

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 24 A 10:00

1. NAME OF COMMITTEE (In full)

Friends of Ray LaHood	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 3311 North Sterling, Suite 10	
CITY, STATE and ZIP CODE Peoria, IL 61604	STATE/DISTRICT

2. FEC IDENTIFICATION NUMBER

C00284901

3. IS THIS REPORT AN AMENDMENT?

YES  NO

### 4. TYPE OF REPORT

- April 15 Quarterly Report
- Twelfth day report preceding General (Type of Election)  
election on 11/01/2000 in the State of IL
- July 15 Quarterly Report
- October 15 Quarterly Report
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination Report

This report contains activity for

- Primary Election  General Election  Special Election  Runoff Election

### SUMMARY

6. Covering Period <u>10/01/2000</u> through <u>10/18/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-date
8. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	42,376.53	922,104.72
(b) Total Contribution Refunds (From Line 20(d))	200.00	4,225.00
(c) Net Contributions (other than loans) (subtract Line 8(b) from 8(a))	42,176.53	917,879.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	110,720.03	684,883.91
(b) Total Offsets to Operating Expenditures (from Line 14)		50,473.12
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	110,720.03	614,390.79
9. Cash on Hand at Close of Reporting Period (from Line 27)	376,299.27	
10. 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)		

For further information:  
Federal Election Commission  
998 E Street, NW  
Washington, DC 20483  
Toll Free 800-424-9630  
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer

Date

*David M. Campbell*

10-23-2000

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

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**FEC FORM 3**  
(Revised 4/87)

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

Name of Committee (in full) Friends of Ray LaHood	Report Covering the Period: From: 10/01/2000 To: 10/18/2000	
<b>I. RECEIPTS</b>	<b>Column A Total This Period</b>	<b>Column B Calendar Year-To-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A) .....	32,841.00	
(ii) Unitemized .....		
(iii) Total of contributions from individual .....	32,841.00	621,962.80
(b) Political Party Committees .....	285.59	4,749.74
(c) Other Political Committees (such as PACs) .....	9,150.00	295,392.38
(d) The Candidate .....		
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	42,376.53	922,104.72
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b> .....		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate .....		
(b) All Other Loans .....		
(c) TOTAL LOANS (add 13(a) and (b)) .....		
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b> .....		50,473.12
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> .....		37,143.81
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b> .....	42,376.53	1,009,721.65
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b> .....	110,720.03	664,863.91
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b> .....		
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate .....		
(b) Of All Other Loans .....		16,619.04
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) .....		16,619.04
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees .....	200.00	4,225.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) .....	200.00	4,225.00
<b>21. OTHER DISBURSEMENTS</b> .....	22,281.33	124,815.78
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b> .....	133,201.36	810,523.73
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b> .....		457,124.10
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b> .....		42,376.53
<b>25. SUBTOTAL (add Line 23 and Line 24)</b> .....		509,500.63
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)</b> .....		133,201.36
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b> .....		376,299.27

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 16  
FOR LINE NUMBER 11(a)(1)

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)  
Friends of Ray LaHood

<p>A. Full Name, Mailing Address and Zip Code Henry Altorfer 2510 Hidden Lake Court Peoria, IL 61614-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt; 400.00</p>	<p>Date (month, day, year) 10/14/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>B. Full Name, Mailing Address and Zip Code John Bagley PO Box 669 Peoria, IL 61555-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Bagley &amp; Miller</p> <p>Occupation attorney</p> <p>Aggregate Year-to-Date -&gt; 250.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>C. Full Name, Mailing Address and Zip Code William Barrick 310 W Northgate Road Peoria, IL 61614</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation CPA</p> <p>Aggregate Year-to-Date -&gt; 300.00</p>	<p>Date (month, day, year) 10/07/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and Zip Code Wayne Baum 4970 N Grandview Drive Peoria Heights, IL 61614-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Combined const Group</p> <p>Occupation Contractor</p> <p>Aggregate Year-to-Date -&gt; 2,450.00</p>	<p>Date (month, day, year) 10/07/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code F Louis Behrends 3034 N Bigelow Street Peoria, IL 61604-1664</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Behrends &amp; Gentry</p> <p>Occupation attorney</p> <p>Aggregate Year-to-Date -&gt; 900.00</p>	<p>Date (month, day, year) 10/07/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Frank Benningfield 504 W Collingwood Circle Peoria, IL 61614-2006</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Benningfield Chiropractic</p> <p>Occupation chiropractor.</p> <p>Aggregate Year-to-Date -&gt; 750.00</p>	<p>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code W S Blalock 2524 Eucl Street Decatur, IL 62521-0613</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Kopetz Mfg Inc</p> <p>Occupation OWNER</p> <p>Aggregate Year-to-Date -&gt; 250.00</p>	<p>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period 50.00</p>

