Period 400,000.00 (Personal Funds)
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Terms: Date Issued <u>02/15/2000</u> Date Due <u>12/31/2000</u> Interest Rate <u>6.20</u> % (apr) Repaid <u>NO</u>			
List All Endorsers or Guarantors (if any) to Item A			
Full Name, Mailing Address and zip Code	NAME of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		

SUBTOTAL This Period This Page (optional)	400,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE C

LOANS

NAME OF COMMITTEE (In Full) Donnelley for Congress, Inc.			
A. Full Name, Mailing Address and ZIP Code of Loan Recipient Shawn Margaret Donnelley P.O. Box 7194 Libertyville, IL 60048-	Original Amount of Loan 500,000.00	Cumulative Payment To Date	Balance Outstanding at Close of This Period 500,000.00 (Personal Funds)
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Term: Date Incurred 02/24/2000 Date Due 12/31/2000 Interest Rate 6.20 % (ppt) Secured NO			
List All Endorsements or Guarantors (if any) to Item A			
Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		

SUBTOTAL This Period This Page (optional)	500,000.00
TOTAL This Period (last page this line number only)	

NAME OF COMMITTEE (In Full) Donnelley for Congress, Inc.			
A. Full Name, Mailing Address and ZIP Code of Loan Source Shawn Margaret Donnelley P.O. Box 7194 Libertyville, IL 60048-	Original Amount of Loan 250,000.00	Cumulative Payment To DATE	Balance Outstanding at Close of This Period 250,000.00 (Personal Funds)
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Secured: <input type="checkbox"/> Date Issued <u>03/02/2000</u> Date Due <u>12/31/2000</u> Interest Rate <u>6.45</u> % (apr) Secured <u>NO</u>			
List All Endorsements or Guarantors (if any) to ICMA A			
Full Name, Mailing Address and Zip Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		

SUBTOTAL This Period This Page (optional)	250,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE C

LOANS

NAME OF COMMITTEE (In Full) Donnelley for Congress, Inc.			
A. Full Name, Mailing Address and ZIP Code of Loan Source Shawn Margaret Donnelley P.O. Box 7194 Libertyville, IL 60048-	Original Amount of Loan 400,000.00	Cumulative Payment to Date	Balance Outstanding at Close of This Period 400,000.00 (Personal Funds)
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Terms: Date Executed <u>03/06/2000</u> Date Due <u>12/31/2000</u> Interest Rate <u>6.45</u> % (per) Secured <u>NO</u>			
List All Endorsers or Guarantors (if any) to Item A			
Full Name, Mailing Address and Zip Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		

SUBTOTAL This Period This Page (optional)	400,000.00
TOTAL This Period (last page this line number only)	

NAME OF COMMITTEE (in full) Donnelley for Congress, Inc.			
A. Full name, mailing address and ZIP Code of loan source Shawn Margaret Donnelley P.O. Box 7194 Libertyville, IL 60048-	Original Amount of Loan 350,000.00	Cumulative Payment to Date	Balance Outstanding at close of This Period 350,000.00 (Personal Funds)
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Terms: Date Incurred 03/10/2000 Date Due 12/31/2000 Interest Rate 6.45 % (apr) Secured NO			
List all endorsers or guarantors (if any) to Item 2			
Full Name, Mailing Address and Zip Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		

SUBTOTAL This Period This Page (optional)	350,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE C

LOANS


NAME OF COMMITTEE (In Full) Donnelley for Congress, Inc.			
A. Full Name, Mailing Address and ZIP Code of Loan Source Shawn Margaret Donnelley P.O. Box 7194 Libertyville, IL 60048-	Original Amount of Loan 100,000.00	Cumulative Payment to Date	Balance Outstanding at Close of this Period 100,000.00 (Personal Funds)
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Terms: Date Incurred <u>03/20/2000</u> Date Due <u>12/31/2000</u> Interest Rate <u>6.45</u> % (app) Secured <u>NO</u>			
List All Endorsers or Guarantors (if any) to Item 2.			
Full Name, Mailing Address and Zip Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		

SUBTOTAL This Period This Page (optional)	100,000.00
TOTAL This Period (last page this line number only)	2,300,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10/14/00 POSTMARKED
<input type="checkbox"/> First Class Mail	
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	10/14/00 DATE PREPARED