

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

FILED  
FEDERAL ELECTION COMMISSION  
COMMUNICATIONS SECTION  
WASHINGTON, D.C. 20543

APR 17 11 55 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**Berg Service for Congress**

ADDRESS (number and street)  Check if different than previously reported.  
**P.O. Box 293**

CITY, STATE and ZIP CODE **Decatur, IL 62525** STATE/DISTRICT **IL/19**

2. FEC IDENTIFICATION NUMBER  
**C00326934**

3. IS THIS REPORT AN AMENDMENT?  
 YES  NO

## 4. TYPE OF REPORT

April 15 Quarterly Report  Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_

July 15 Quarterly Report  Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

October 15 Quarterly Report  Termination Report

January 31 Year End Report

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

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

## SUMMARY

| 5. Covering Period  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| <u>2/26/98</u> through <u>3/31/98</u>   |                         |                                   |
| 6. Net Contributions (other than loans)   |                         |                                   |
| (a) Total Contributions (other than loans) (from Line 11(e))                                  | 18,331.00               | 56,137.05                         |
| (b) Total Contribution Refunds (from Line 20(d))  | 3,050.00                | 3,050.00                          |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))                       | 15,281.00               | 53,087.05                         |
| 7. Net Operating Expenditures   |                         |                                   |
| (a) Total Operating Expenditures (from Line 17)   | 65,152.40               | 106,349.16                        |
| (b) Total Offsets to Operating Expenditures (from Line 14)                                    | —                       |                                   |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a))                                 | 65,152.40               | 106,349.16                        |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)                                   | 7,981.69                |                                   |
| 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) | 51,976.11               |                                   |

For further information contact:  
Federal Election Commission  
990 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  
**BRIAN GILBERT**

Signature of Treasurer *Brian Gilbert* Date **4/14/98**

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

# DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Berg Service for Congress C00326934 Report Covering the Period: From: 2/26/98 To: 3/31/98

| I. RECEIPTS  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-To-Date |
|--|-------------------------------|-----------------------------------|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>                                  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                            |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 7,300.00                      |                                   |
| (ii) Unitemized .....  | 2,731.00                      |                                   |
| (iii) Total of contributions from individuals .....                                | 10,031.00                     | 30,371.00                         |
| (b) Political Party Committees .....   |                               |                                   |
| (c) Other Political Committees (such as PACs) .....                                |                               |                                   |
| (d) The Candidate .....  |                               |                                   |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(ii), (b), (c) and (d)) ..... |                               |                                   |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....                               |                               |                                   |
| 13. LOANS:   |                               |                                   |
| (a) Made or Guaranteed by the Candidate .....                                      |                               |                                   |
| (b) All Other Loans .....  |                               |                                   |
| (c) TOTAL LOANS (add 13(a) and (b)) .....  |                               |                                   |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....               |                               |                                   |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....                               |                               |                                   |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) .....                         |                               |                                   |
| <b>II. DISBURSEMENTS</b>   |                               |                                   |
| 17. OPERATING EXPENDITURES .....   |                               |                                   |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....                                 |                               |                                   |
| 19. LOAN REPAYMENTS:   |                               |                                   |
| (a) Of Loans Made or Guaranteed by the Candidate .....                             |                               |                                   |
| (b) Of All Other Loans .....   |                               |                                   |
| (c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) .....                                |                               |                                   |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                      |                               |                                   |
| (b) Political Party Committees .....   |                               |                                   |
| (c) Other Political Committees (such as PACs) .....                                |                               |                                   |
| (d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) .....                      |                               |                                   |
| 21. OTHER DISBURSEMENTS .....  |                               |                                   |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) .....                    |                               |                                   |

### III. CASH SUMMARY

|  |              |
|--|--------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....                            | \$ 47,834.23 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) .....                                | \$ 28,349.86 |
| 25. SUBTOTAL (add Line 23 and Line 24) .....                                       | \$ 76,184.09 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) .....                           | \$ 68,202.40 |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) ..... | \$ 7,981.69  |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons other than 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)