SUBTOTAL of Receipts This Page (optional)

1,650.00

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 **16**  
FOR LINE NUMBER **11(a) (i)**

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**NAME OF COMMITTEE (In Full)**  
Friends of Ray LaHood

<b>A. Full Name, Mailing Address and Zip Code</b> Richard Blaudow 523 W Northgate Peoria, IL 61614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Advanced Technology Services <b>Occupation</b> PRESIDENT	<b>Date (month, day, year)</b> 10/10/2000 <b>Aggregate Year-to-Date -&gt;</b> 500.00	<b>Amount of Each Receipt this Period</b> 300.00
<b>B. Full Name, Mailing Address and Zip Code</b> John Blossom 125 S W Jefferson Avenue Peoria, IL 61602- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Small Parker and Blossom <b>Occupation</b> PRESIDENT	<b>Date (month, day, year)</b> 10/18/2000 <b>Aggregate Year-to-Date -&gt;</b> 750.00	<b>Amount of Each Receipt this Period</b> 250.00
<b>C. Full Name, Mailing Address and Zip Code</b> Robert Blume 111 Cliffwood Court East Peoria, IL 61611-2101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Blume Construction Co <b>Occupation</b> Building contractor	<b>Date (month, day, year)</b> 10/07/2000 <b>Aggregate Year-to-Date -&gt;</b> 1,050.00	<b>Amount of Each Receipt this Period</b> 250.00
<b>D. Full Name, Mailing Address and Zip Code</b> George Brauer 29525 Shawgo Road Oakford, IL 62673- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self <b>Occupation</b> Farmer	<b>Date (month, day, year)</b> 10/18/2000 <b>Aggregate Year-to-Date -&gt;</b> 250.00	<b>Amount of Each Receipt this Period</b> 50.00
<b>E. Full Name, Mailing Address and Zip Code</b> James Bumgarner 103 South 4th Street Box 225 Hennepin, IL 61327-0225 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Retired <b>Occupation</b> JUDGE	<b>Date (month, day, year)</b> 10/10/2000 <b>Aggregate Year-to-Date -&gt;</b> 450.00	<b>Amount of Each Receipt this Period</b> 100.00
<b>F. Full Name, Mailing Address and Zip Code</b> Henry Cakora 203 Indian Creek Drive Pekin, IL 61554- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Retired <b>Occupation</b>	<b>Date (month, day, year)</b> 10/07/2000 <b>Aggregate Year-to-Date -&gt;</b> 1,000.00	<b>Amount of Each Receipt this Period</b> 200.00
<b>G. Full Name, Mailing Address and Zip Code</b> Frederick Campbell 401 W First North Street Weaona, IL 61377- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> State Of Illinois <b>Occupation</b> TA-3	<b>Date (month, day, year)</b> 10/14/2000 <b>Aggregate Year-to-Date -&gt;</b> 625.00	<b>Amount of Each Receipt this Period</b> 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	1,200.00
<b>TOTAL</b> 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 16  
 POR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
 Friends of Ray LaHood

