

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) Sam Ewing for Congress Committee		2. FEC IDENTIFICATION NUMBER C00350033 2000 FEB -1 P 1:20	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 503 N. Prospect Rd.	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
CITY, STATE and ZIP CODE Bloomington, IL 61704	STATE/DISTRICT IL 15		

4. TYPE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> April 15 Quarterly Report
<input type="checkbox"/> July 15 Quarterly Report
<input type="checkbox"/> October 15 Quarterly Report
<input checked="" type="checkbox"/> January 31 Year End Report
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
<input type="checkbox"/> Thirtieth day report following the General Election on _____
in the State of _____
<input type="checkbox"/> 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
07/01/1999 through 12/31/1999		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$56438.71	\$56438.71
(b) Total Contribution Refunds (From Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$56438.71	\$56438.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$14125.37	\$14125.37
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$14125.37	\$14125.37
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$42313.34	
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)	\$5517.18	

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 Michael B. Bozarth	
Signature of Treasurer 	Date 1-27-00

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

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

Name of Committee (in full) Sam Ewing for Congress Committee	Report Covering the Period: From: 07/01/1999 To: 12/31/1999	
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)	\$28822.65	
(ii) Unitemized	\$8873.37	
(iii) Total of contributions from individual	\$35496.02	\$35496.02
(b) Political Party Committees	\$9892.69	\$9892.69
(c) Other Political Committees (such as PACs)	\$11250.00	\$11250.00
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	\$56438.71	\$56438.71
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00
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)	\$56438.71	\$56438.71
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$14125.37	\$14125.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
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	\$0.00	\$0.00
(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))	\$0.00	\$0.00
21. OTHER DISBURSEMENTS	\$0.00	\$0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$14125.37	\$14125.37
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$56438.71
25. SUBTOTAL (add Line 23 and Line 24)		\$56438.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$14125.37
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$42313.34

SCHEDULE A

ITEMIZED RECEIPTS

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

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)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Albin P. O. Box 200 Newman, IL 61942-0200	Self employed Occupation: Farmer	10/19/199	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00
John Albin P.O. Box 377 Newman, IL 61942-0377	Self employed Occupation: Farmer/Banker	11/13/199	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
James L. Ayers 4 Oakview Court Monticello, IL 61856-9635	Self employed Occupation: Lawyer	11/22/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$500.00
Robert Bonifas Alarm Detection Systems, Inc. 1100 Church Rd. Aurora, IL 60505-1906	Alarm Detection Systems Occupation: CEO	12/20/199	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$300.00
Richard H. Burwash 3 Lake Park Drive Champaign, IL 61822-	Self employed Occupation: Farmer	11/20/199	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
Gene Burwell 3/ S. Lake Rd./P.O. Box 430 Lincoln, IL 62656-	Burwell Oil Service, Inc. Occupation: President	12/29/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$500.00
Alex Calvert 13 Brittany Lane Clinton, IL 61727-	Calvert Funeral Homes Occupation: Funeral Director	10/06/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$500.00

SUBTOTAL of Receipts This Page (optional)

\$3300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule (a) for each category of the detailed Summary Page

PAGE 02

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FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code Walter Charlton One Dearborn Square Kankakee, IL 60901-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-employed</p> <p>Occupation Real Estate Developer</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 10/09/199</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Thomas R. Coady, Jr. 14 Meridian Terrace Paxton, IL 60957-1850</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Hicksgas, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 10/02/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Todd Coady P.O. Box 98 Roberts, IL 60962-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Hicksgas, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 10/02/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Sylvia Coulter 30102 Briarcrest Dr. Georgetown, TX 78628-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer State Farm Insurance</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 12/16/199</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Thomas A. Davis 1455 Pennsylvania Avenue NW, #1200 Washington, DC 20004-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Davis & Herman</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 12/30/199</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Connie Ewing 310 W. Lincoln Pontiac, IL 61764-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation none</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 10/19/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Harriet Ewing P.O.Box 492 Atlanta, IL 61223-0492</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation none</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 10/25/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$5250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 11
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jane Ewing 639 La Grange Road La Grange Park, IL 60526-	Self-employed Occupation teacher	10/19/1999	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00
Kate Ewing P.O.Box 492 Atlanta, IL 61723-0492	Self-employed Occupation teacher	10/19/1999	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00
Thomas W. Ewing 310 W. Lincoln Pontiac, IL 61764-	U. S. House Occupation congressman	10/19/1999	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00
Don Fortna 622 Deerfield Rd. Pontiac, IL 61764-9387	Retired Occupation none	12/11/1999	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$300.00
Rudy Frasca 906 E. Airport Rd. Urbana, IL 61802-	Frasca International Occupation owner	11/01/1999	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00
John Gaine 1200 19th St., N.W. #300 Washington, DC 20036-	Managed Funds Assoc. Occupation President	12/20/1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
Victoria Glennon 13521 E. 1700 North Rd. Pontiac, IL 61764-	Flying Color Graphics Occupation Busn. Mgr.	12/18/1999	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		5500.00