Berg Service for Congress C 00326934

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
|--|---|-------------------------|------------------------------------|
| Bruce Hoffmeister<br>10800 Antigua Terrace, #102<br>Rockville, MD 20852  | Feldesman, Tucker, Lefter,<br>Fidell & Bank<br><br>Occupation: Lawyer | 3/3/98                  | \$250                              |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250                                       |                         |                                    |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
| Walt Kicinski<br>530 East 90th Street<br>New York, NY 10128  | PaineWebber<br><br>Occupation: Banker                                 | 3/11/98                 | \$500                              |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500                                       |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
| Grant Gier<br>790 Frontage Rd.<br>Northfield, IL 60093   | Northwestern Mutual<br><br>Occupation: Insurance Agent                | 3/12/98                 | \$1,000                            |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000                                     |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
| John Morris<br>P.O. Box 734<br>Robinson, IL 62454  | Self-employed<br><br>Occupation: Business men                         | 3/13/98                 | \$500                              |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500                                       |                         |                                    |
| E. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
| William Harrison<br>155 S. Main Street<br>Louisville, IL 62858   | Self-employed<br><br>Occupation: Chiropractor                         | 3/13/98                 | \$250                              |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250                                       |                         |                                    |
| F. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
| Mark Wilkening<br>572 Linden<br>Elmhurst, IL 60126   | Requested<br><br>Occupation:  | 3/13/98                 | \$250                              |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250                                       |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
| Terry Atkinson<br>861 Hollow Tree Ridge Rd.<br>Darien, CT 06820  | PaineWebber<br><br>Occupation: Manager                                | 3/17/98                 | \$1,000                            |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000                                     |                         |                                    |

SUBTOTAL of Receipts This Page (optional)

\$ 3,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 11 (A)(i)

Contributions from Individuals/Persons other than Political Committees

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NAME OF COMMITTEE (In Full)

Berg Service for Congress C00326934

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer            | Date (month, day, year)           | Amount of Each Receipt This Period |
|--|-----------------------------|-----------------------------------|------------------------------------|
| PETER M. BONUTI, M.D.<br>1303 W. EVERGREEN PLAZA<br>SPRINGHAM, IL 62401  | SELF-EMPLOYED               | 3/18/98                           | \$ 1,000.00                        |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: PHYSICIAN       | Aggregate Year-to-Date > \$ 1,000 |                                    |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer            | Date (month, day, year)           | Amount of Each Receipt This Period |
| Boris Bonuti<br>P.O. Box 1387<br>Springham, IL 62401   | JOINT ACTIVE SYSTEMS        | 3/18/98                           | \$ 1,000.00                        |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: MANAGER         | Aggregate Year-to-Date > \$ 1,000 |                                    |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer            | Date (month, day, year)           | Amount of Each Receipt This Period |
| JOHN BONCUOPE<br>8040 PIVOT TRAIL<br>TINLEY PARK, IL 60477   | SARA LEE                    | 3/21/98                           | \$ 500.00                          |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: INTL. TAX ACCT. | Aggregate Year-to-Date > \$ 500   |                                    |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer            | Date (month, day, year)           | Amount of Each Receipt This Period |
| DONALD S. CROSSETT<br>430 E. OHIO ST., 12G<br>CHICAGO, IL 60611  | CROSSETT + ASSOC.           | 3/21/98                           | \$ 250.00                          |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: CONSULTANT      | Aggregate Year-to-Date > \$ 250   |                                    |
| E. Full Name, Mailing Address and ZIP Code   | Name of Employer            | Date (month, day, year)           | Amount of Each Receipt This Period |
| ALLEN J. MERKLEY<br>1633 ADAMS WHARF ST.<br>CHESTERFIELD, MO 63017   | PARTNER, ERNST + YOUNG, LLP | 3/21/98                           | \$ 250.00                          |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: CPA             | Aggregate Year-to-Date > \$ 750   |                                    |
| F. Full Name, Mailing Address and ZIP Code   | Name of Employer            | Date (month, day, year)           | Amount of Each Receipt This Period |
| ARTHUR E. WEISS<br>1399 ROYENKY ESTATES CT.<br>CHESTERFIELD, MO 63017  | WEISS, YESS, + CO., P.C.    | 3/27/98                           | \$ 250.00                          |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: CPA/CONSULTANT  | Aggregate Year-to-Date > \$ 250   |                                    |
| G. Full Name, Mailing Address and ZIP Code   | Name of Employer            | Date (month, day, year)           | Amount of Each Receipt This Period |
| KEVIN NUSSBAUM<br>16828 SURREYVIEW CT.<br>WILDWOOD, MO 63040   | WEISS, YESS, + CO.          | 3/27/98                           | \$ 300.00                          |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: CPA             | Aggregate Year-to-Date > \$ 350   |                                    |