<p><b>A. Full Name, Mailing Address and Zip Code</b>                      Rose Ann Carl                      1 Kay Place                       Jacksonville, IL 62650-1039</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>                      Carl Cleaners</p> <p><b>Occupation</b>                      OWNER</p> <p><b>Aggregate Year-to-Date -&gt;</b> 235.00</p>	<p><b>Date (month, day, year)</b>                      10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b>                      25.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b>                      Allen Chrisman                      305 Salish Court                       Kalispell, MT 59901-2543</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>                      Retired</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 250.00</p>	<p><b>Date (month, day, year)</b>                      10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b>                      50.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b>                      Clarence Christe                      6737 N Post Oak Road                       Peoria, IL 61615-2346</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>                      AXA Advisors</p> <p><b>Occupation</b>                      Registered Rep</p> <p><b>Aggregate Year-to-Date -&gt;</b> 250.00</p>	<p><b>Date (month, day, year)</b>                      10/11/2000</p>	<p><b>Amount of Each Receipt this Period</b>                      250.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b>                      Elizabeth Cleaver                      3922 N Harvard Avenue                       Peoria, IL 61614-7943</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>                      Retired</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 1,150.00</p>	<p><b>Date (month, day, year)</b>                      10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b>                      500.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b>                      Curt Conrad                      2704 Cronin Drive                       Springfield, IL 62707-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>                      State Of Illinois</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 275.00</p>	<p><b>Date (month, day, year)</b>                      10/13/2000</p>	<p><b>Amount of Each Receipt this Period</b>                      25.00</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b>                      Eileen Court                      1646 W Devereux Drive                       Peoria, IL 61614-4010</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>                      Homemaker</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 350.00</p>	<p><b>Date (month, day, year)</b>                      10/14/2000</p>	<p><b>Amount of Each Receipt this Period</b>                      100.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b>                      David Dace                      93 Locust Ridge Court                       Morton, IL 61550-1117</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>                      Caterpillar Inc</p> <p><b>Occupation</b>                      System Analyst</p> <p><b>Aggregate Year-to-Date -&gt;</b> 1,250.00</p>	<p><b>Date (month, day, year)</b>                      10/10/2000</p>	<p><b>Amount of Each Receipt this Period</b>                      250.00</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional)</p>	<p>1,200.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)</p>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **4** OF **16**  
FOR LINE NUMBER **11(a)(i)**

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**NAME OF COMMITTEE (In Full)**  
Friends of Ray LaHood

<b>A. Full Name, Mailing Address and Zip Code</b> Mary Ellen Debord 207 E Hanover Place Peoria, IL 61614- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  Occupation homemaker Aggregate Year-to-Date -> 750.00	<b>Date (month, day, year)</b> 10/13/2000	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and Zip Code</b> Tom Dickes PO Box 928 Decatur, IL 62525-0828 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Christy-Poltz Occupation Executive Aggregate Year-to-Date -> 600.00	<b>Date (month, day, year)</b> 10/07/2000	<b>Amount of Each Receipt this Period</b> 100.00
<b>C. Full Name, Mailing Address and Zip Code</b> James Duncan 745 E Chambers Street Jacksonville, IL 62550-2934 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> IL Dept Of Trans Occupation Manager Aggregate Year-to-Date -> 445.00	<b>Date (month, day, year)</b> 10/07/2000	<b>Amount of Each Receipt this Period</b> 25.00
<b>D. Full Name, Mailing Address and Zip Code</b> Charles Egle 5900 N Smith Road Edwards, IL 61528-9711 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Methodist Medical Center Occupation Physician Aggregate Year-to-Date -> 400.00	<b>Date (month, day, year)</b> 10/10/2000	<b>Amount of Each Receipt this Period</b> 200.00
<b>E. Full Name, Mailing Address and Zip Code</b> Paul Fager 3913 N Saymore Lane Peoria, IL 61615- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Cefcu Occupation VP Aggregate Year-to-Date -> 475.00	<b>Date (month, day, year)</b> 10/18/2000	<b>Amount of Each Receipt this Period</b> 50.00
<b>F. Full Name, Mailing Address and Zip Code</b> Gerald Flaherty 9701 Cherry Bark Court Peoria, IL 61615-1375 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Caterpillar Inc Occupation Administration Aggregate Year-to-Date -> 1,000.00	<b>Date (month, day, year)</b> 10/14/2000	<b>Amount of Each Receipt this Period</b> 500.00
<b>G. Full Name, Mailing Address and Zip Code</b> Jacquelyn Flint 514 W Singing Woods Road Edolstein, IL 61526- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  Occupation homemaker Aggregate Year-to-Date -> 250.00	<b>Date (month, day, year)</b> 10/07/2000	<b>Amount of Each Receipt this Period</b> 100.00

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

1,075.00

**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 5 OF 16  
FOR LINE NUMBER 11(a)(1)

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**NAME OF COMMITTEE (In Full)**  
Friends of Ray LaHood