SUBTOTAL of Receipts This Page (optional)

\$5050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the recalled summary Page

PAGE 4 OF 11
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code Allan Hamilton 300 Park Blvd. Itasca, IL 60143-0000 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Hamilton Partners Occupation Real Estate Developer Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 11/18/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and Zip Code William Hecht 2228 Aryness Drive Vienna, VA 22181- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Hecht, Spencer & Assoc. Occupation Gov't Affairs Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 12/27/1999	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and Zip Code James E. Herresdorf 49 Golf Ave. Clarendon Hills, IL 60514-1250 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Devro Teepak, Inc. Occupation President Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 11/19/1999	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and Zip Code William Hoffrichter 410 Westview Dr. Pontiac, IL 61764- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Hoffrichter Lumber Occupation OWNER Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and Zip Code Gary Huisinga 8 Grandview Drive Monticello, IL 61856-9573 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Heath's Inc. Occupation President Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and Zip Code Parker Kemp P.O. Box 169 Lexington, IL 61753-0098 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Commerce Bank Occupation President Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/02/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Joseph Lane 820 S. Grant P.O. Box 78 Chenoa, IL 61726- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Pontiac Exchange Occupation owner Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 11/02/1999	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Leshar 3718 Center Way Fairfax, VA 22033-	Leshar & Russell, Inc.	12/27/199	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Lobbyist	Aggregate Year-to-Date ->	\$250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alexander Loreda 124 Brownstone Court Matthews, NC 28105-	Self employed	12/20/199	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Sales	Aggregate Year-to-Date ->	\$1000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephanie Loreda 124 Brownstone Court Matthews, NC 28105-	Self employed	12/20/199	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Sales	Aggregate Year-to-Date ->	\$1000.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Lupo 7315 Narrow Wind Way Columbia, MD 21046-	State Farm Insurance	12/13/199	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Claims Representative	Aggregate Year-to-Date ->	\$1000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robyn Lupo 7315 Narrow Wind Way Columbia, MD 21046-	Self employed	12/13/199	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	Aggregate Year-to-Date ->	\$1000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christine L. Mast 760 Penn Ave. Atlanta, GA 30309-	Self employed	12/30/199	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	Aggregate Year-to-Date ->	\$1000.00
G. Full Name, mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Timothy Mast 760 Penn Ave. Atlanta, GA 30309-	Self employed	12/30/199	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	Aggregate Year-to-Date ->	\$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code Richard Maxey P.O. Box 336 Loda, IL 60948-0336	Name of Employer Federated Bank Occupation Chairman of the Board	Date (month, day, year) 12/31/199	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
B. Full Name, Mailing Address and Zip Code John D. Milne 1529 Q St., NW Unit 3 Washington, DC 20009-	Name of Employer 3M-MN Mining and Mfg. Occupation Gov't Affairs	Date (month, day, year) 12/31/199	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
C. Full Name, Mailing Address and Zip Code John Perring 700 Manlove Pontiac, MI 48164-2602	Name of Employer Retired Occupation none	Date (month, day, year) 11/20/199	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		
D. Full Name, Mailing Address and Zip Code Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Name of Employer Self employed Occupation consultant	Date (month, day, year) 09/10/199	Amount of Each Receipt this Period \$15.75
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$15.75 IN-KIND		
E. Full Name, Mailing Address and Zip Code Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Name of Employer Self employed Occupation consultant	Date (month, day, year) 09/30/199	Amount of Each Receipt this Period \$50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$65.75 IN-KIND		
F. Full Name, Mailing Address and Zip Code Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Name of Employer Self employed Occupation consultant	Date (month, day, year) 10/01/199	Amount of Each Receipt this Period \$13.28
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$79.03 IN-KIND		
G. Full Name, Mailing Address and Zip Code Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Name of Employer Self employed Occupation consultant	Date (month, day, year) 10/08/199	Amount of Each Receipt this Period \$199.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$277.03 IN-KIND		