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

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

\$ 7,300.00

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 1 OF 2

FOR LINE NUMBER 11 (c)

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NAME OF COMMITTEE (in Full)

Bery Service for Congress C00326934

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year) | Amount of Each Receipt This Period |
|--|---|-------------------------|------------------------------------|
| MARCHION OIL COMPANY EMPLOYEES PAC<br>539 S. MAIN ST<br>FINDLAY, OH 45840<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | Occupation<br>Aggregate Year-to-Date > \$                     | 3/10/98                 | \$ 500.00                          |
| UPS PAC<br>55 GREENLAKE PARKWAY, N.E.<br>ATLANTA, GA 30328<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$ | 3/10/98                 | \$ 2500.00                         |
| MORGAN STANLEY, DEAN WITNER, DISCOVER + CO.<br>1300 I ST. N.W., 12TH Floor<br>WASHINGTON, DC 20005<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$ | 3/10/98                 | \$ 500.00                          |
| ILLINOIS MARKETERS PAC<br>P.O. BOX 3662<br>SPRINGFIELD, IL 62708-3662<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$ | 3/11/98                 | \$ 300.00                          |
| RIR PAC<br>P.O. 718<br>WINSTON-SALEM, NC 27102<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$ | 3/13/98                 | \$ 500.00                          |
| VOLUNTARY CONTRIBUTORS FOR BETTER GOVT.<br>1101 PENNSYLVANIA NW<br>WASHINGTON, DC 20004<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$ | 3/13/98                 | \$ 1,000.00                        |
| FIRST CHICAGO NBD CORP. PAC<br>ONE FIRST NATIONAL PLAZA<br>CHICAGO, IL 60670<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$ | 3/13/98                 | \$ 500.00                          |

|   |             |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional) .....           | \$ 5,800.00 |
| TOTAL This Period (last page this line number only) ..... | \$          |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 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)

Berg Service for Congress

C00326934

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer | Date (month, day, year)     | Amount of Each Receipt This Period |
|--|------------------|-----------------------------|------------------------------------|
| CNA CITIZENS FOR GOOD GOVERNMENT<br>1776 I ST., NW<br>WASHINGTON, DC 20006   |                  | 3/13/98                     | \$ 500.00                          |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation       | Aggregate Year-to-Date > \$ |                                    |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer | Date (month, day, year)     | Amount of Each Receipt This Period |
| BOND PAC<br>1445 NEW YORK AVE., NW<br>WASHINGTON, DC 20005-2158  |                  | 3/23/98                     | \$ 1,000.00                        |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation       | Aggregate Year-to-Date > \$ |                                    |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer | Date (month, day, year)     | Amount of Each Receipt This Period |
| Ewing for Congress Committee<br>P.O. Box 766<br>PONTIAC, IL 61764  |                  | 3/17/98                     | \$ 1,000.00                        |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br><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<br><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<br><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<br><input type="checkbox"/> Other (specify):            | Occupation       | Aggregate Year-to-Date > \$ |                                    |

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

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

\$ 8,300.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 1185

CONTRIBUTIONS FROM 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)

BERG SERVICE FOR CONGRESS

C00326934

A. Full Name, Mailing Address and ZIP Code

JERRY BERG  
R.R. #1, BOX 103 C, CHRIS DRIVE  
OREANA, IL 62554

Name of Employer

PAINWEISSER

Date (month, day, year)

Various

Amount of Each Receipt this Period

1,300

(In kind: Mileage)  
(to be reimbursed)

Receipt For:

Primary

General

Other (specify):

Occupation

BANKER

Aggregate Year-to-Date \$

B. Full Name, Mailing Address and ZIP Code

(SAME AS ABOVE)

Name of Employer

Date (month, day, year)

3/31/98

Amount of Each Receipt this Period

6,783.05

(In kind: consulting fees)  
(To be reimbursed)

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date \$

C. Full Name, Mailing Address and ZIP Code

(SAME AS ABOVE)

Name of Employer

Date (month, day, year)

Occupation

Aggregate Year-to-Date \$

Receipt For:

Primary

General

Other (specify):

D. Full Name, Mailing Address and ZIP Code

(SAME AS ABOVE)

Name of Employer

Date (month, day, year)

Occupation

Aggregate Year-to-Date \$

Receipt For:

Primary

General

Other (specify):

E. Full Name, Mailing Address and ZIP Code

(SAME AS ABOVE)

Name of Employer

Date (month, day, year)

Occupation

Aggregate Year-to-Date \$

Receipt For:

Primary

General

Other (specify):

F. Full Name, Mailing Address and ZIP Code

(SAME AS ABOVE)

Name of Employer

Date (month, day, year)

Occupation

Aggregate Year-to-Date \$

Receipt For:

Primary

General

Other (specify):

G. Full Name, Mailing Address and ZIP Code

(SAME AS ABOVE)

Name of Employer

Date (month, day, year)

Occupation

Aggregate Year-to-Date \$

Receipt For:

Primary

General

Other (specify):

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

8,083.05/ME

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

BERG SERVICE FOR CONGRESS

C0032694

| A. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Alan Kindrick<br>1707 South Country Club Road<br>Decatur, IL 62525  | Consulting Fees<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | 3/1/98                  | \$2,500                                 |
| Same  | Consulting Fees<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | 3/18/98                 | \$1,600                                 |
| Same  | Expense Reimbursement<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 3/5/98<br>3/10/98       | \$275.17<br>\$285.87                    |
| Same  | Expense Reimbursement<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 3/18/98<br>3/18/98      | \$576.24<br>\$259.12                    |
| GTE North<br>P.O. Box 920041<br>Dallas, TX 75392                    | Telephone<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | 3/1/98<br>3/2/98        | \$204.51<br>\$108.30                    |
| CMC Direct<br>459 Lake Victoria Circle<br>Melbourne, FL 32940       | Advertising<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | 3/14/98                 | \$5,000                                 |
| Five Star Insurance + Brokerage<br>Main Street<br>Mt. Zion IL 62549 | Rent<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | 3/18/98                 | \$500                                   |
| First Impressions<br>25 Adams Court<br>Plainview, NY 11803          | Advertising<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | 3/5/98<br>3/10/98       | \$5,590.42<br>\$12,187.42               |
| US Postal Service   | Postage<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | 3/5/98                  | \$4,730.41                              |

SUBTOTAL of Disbursements This Page (optional)

\$33,817.46

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 2  
FOR LINE NUMBER 17

OPERATING EXPENDITURES

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)

BERG SERVICE FOR CONGRESS

C0032694

| A. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| AS F & Associates<br>16 North Aston<br>Irvington, NY 10533  | Consulting fees<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 3/5/98                  | \$7,900                                 |
| B. Full Name, Mailing Address and ZIP Code<br>Russo Marsh + Raper<br>770 L Street, Suite 950<br>Sacramento, CA 95812                  | Consulting fees<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 3/5/98<br>3/9/98        | \$3,000<br>\$9,000                      |
| C. Full Name, Mailing Address and ZIP Code<br>Hammond & Associates<br>801 N. Pitt Street<br>Alexandria, VA 22314                      | Consulting fees<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 3/1/98                  | \$535.65                                |
| D. Full Name, Mailing Address and ZIP Code<br>Personal Services Corporation<br>1129 South Grand East Ex 4586<br>Springfield, IL 62708 | Advertising<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 3/2/98                  | \$1,024.25                              |
| E. Full Name, Mailing Address and ZIP Code<br>LHF Advertising<br>1106 N. Stephens<br>Springfield, IL 62702                            | Advertising<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 3/5/98                  | \$385.98                                |
| F. Full Name, Mailing Address and ZIP Code<br>Mattoon Golf & Country Club<br>P.O. Box 158<br>Mattoon, IL 61938                        | Fundraiser<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | 3/2/98                  | \$875.35                                |
| G. Full Name, Mailing Address and ZIP Code<br>First Cellular<br>417 S. 42nd Street<br>Mt Vernon, IL 62864                             | Telephone<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | 3/2/98                  | \$41.84                                 |
| H. Full Name, Mailing Address and ZIP Code<br>Cellular one<br>P.O. Box 2545<br>DeWitt, IL 62525                                       | Telephone<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | 3/2/98                  | \$403.30                                |
| I. Full Name, Mailing Address and ZIP Code<br>Russo Marsh + Raper<br>770 L Street, Suite 950<br>Sacramento, CA 95812                  | Consulting fees<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 3/2/98                  | \$8,000.                                |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