<b>A. Full Name, Mailing Address and Zip Code</b> Randall Fornoff PO Box 583  Havana, IL 62644-0583  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self  <b>Occupation</b> Farmer  <b>Aggregate Year-to-Date -&gt;</b> 325.00	<b>Date (month, day, year)</b> 10/10/2000	<b>Amount of Each Receipt this Period</b> 50.00
<b>B. Full Name, Mailing Address and Zip Code</b> Phyllis Gingher 4612 N Woodview Avenue  Peoria, IL 61614-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Gingher Companies  <b>Occupation</b> OWNER  <b>Aggregate Year-to-Date -&gt;</b> 410.00	<b>Date (month, day, year)</b> 10/07/2000	<b>Amount of Each Receipt this Period</b> 100.00
<b>C. Full Name, Mailing Address and Zip Code</b> Donna Gleason 6500 W Iles Avenue  New Berlin, IL 62670-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Horace Mann Insurance  <b>Occupation</b> Secretary  <b>Aggregate Year-to-Date -&gt;</b> 275.00	<b>Date (month, day, year)</b> 10/07/2000	<b>Amount of Each Receipt this Period</b> 50.00
<b>D. Full Name, Mailing Address and Zip Code</b> Christopher Glynn 303 E Idlewood  Morton, IL 61550-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Caterpillar  <b>Occupation</b> Human Resources  <b>Aggregate Year-to-Date -&gt;</b> 1,000.00	<b>Date (month, day, year)</b> 10/10/2000	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and Zip Code</b> Donald Greenwood 1006 Kingsbury Road  Washington, IL 61571-1205  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Don's Pharmacy  <b>Occupation</b> Pharmacist  <b>Aggregate Year-to-Date -&gt;</b> 775.00	<b>Date (month, day, year)</b> 10/14/2000	<b>Amount of Each Receipt this Period</b> 50.00
<b>F. Full Name, Mailing Address and Zip Code</b> Victor Refner 1119 W Pembroke Drive  Peoria, IL 61614-4142  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Refner-Yates Insurance  <b>Occupation</b>   <b>Aggregate Year-to-Date -&gt;</b> 250.00	<b>Date (month, day, year)</b> 10/10/2000	<b>Amount of Each Receipt this Period</b> 50.00
<b>G. Full Name, Mailing Address and Zip Code</b> Danforth Heiple 428 W Stratford Drive  Peoria, IL 61614-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Retired  <b>Occupation</b>   <b>Aggregate Year-to-Date -&gt;</b> 400.00	<b>Date (month, day, year)</b> 10/10/2000	<b>Amount of Each Receipt this Period</b> 100.00

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

900.00

**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 6 OF 16  
FOR LINE NUMBER 11(a)(1)

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**NAME OF COMMITTEE (In Full)**  
Friends of Ray LaHood

<p><b>A. Full Name, Mailing Address and Zip Code</b> Joseph Jacobs PO Box 7084  Pasadena, CA 91109-7084</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Self</p> <p><b>Occupation</b> Physician</p> <p><b>Aggregate Year-to-Date -&gt;</b> 1,000.00</p>	<p><b>Date (month, day, year)</b> 10/10/2000</p>	<p><b>Amount of Each Receipt this Period</b> 1,000.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b> Helen Johnson 613 Marcia Street  Henry, IL 61537-9602</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 245.00</p>	<p><b>Date (month, day, year)</b> 10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b> 25.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> Mickey Jones 5 Westgate Drive  Jacksonville, IL 62650-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> ISD</p> <p><b>Occupation</b> Administrator/Researcher</p> <p><b>Aggregate Year-to-Date -&gt;</b> 365.00</p>	<p><b>Date (month, day, year)</b> 10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b> 25.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b> Frederick Kalsbeek 509 W Stratford Drive  Peoria, IL 61614-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> St Francis Hospital</p> <p><b>Occupation</b> Government Relations</p> <p><b>Aggregate Year-to-Date -&gt;</b> 350.00</p>	<p><b>Date (month, day, year)</b> 10/10/2000</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b> Patricia Kennell 204 N Morningside Drive  Peoria, IL 61614-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Versapress Inc</p> <p><b>Occupation</b> OWNER</p> <p><b>Aggregate Year-to-Date -&gt;</b> 700.00</p>	<p><b>Date (month, day, year)</b> 10/10/2000</p>	<p><b>Amount of Each Receipt this Period</b> 200.00</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b> William Kies 935 W Madison #405  Chicago, IL 60607-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Kies Consulting, LLC</p> <p><b>Occupation</b> CONSULTANT</p> <p><b>Aggregate Year-to-Date -&gt;</b> 1,150.00</p>	<p><b>Date (month, day, year)</b> 10/14/2000</p>	<p><b>Amount of Each Receipt this Period</b> 200.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b> Norman Korsmeyer RR 1 Box 90A  Frederick, IL 62639-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 700.00</p>	<p><b>Date (month, day, year)</b> 10/10/2000</p>	<p><b>Amount of Each Receipt this Period</b> 400.00</p>