SUBTOTAL of Receipts This Page (optional)	\$1527.03
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 11

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Self employed	10/14/199	\$32.16
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Office equipment/ Furniture	IN-KIND
		Aggregate Year-to-Date ->	\$309.19
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Self employed	10/14/199	\$46.20
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Postage	IN-KIND
		Aggregate Year-to-Date ->	\$355.39
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Self employed	10/15/199	\$139.41
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Office equipment/ Furniture	IN-KIND
		Aggregate Year-to-Date ->	\$494.80
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Self employed	10/21/199	\$47.18
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Office equipment/ Furniture	IN-KIND
		Aggregate Year-to-Date ->	\$541.98
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Self employed	10/22/199	\$7.95
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Printing	IN-KIND
		Aggregate Year-to-Date ->	\$549.93
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Self employed	10/26/199	\$7.06
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Printing	IN-KIND
		Aggregate Year-to-Date ->	\$556.99
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Self employed	11/01/199	\$66.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Postage	IN-KIND
		Aggregate Year-to-Date ->	\$622.99

SUBTOTAL of Receipts This Page (optional)

\$345.96

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Self employed	11/01/199	\$32.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Tickets	
	Aggregate Year-to-Date ->	\$654.99	IN-KIND
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Self employed	11/04/199	\$33.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Postage	
	Aggregate Year-to-Date ->	\$687.99	IN-KIND
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Self employed	11/15/199	\$26.94
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Printing	
	Aggregate Year-to-Date ->	\$714.93	IN-KIND
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Self employed	11/23/199	\$45.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Printing	
	Aggregate Year-to-Date ->	\$759.93	IN-KIND
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Self employed	11/29/199	\$66.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Postage	
	Aggregate Year-to-Date ->	\$825.93	IN-KIND
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Self employed	12/14/199	\$11.75
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Postage	
	Aggregate Year-to-Date ->	\$937.68	IN-KIND
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Self employed	12/15/199	\$11.75
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Printing	
	Aggregate Year-to-Date ->	\$849.43	IN-KIND

SUBTOTAL of Receipts this Page (optional)	\$226.44
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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 operational purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code Josh Potts 2000 N. Linden St. #B207 Normal, IL 61761-	Name of Employer Self employed	Date (month, day, year) 12/18/199	Amount of Each Receipt this Period \$99.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Postage	
	Aggregate Year-to-Date -> \$948.43		IN-KIND
B. Full Name, Mailing Address and Zip Code Josh Potts 2000 N. Linden St. #B237 Normal, IL 61761-	Name of Employer Self employed	Date (month, day, year) 12/30/199	Amount of Each Receipt this Period \$24.22
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation consultant	Printing	
	Aggregate Year-to-Date -> \$972.65		IN-KIND
C. Full Name, Mailing Address and Zip Code George Rogers 14131 U.S. Hwy 36 Chrisman, IL 61924-	Name of Employer Self employed	Date (month, day, year) 11/23/199	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Farmer		
	Aggregate Year-to-Date -> \$250.00		
D. Full Name, Mailing Address and Zip Code Randall Russell 3865 Griffith Place Alexandria, VA 22304-	Name of Employer Leshner & Russell, Inc.	Date (month, day, year) 12/27/199	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Lobbyist		
	Aggregate Year-to-Date -> \$250.00		
E. Full Name, Mailing Address and Zip Code Dr. Joe T. Satterwhite 124 S. Chicago St. Rossville, IL 60963-1118	Name of Employer Self employed	Date (month, day, year) 12/01/199	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation DDS		
	Aggregate Year-to-Date -> \$250.00		
F. Full Name, Mailing Address and Zip Code JoAnne Schwede 969 S. Chicago Kankakee, IL 60901-	Name of Employer City of Kankakee	Date (month, day, year) 12/02/199	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Alderman		
	Aggregate Year-to-Date -> \$250.00		
G. Full Name, Mailing Address and Zip Code Jack Snyder 202 N. Prospect Rd. Bloomington, IL 61704-3535	Name of Employer Snyder Real Estate	Date (month, day, year) 10/25/199	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation OWNER		
	Aggregate Year-to-Date -> \$250.00		