64,983.83

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 20 (9)

REFUNDS OF CONTRIBUTIONS TO INDIVIDUALS

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)

BERG SERVICE FOR CONGRESS

C0032694

| A. Full Name, Mailing Address and ZIP Code                   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| BRIAN W. GILBERT<br>503 E LINCOLN AVE.<br>ALTAMONT, IL 62411 | REFUND OF 11/01/97<br>CONTRIBUTION<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | 3/27/98                 | \$50                                    |
| RAYMOND BERG<br>P.O. BOX 277<br>ALTAMONT, IL 62411           | REFUND OF 12/18/97<br>CONTRIBUTION<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | 3/27/98                 | \$500                                   |
| MARIAN BERG<br>P.O. BOX 277<br>ALTAMONT, IL 62411            | REFUND OF 12/18/97<br>CONTRIBUTION<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | 3/27/98                 | \$500                                   |
| TERENCE HOGAN<br>1823 N. SEDGWICK<br>CHICAGO, IL 60614       | REFUND OF 11/07/97<br>CONTRIBUTION<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | 3/27/98                 | \$1000                                  |
| MARY JANE SYBA<br>1823 N. SEDGWICK<br>CHICAGO, IL 60614      | REFUND OF 11/02/97<br>CONTRIBUTION<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | 3/27/98                 | \$1000                                  |
| F. Full Name, Mailing Address and ZIP Code                   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code                   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code                   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code                   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

\$3050

TOTAL This Period (last page this line number only)

\$3050

**LOANS**

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| Name of Committee (in Full)<br><b>Berg Service for Congress</b>  |  |   |  | <b>C 00326934</b>                      |  |   |  |
| A. Full Name, Mailing Address and ZIP Code of Loan Source<br><b>Jerry Berg<br/>RR #1 Box 103C, Chris Drive<br/>Orleans, IL 62554</b> |  | Original Amount of Loan<br><b>\$22,000.00</b>   |  | Cumulative Payment To Date<br><b>—</b> |  | Balance Outstanding at Close of This Period<br><b>\$22,000.00</b> |  |
| Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):     |  | Terms: Date Incurred <b>12/31/97</b> Date Due <b>6/30/98</b> Interest Rate <b>0</b> % (app) |  |  |  | <input type="checkbox"/> Secured                                  |  |
| List All Endorsers or Guarantors (if any) to Item A  |  |   |  |  |  |   |  |
| 1. Full Name, Mailing Address and ZIP Code   |  | Name of Employer  |  |  |  |   |  |
|  |  | Occupation  |  |  |  |   |  |
|  |  | Amount Guaranteed Outstanding: \$   |  |  |  |   |  |
| 2. Full Name, Mailing Address and ZIP Code   |  | Name of Employer  |  |  |  |   |  |
|  |  | Occupation  |  |  |  |   |  |
|  |  | Amount Guaranteed Outstanding: \$   |  |  |  |   |  |
| 3. Full Name, Mailing Address and ZIP Code   |  | Name of Employer  |  |  |  |   |  |
|  |  | Occupation  |  |  |  |   |  |
|  |  | Amount Guaranteed Outstanding: \$   |  |  |  |   |  |
| B. Full Name, Mailing Address and ZIP Code of Loan Source<br><b>Same</b>   |  | Original Amount of Loan<br><b>\$10,000.00</b>   |  | Cumulative Payment To Date<br><b>—</b> |  | Balance Outstanding at Close of This Period<br><b>\$10,000.00</b> |  |
| Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):     |  | Terms: Date Incurred <b>3/1/98</b> Date Due <b>6/30/98</b> Interest Rate <b>0</b> % (app)   |  |  |  | <input type="checkbox"/> Secured                                  |  |
| List All Endorsers or Guarantors (if any) to Item B  |  |   |  |  |  |   |  |
| 1. Full Name, Mailing Address and ZIP Code   |  | Name of Employer  |  |  |  |   |  |
|  |  | Occupation  |  |  |  |   |  |
|  |  | Amount Guaranteed Outstanding: \$   |  |  |  |   |  |
| 2. Full Name, Mailing Address and ZIP Code   |  | Name of Employer  |  |  |  |   |  |
|  |  | Occupation  |  |  |  |   |  |
|  |  | Amount Guaranteed Outstanding: \$   |  |  |  |   |  |
| 3. Full Name, Mailing Address and ZIP Code   |  | Name of Employer  |  |  |  |   |  |
|  |  | Occupation  |  |  |  |   |  |
|  |  | Amount Guaranteed Outstanding: \$   |  |  |  |   |  |
| SUBTOTALS This Period This Page (optional) .....   |  |   |  |  |  |   |  |
| TOTALS This Period (last page in this line only) .....   |  |   |  |  |  | <b>\$32,000.00</b>  |  |
| Carry outstanding balance only to LINE 2, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |  |   |  |  |  |   |  |