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

1,950.00

**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 7 OF 16  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full) Friends of Ray LaHood			
<b>A. Full Name, Mailing Address and Zip Code</b> Tilmon Kreiling 7121 N Willow Bent Pointe Peoria, IL 61614- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Retired <b>Occupation</b> Aggregate Year-to-Date ->	<b>Date (month, day, year)</b> 10/10/2000 650.00	<b>Amount of Each Receipt this Period</b> 50.00
<b>B. Full Name, Mailing Address and Zip Code</b> Richard Kriegsman PO Box 874 4301 Broadway Road Pekin, IL 61555-0874 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Kriegsman Warehouse <b>Occupation</b> Aggregate Year-to-Date ->	<b>Date (month, day, year)</b> 10/13/2000 300.00	<b>Amount of Each Receipt this Period</b> 100.00
<b>C. Full Name, Mailing Address and Zip Code</b> Susan LaHood 24 LaHood Lane Washington, IL 61571-2128 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> homemaker <b>Occupation</b> Aggregate Year-to-Date ->	<b>Date (month, day, year)</b> 10/10/2000 1,500.00	<b>Amount of Each Receipt this Period</b> 750.00
<b>D. Full Name, Mailing Address and Zip Code</b> Darr Leutz 14 Shiloh Jacksonville, IL 62650- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Regional Orthopedics <b>Occupation</b> Physician Aggregate Year-to-Date ->	<b>Date (month, day, year)</b> 10/07/2000 350.00	<b>Amount of Each Receipt this Period</b> 200.00
<b>E. Full Name, Mailing Address and Zip Code</b> Patricia Lulay 5816 Anvil Place Diamondhead, MS 39525- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Retired <b>Occupation</b> Aggregate Year-to-Date ->	<b>Date (month, day, year)</b> 10/14/2000 450.00	<b>Amount of Each Receipt this Period</b> 50.00
<b>F. Full Name, Mailing Address and Zip Code</b> Evelyn Madigan 1301 Home Avenue Lincoln, IL 62656-3076 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Homemaker <b>Occupation</b> Aggregate Year-to-Date ->	<b>Date (month, day, year)</b> 10/13/2000 800.00	<b>Amount of Each Receipt this Period</b> 150.00
<b>G. Full Name, Mailing Address and Zip Code</b> William Marriott PO Box 9888 Springfield, IL 62707-7808 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Build Marr <b>Occupation</b> OWNER Aggregate Year-to-Date ->	<b>Date (month, day, year)</b> 10/10/2000 1,075.00	<b>Amount of Each Receipt this Period</b> 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	1,350.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 16

FOR LINE NUMBER 11(a)(1)

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**NAME OF COMMITTEE (In Full)**  
Friends of Ray LaHood