SUBTOTAL of Receipts This Page (optional)	\$1373.22
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information reported 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)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code Jean Snyder 6 Brookridge Ct. Bloomington, IL 61704-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer none</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 10/25/199</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Stephen Snyder 204 N. Prospect Rd. Bloomington, IL 61704-3555</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Snyder Comp.</p> <p>Occupation Real Estate</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 12/14/199</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Vince Coolen 2809 Cherry Hills Dr. Champaign, IL 61821-7541</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation consultant</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 11/18/199</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and Zip Code H. Edward Vogelsinger 1314 Crown Court Bloomington, IL 61704-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Pontiac Natl. Bank</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 12/18/199</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full name, Mailing Address and Zip Code Harry E. Vogelsinger, Jr. 117 S. Chicago St. Pontiac, IL 61704-1902</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation None</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 11/17/199</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Esther Wagnare 25141 E. 3200 North Rd. Dwight, IL 60420-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation none</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 12/07/199</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Diana Williams 603 W. Michigan Ave. Urbana, IL 61801-4843</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Interior design</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 11/17/199</p>	<p>Amount of Each Receipt this Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional)

\$1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code Mary D. Woodyard 104 W. Washington Chrisman, IL 61924-	Name of Employer Retired	Date (month, day, year) 12/30/199	Amount of Each Receipt this Period \$250.00
	Occupation none		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		
B. Full Name, Mailing Address and Zip Code ,	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
C. Full Name, Mailing Address and Zip Code ,	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code ,	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code ,	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code ,	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code ,	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	\$250.00
TOTAL This Period (last page this line number only)	\$28822.65

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the recalled Summary Page

PAGE 1 OF 3
FOR LINE NUMBER 11 (b)

Any information copied from such Reports and Statements may not be 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)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code Euck McKeon for Congress P.O. Box 2071 Santa Clarita, CA 91356-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/20/199</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Cenady for Congress P.O. Box 6158 Lakeland, FL 33807-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/15/199</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Cenady for Congress P.O. Box 6158 Lakeland, FL 33807-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/15/199</p> <p>Aggregate Year-to-Date -> \$1500.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Citizens for Gilman P.O. Box 3001 Middletown, NY 10940-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/27/199</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>E. Full Name, Mailing Address and Zip Code Coburn for Congress P.O. Box 504 Muskogee, OK 74402-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/22/199</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Rent Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/01/199</p> <p>Aggregate Year-to-Date -> \$27.50</p>	<p>Amount of Each Receipt this Period \$27.50 IN-KIND</p>
<p>G. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Utilities Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/14/199</p> <p>Aggregate Year-to-Date -> \$30.65</p>	<p>Amount of Each Receipt this Period \$3.15 IN-KIND</p>

SUBTOTAL of Receipts This Page (optional)

\$3630.65

TOTAL This Period (Last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed Summary Form

PAGE	OF
2	3
FOR LINE NUMBER	
11(b)	

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Utilities	12/14/199	\$2.50
Aggregate Year-to-Date ->		\$33.15	IN-KIND
B. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Signs	12/31/199	\$475.00
Aggregate Year-to-Date ->		\$508.15	IN-KIND
C. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Signs	12/31/199	\$84.54
Aggregate Year-to-Date ->		\$592.69	IN-KIND
D. Full Name, Mailing Address and Zip Code Fletcher for Congress 811 Corporate Drive, Ste. 303 Lexington, KY 40503- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		11/30/199	\$1000.00
Aggregate Year-to-Date ->		\$1000.00	
E. Full Name, Mailing Address and Zip Code Friends of Jack Kingston P.O. Box 2133 Sevensh, GA 31402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		12/04/199	\$500.00
Aggregate Year-to-Date ->		\$500.00	
F. Full Name, Mailing Address and Zip Code Gibbons for Congress 542 1/2 Plumas Reno, NV 89505- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		12/27/199	\$500.00
Aggregate Year-to-Date ->		\$500.00	
G. Full Name, Mailing Address and Zip Code Pete Honkala for Congress 1327 Feather Drive Holland, MI 49423- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		11/13/199	\$1000.00
Aggregate Year-to-Date ->		\$1000.00	

SUBTOTAL of Receipts This Page (optional)

\$3562.04

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11(b)