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

**DEBTS AND OBLIGATIONS**  
Excluding Loans

| Name of Committee (in Full)  | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|--|---|-----------------------------|---------------------|---|
| <b>Berg Service for Congress</b>   |   |                             |                     |   |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Jerry Berg<br>RR 1 Box 103C Chris Drive<br>Orana, IL 62554 | 1,276.93                                  | -                           | -                   | 1,276.93                                    |
| Nature of Debt (Purpose):<br>Office Supplies   |   |                             |                     |   |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>(Same as above)  | 1,583.20                                  | -                           | -                   | 1,583.20                                    |
| Nature of Debt (Purpose):<br>Postage   |   |                             |                     |   |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>(Same as above)  | 526.00                                    | -                           | -                   | 526.00                                      |
| Nature of Debt (Purpose):<br>Air Travel  |   |                             |                     |   |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>(Same as above)  | 7,235.00                                  | 1,300.00                    | -                   | 8,535.00                                    |
| Nature of Debt (Purpose):<br>Travel - Mileage  |   |                             |                     |   |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>(Same as above)  | 706.13                                    | -                           | -                   | 706.13                                      |
| Nature of Debt (Purpose):<br>General Campaign Expenses - Unitemized  |   |                             |                     |   |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>(Same as above)  | 153.18                                    | -                           | -                   | 153.18                                      |
| Nature of Debt (Purpose):<br>Candidate Photos  |   |                             |                     |   |
| 1) SUBTOTALS This Period This Page (optional)  |   |                             |                     | \$12,780.44                                 |
| 2) TOTALS This Period (last page in this line only)  |   |                             |                     |   |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)  |   |                             |                     |   |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)  |   |                             |                     |   |

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

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

| Name of Committee (in Full)   | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|-----------------------------|---------------------|---|
| Berg Service for Congress   |   |                             |                     |   |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Jerry Berg<br>RR 1 Box 103C Chris Drive<br>Oreana, IL 62554 | 412.62                                    | —                           | —                   | 412.62                                      |
| Nature of Debt (Purpose):<br>Advertising  |   |                             |                     |   |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>(Same as above)   | —   | 6,783.05                    | —                   | 6,783.05                                    |
| Nature of Debt (Purpose):<br>Consulting Fees  |   |                             |                     |   |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor  |   |                             |                     |   |
| Nature of Debt (Purpose):   |   |                             |                     |   |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor  |   |                             |                     |   |
| Nature of Debt (Purpose):   |   |                             |                     |   |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor  |   |                             |                     |   |
| Nature of Debt (Purpose):   |   |                             |                     |   |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor  |   |                             |                     |   |
| Nature of Debt (Purpose):   |   |                             |                     |   |
| 1) SUBTOTALS This Period This Page (optional)   |   |                             |                     |   |
| 2) TOTALS This Period (last page in this line only)   |   |                             |                     | \$ 19,976.11                                |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)   |   |                             |                     | \$ 32,000.00                                |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)   |   |                             |                     | \$ 51,976.11                                |

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

|   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                      |
| <input type="checkbox"/> First Class Mail   | POSTMARKED                           |
| <input checked="" type="checkbox"/> Registered/Certified Mail                       | POSTMARKED<br>4/15/98                |
| <input type="checkbox"/> No Postmark  |                                      |
| <input type="checkbox"/> Postmark Illegible   |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):  | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| <br>D.A.Q.<br>PREPARER  | <br>4/17/98<br>DATE PREPARED         |