<p>A. Full Name, Mailing Address and Zip Code Camille Massie 501 High Street Alexandria, VA 22302-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Housewife</p> <p>Aggregate Year-to-Date -&gt; 1,162.50</p>	<p>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>B. Full Name, Mailing Address and Zip Code James Messie 501 High Street Alexandria, VA 22302-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Alpine Group Inc Government Relations</p> <p>Aggregate Year-to-Date -&gt; 1,162.50</p>	<p>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>C. Full Name, Mailing Address and Zip Code Robert McCord 510 E High Point Road Peoria, IL 61614-2235</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Retired</p> <p>Aggregate Year-to-Date -&gt; 450.00</p>	<p>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>D. Full Name, Mailing Address and Zip Code Paul Mehta 6200 N Fieldcrest Court Peoria, IL 61615-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Bradley University Professor</p> <p>Aggregate Year-to-Date -&gt; 325.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>E. Full Name, Mailing Address and Zip Code Brian Meierkord PO Box 188 Jacon, IL 61540-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Self attorney</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 10/06/2000</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code Scott Michel 1000 W Washington #501 Chicago, IL 60607-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Development Specialists attorney</p> <p>Aggregate Year-to-Date -&gt; 600.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>G. Full Name, Mailing Address and Zip Code Roger Monroe 2708 W Overbrook Drive Peoria, IL 61604-2114</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Self MARKETING</p> <p>Aggregate Year-to-Date -&gt; 450.00</p>	<p>Date (month, day, year) 10/07/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>

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

675.00

**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

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<p>A. Full Name, Mailing Address and Zip Code Camille Massie 501 High Street Alexandria, VA 22302-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Housewife</p> <p>Occupation Housewife</p> <p>Aggregate Year-to-Date -&gt; 1,162.50</p>	<p>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>B. Full Name, Mailing Address and Zip Code James Massie 501 High Street Alexandria, VA 22302-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Alpine Group Inc</p> <p>Occupation Government Relations</p> <p>Aggregate Year-to-Date -&gt; 1,162.50</p>	<p>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>C. Full Name, Mailing Address and Zip Code Robert McCord 510 E High Point Rd 4 Peoria, IL 61614-2235</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt; 450.00</p>	<p>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>D. Full Name, Mailing Address and Zip Code Paul Mehta 6200 N Fieldtree Court Peoria, IL 61615-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Bradley University</p> <p>Occupation Professor</p> <p>Aggregate Year-to-Date -&gt; 325.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>E. Full Name, Mailing Address and Zip Code Brian Meierkord PO Box 188 Lacon, IL 61540-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation attorney</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 10/06/2000</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code Scott Michel 1000 W Washington #501 Chicago, IL 60607</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Development Specialists</p> <p>Occupation attorney</p> <p>Aggregate Year-to-Date -&gt; 600.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>G. Full Name, Mailing Address and Zip Code Roger Monroe 2708 W Overbrook Drive Peoria, IL 61604-2114</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation MARKETING</p> <p>Aggregate Year-to-Date -&gt; 450.00</p>	<p>Date (month, day, year) 10/07/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>675.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
**Friends of Ray LaHood**