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code Texans for Henry Bonilla 3905 Tattall Schertz, TX 78154-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/20/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code The Barrett Committee P.O. Box 176 Grand Island, NE 68802-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/20/199</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Thune for Congress P.O. Box 516 Sioux Falls, SE 57101-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/30/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$9692.69</p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code American Sugar Cane League PAC P.O. Drawer 938 Thibodaux, LA 70302-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 12/27/199</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Assoc. of American Ag. Insur. PAC Mr. Richard Gibson 535 W. Broadway Council Bluffs, IA 51503-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 12/03/199</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Auction Market PAC - Chgo. Brd. of Trade Mr. Thomas Donovan 141 W. Jackson Blvd. Chicago, IL 60604-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 12/28/199</p> <p>Aggregate Year-to-Date -> \$3000.00</p>	<p>Amount of Each Receipt this Period \$3000.00</p>
<p>D. Full Name, Mailing Address and Zip Code CSX Transportation PAC Mr. Arnie Savona 1331 Pennsylvania Ave., NW, #560 Washington, DC 20004-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 12/11/199</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Chicago Mercantile Exchange PAC 30 S. Wacker Drive Chicago, IL 60606-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 12/30/199</p> <p>Aggregate Year-to-Date -> \$2500.00</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Commonwealth Edison PAC Mr. John Maxson P.O. Box 767 Chicago, IL 60690-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 12/20/199</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Food Distributors VLP Cntr. PAC Mr. Kevin Burke 201 Park Washington Court Falls Church, VA 22046-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 11/09/199</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts This Page (optional)

\$8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the detailed receipt page

PAGE 2 OF 2
FOR LINE NUMBER 11(c)

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)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Institute of Scrap Recycling PAC Ms. Robin Weiner 1325 C St., NW, Ste. 100 Washington, DC 20005-		12/02/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
Aggregate Year-to-Date ->		\$500.00	
B. Full Name, Mailing Address and Zip Code Potato PAC Mr. Alan Middaugh 5690 DTC Blvd., Ste. 230 E Englewood, CO 80111-3200		12/18/199	\$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	
C. Full Name, Mailing Address and Zip Code Rely on Your Beliefs Fund PAC Hon. Roy Blunt P.O. Box 541 Arlington, VA 22205-		12/31/199	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
Aggregate Year-to-Date ->		\$250.00	
D. Full Name, Mailing Address and Zip Code U.S. Beet Sugar Association PAC Mr. James W. Johnson 1156 Fifteenth St. N.W., Suite 1019 Washington, DC 20005-		12/13/199	\$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	
E. Full Name, Mailing Address and Zip Code United States Sugar Corp. PAC P.O. Drawer 1207 Clewiston, FL 33440-		12/18/199	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
Aggregate Year-to-Date ->		\$1000.00	
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)	\$2750.00
TOTAL This Period (last page this line number only)	\$11250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ameritech Cellular P.O. Box 6170 Carol Stream, IL 60197-	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/199	\$163.02
Ameritech Cellular P.O. Box 6170 Carol Stream, IL 60197-	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/199	\$171.45
Commerce Bank P.O. Box 68 Bloomington, IL 61704-	Bank Service fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/199	\$48.59
Commerce Bank P.O. Box 68 Bloomington, IL 61704-	Bank Service Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/199	\$130.70
Commerce Bank P.O. Box 68 Bloomington, IL 61704-	Bank Service Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/199	524.66
Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/01/199	\$27.50 IN KIND
Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-	Signs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/199	584.54 IN KIND

SUBTOTAL of Disbursements This Page (optional)

\$650.86

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-	Utilities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/14/199	\$2.50 IN KIND
Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-	Utilities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/14/199	\$3.15 IN KIND
Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-	Signs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/199	\$475.00 IN KIND
GTE NORTH P.O. Box 920041 Dallas, TX 75392-	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/28/199	\$915.00
GTE NORTH P.O. Box 920041 Dallas, TX 75392-	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/199	\$496.81
GTE NORTH P.O. Box 920041 Dallas, TX 75392-	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/199	\$588.92
Ryan McLaughlin 2000 N. Linden St, H207 Normal, IL 61761-	Consulting Services/Fundraising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/23/199	\$500.00

SUBTOTAL of Disbursements This Page (optional)