<b>A. Full Name, Mailing Address and Zip Code</b> Nancy Morgan 4914 Grand View Drive Peoria Heights, IL 61614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self <b>Occupation</b> Orthopedist <b>Aggregate Year-to-Date -&gt;</b> 500.00	<b>Date (month, day, year)</b> 10/07/2000	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and Zip Code</b> Rajan Mullanji 16 Porgie Avenue Macomb, IL 61455-9506 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self <b>Occupation</b> Physician <b>Aggregate Year-to-Date -&gt;</b> 350.00	<b>Date (month, day, year)</b> 10/10/2000	<b>Amount of Each Receipt this Period</b> 100.00
<b>C. Full Name, Mailing Address and Zip Code</b> Edward Murphy 6228 N Fieldtree Court Peoria, IL 61615- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Reynolds Murphy <b>Occupation</b>  <b>Aggregate Year-to-Date -&gt;</b> 300.00	<b>Date (month, day, year)</b> 10/13/2000	<b>Amount of Each Receipt this Period</b> 100.00
<b>D. Full Name, Mailing Address and Zip Code</b> Robert Myers 10303 N Spring Lane Peoria, IL 61615-1349 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Retired <b>Occupation</b> Physician <b>Aggregate Year-to-Date -&gt;</b> 400.00	<b>Date (month, day, year)</b> 10/10/2000	<b>Amount of Each Receipt this Period</b> 100.00
<b>E. Full Name, Mailing Address and Zip Code</b> Melvin Neumann 2277 US Highway 150 Watoga, IL 61488- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Farm Service Agency <b>Occupation</b> Director <b>Aggregate Year-to-Date -&gt;</b> 275.00	<b>Date (month, day, year)</b> 10/10/2000	<b>Amount of Each Receipt this Period</b> 25.00
<b>F. Full Name, Mailing Address and Zip Code</b> Garry Nicmeyer 5 Sugar Creek Estates Glenarm, IL 62536 6524 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self <b>Occupation</b> Farmer <b>Aggregate Year-to-Date -&gt;</b> 350.00	<b>Date (month, day, year)</b> 10/10/2000	<b>Amount of Each Receipt this Period</b> 100.00
<b>G. Full Name, Mailing Address and Zip Code</b> A J Novotny 405 W Ravinewoods Road Peoria, IL 61615- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Retired <b>Occupation</b>  <b>Aggregate Year-to-Date -&gt;</b> 350.00	<b>Date (month, day, year)</b> 10/07/2000	<b>Amount of Each Receipt this Period</b> 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	1,025.00
<b>TOTAL</b> 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 10 OF 16  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<p>A. Full Name, Mailing Address and Zip Code W Edward Null 407 E High Point Road Peoria, IL 61614- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Central Illinois Pathology Occupation Physician Aggregate Year-to-Date -&gt; 400.00</p>	<p>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name, Mailing Address and Zip Code Lois Olson PO Box 147 Elkhart, IL 62634- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Farmer Occupation self Aggregate Year-to-Date -&gt; 300.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>C. Full Name, Mailing Address and Zip Code William Olson 112 Tamarisk Drive Springfield, IL 62704-3156 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Assoc Beer Dist of IL Occupation Exec Director Aggregate Year-to-Date -&gt; 450.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>D. Full Name, Mailing Address and Zip Code James Owens 11709 N Strathmoore Court Dunlap, IL 61525- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Caterpillar Inc Occupation Group President Aggregate Year-to-Date -&gt; 400.00</p>	<p>Date (month, day, year) 10/07/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>E. Full Name, Mailing Address and Zip Code Janice Sang 6825 N Hunter Tracu Peoria, IL 61614- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Letter attached Occupation Aggregate Year-to-Date -&gt; 1,000.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code William Patient 2157 Landon Road Shaker Heights, OH 44122- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired Occupation Aggregate Year-to-Date -&gt; 500.00</p>	<p>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Velma Perry RR 1 Box 132 Meredosia, IL 62665- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation homemaker Aggregate Year-to-Date -&gt; 410.00</p>	<p>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period 50.00</p>

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

2,200.00

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



Congressman  
**Ray LaHood**  
Eighteenth District Illinois  
3311 N Sterling Suite 10  
Peoria IL 61604 1837

September 29, 2000

Mrs Janice Pengying Pang  
6825 N Hunter Trace  
Peoria IL 61614

Dear Mrs Pang:

Thank you for your generous contribution to Friends of Ray LaHood. Strong support such as yours is vital to the success of our campaign.

However, your contribution was drawn on an account of Alternative Care Services and federal law prohibits corporations from making contributions in federal election campaigns. Therefore, we are required to refund this donation amount of \$1,000 to you.

We apologize for any inconvenience this may cause you. An individual may contribute \$1,000 drawn on a personal account which means that you and your spouse can each contribute that amount.

Thank you again for your generous support.

Sincerely,

Lois Coppernoll  
Finance Manager

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 11 OF 16  
FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
Friends of Ray LaHood

<p><b>A. Full Name, Mailing Address and Zip Code</b> Barbara Plattner 622 W Hickory Grove Court Dunlap, IL 61525-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Plattner Orthopedic</p> <p><b>Occupation</b> Nurse</p> <p><b>Aggregate Year-to-Date -&gt;</b> 300.00</p>	<p><b>Date (month, day, year)</b> 10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b> Paul Pleaske 2203 Belmont Drive Pekin, IL 61554-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 400.00</p>	<p><b>Date (month, day, year)</b> 10/13/2000</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> Arthur Prine 45-920 Algonquin Circle Indian Wells, CA 92210-8307</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 500.00</p>	<p><b>Date (month, day, year)</b> 10/10/2000</p>	<p><b>Amount of Each Receipt this Period</b> 200.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b> Harrison Putman 412 W Ravinswood Road Peoria, IL 61615-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Self</p> <p><b>Occupation</b> Physician</p> <p><b>Aggregate Year-to-Date -&gt;</b> 250.00</p>	<p><b>Date (month, day, year)</b> 10/11/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b> Maurice Quinn 1880 Somerset Lane Northbrook, IL 60062-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 300.00</p>	<p><b>Date (month, day, year)</b> 10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b> 50.00</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b> David Rensburg 509 E High Point Road Peoria, IL 61614-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> L R Nelson Co</p> <p><b>Occupation</b> CHAIRMAN</p> <p><b>Aggregate Year-to-Date -&gt;</b> 2,000.00</p>	<p><b>Date (month, day, year)</b> 10/10/2000</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b> Gary Remmert 5033 N Gilles Road Edwards, IL 61528-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Remmert Funeral Home</p> <p><b>Occupation</b> Funeral director</p> <p><b>Aggregate Year-to-Date -&gt;</b> 225.00</p>	<p><b>Date (month, day, year)</b> 10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b> 75.00</p>