\$2981.43

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule (a) for each category of the detailed budgetary 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, unless done using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot 1700 College Avenue Normal, IL 61761-	Office Equip/Furniture Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/199	\$214.49
Office Depot 1700 College Avenue Normal, IL 61761-	Office Equip/Furniture Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/199	\$246.57
Josh Potts 2000 N. Linden St. #3207 Normal, IL 61761-	Consulting Services/Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/09/199	\$1000.00
Josh Potts 2000 N. Linden St. #3207 Normal, IL 61761-	Consulting Services/Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/199	\$1000.00
Josh Potts 2000 N. Linden St. #3207 Normal, IL 61761-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/14/199	\$11.75 IN KIND
Josh Potts 2000 N. Linden St. #3207 Normal, IL 61761-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/199	\$33.00 IN KIND
Josh Potts 2000 N. Linden St. #3207 Normal, IL 61761-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/199	\$24.22 IN KIND

SUBTOTAL of Disbursements This Page (optional):

\$2530.03

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed summary page

PAGE 4 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/199	\$66.00 IN KIND
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/18/199	\$99.00 IN KIND
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/23/199	\$45.00 IN KIND
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/15/199	\$11.75 IN KIND
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/15/199	\$26.94 IN KIND
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Office equipment/furniture Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/199	\$13.28 IN KIND
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/01/199	\$32.00 IN KIND

SUBTOTAL of Disbursements This Page (optional)

\$293.97

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 7

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Office equipment/furniture Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/14/199	\$32.16 IN KIND
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/14/199	\$46.20 IN KIND
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/10/199	\$15.75 IN KIND
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/08/199	\$198.00 IN KIND
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/199	\$50.00 IN KIND
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Office equipment/furniture Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/15/199	\$139.41 IN KIND
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/01/199	\$66.00 IN KIND

SUBTOTAL of Disbursements This Page (optional)

\$547.52

TOTAL This Period (Last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 6 OF 7

FOR LINE NUMBER

17

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/26/199	\$7.06 IN KIND
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Office equipment/furniture Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/21/199	\$47.18 IN KIND
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/22/199	\$7.95 IN KIND
Printing Craftsmen Dean Hamilton P.O. Box 106 Pontiac, IL 61764-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/25/199	\$618.30
Printing Craftsmen Dean Hamilton P.O. Box 106 Pontiac, IL 61764-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/19/199	\$379.00
Snyder Corporation 204 N. Prospect Rd. Bloomington, IL 61704-	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/06/199	\$1281.67
Snyder Corporation 204 N. Prospect Rd. Bloomington, IL 61704-	Taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/20/199	\$170.00

SUBTOTAL of Disbursements This Page (optional)

\$2511.16

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the detailed Summary Page

PAGE 7 OF 7

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Snyder Corporation 204 N. Prospect Rd. Bloomington, IL 61704-	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/199	\$1281.67
Snyder Corporation 204 N. Prospect Rd. Bloomington, IL 61704-	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/199	\$1281.67
State of Illinois/Bd. of Elections 1020 S. Spring St. P.O. Box 4187 Springfield, IL 62708-	Campaign/Voter List Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/01/199	\$200.00
State of Illinois/Bd. of Elections 1020 S. Spring St. P.O. Box 4187 Springfield, IL 62708-	Campaign/Voter List Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/02/199	\$35.00
J.S. Postmaster Bloomington, IL 61701-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/199	\$350.00
Victory Data Systems 900 N. State Street Lockport, IL 60441-	Consulting Services/Retainer Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/199	\$1000.00
		/ /	

SUBTOTAL of Disbursements This Page (optional) \$4148.34

TOTAL This Period (last page this line number only) \$13663.31

SCHEDULE D
(Revised 3/89)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 2 for

LINE NUMBER 10

(Use separate schedules for each numbered line)

NAME OF COMMITTEE (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payments This Period	Outstanding Balance at Close of This Period
Sam Ewing for Congress Committee				
Full Name, Mailing Address and Zip Code Samuel Y. Ewing 101 Lawrence Avenue Normal, IL 61761-		\$105.26 \$1379.42		\$1484.68
Nature of Debt (Purpose) Office equipment/furniture				
Full Name, Mailing Address and Zip Code Samuel Y. Ewing 101 Lawrence Avenue Normal, IL 61761-		\$12.00 \$3270.50 \$707.00 \$43.00		\$4032.50
Nature of Debt (Purpose)				

1) SUBTOTAL This Period This Page (Optional)	
2) TOTAL This Period (Last page this line number only)	\$5517.18
3) TOTAL OUTSTANDING LOANS (See Schedule C (last page only))	
4) ADD (Add 3) and carry forward to appropriate line of summary page (last page only)	\$5517.18

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 1/28/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>SIA</i> PREPARER	 <i>2/1/00</i> DATE PREPARED