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

1,275.00

**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

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)**  
Friends of Ray LaHood

<p><b>A. Full Name, Mailing Address and Zip Code</b> Marcus Rice 2143 Huntleigh Road Springfield, IL 62704-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b></p> <p>Aggregate Year-to-Date -&gt; 375.00</p>	<p><b>Date (month, day, year)</b> 10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b> Letitia Roberts 303 W Wolf Road Peoria, IL 61614-2157</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b></p> <p>Aggregate Year-to-Date -&gt; 1,350.00</p>	<p><b>Date (month, day, year)</b> 10/14/2000</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> Charles Rock 11701 Deerfield Trace Dunlap, IL 61525-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> C Rock &amp; Assoc</p> <p><b>Occupation</b> REALTOR</p> <p>Aggregate Year-to-Date -&gt; 900.00</p>	<p><b>Date (month, day, year)</b> 10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b> 200.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b> Elias Saadi 1325 Virginia Trail Youngstown, OH 44505</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Self</p> <p><b>Occupation</b> Physician</p> <p>Aggregate Year-to-Date -&gt; 600.00</p>	<p><b>Date (month, day, year)</b> 10/14/2000</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b> Leonard Sapp 800 Old Tipton School Road Springfield, IL 62707-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Lincolnland Development</p> <p><b>Occupation</b> DEVELOPER</p> <p>Aggregate Year-to-Date -&gt; 650.00</p>	<p><b>Date (month, day, year)</b> 10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b> William Schnirring PO Box 4106 22 Wildwood Road Springfield, IL 62703-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Springfield Electric Supply</p> <p><b>Occupation</b> CEO</p> <p>Aggregate Year-to-Date -&gt; 600.00</p>	<p><b>Date (month, day, year)</b> 10/10/2000</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b> Bernadette Shekleton 3211 N Elmcrest Terrace Peoria, IL 61604-1807</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b> homemaker</p> <p>Aggregate Year-to-Date -&gt; 750.00</p>	<p><b>Date (month, day, year)</b> 10/10/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>

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

950.00

**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

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NAME OF COMMITTEE (In Full) Friends of Ray LaHood			
<b>A. Full Name, Mailing Address and Zip Code</b> Jeffrey Shelton 7042 N Aycliffe Drive Peoria, IL 61614- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Healthcare Midwest <b>Occupation</b> Executive <b>Aggregate Year-to-Date -&gt;</b> 400.00	<b>Date (month, day, year)</b> 10/07/2000	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and Zip Code</b> Eugene Klabenthal RR 1 Box 43 Wyoming, IL 61491- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self <b>Occupation</b> Farmer <b>Aggregate Year-to-Date -&gt;</b> 1,150.00	<b>Date (month, day, year)</b> 10/07/2000	<b>Amount of Each Receipt this Period</b> 200.00
<b>C. Full Name, Mailing Address and Zip Code</b> Craig Sinclair 12000 Hickory Grove Road Dunlap, IL 61525- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Tinthoff & Sinclair <b>Occupation</b> Orthodontist <b>Aggregate year-to-date -&gt;</b> 450.00	<b>Date (month, day, year)</b> 10/10/2000	<b>Amount of Each Receipt this Period</b> 100.00
<b>D. Full Name, Mailing Address and Zip Code</b> Wayne Stone 308 Southgate Drive Elmwood, IL 61529-9539 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Retired <b>Occupation</b>  <b>Aggregate Year-to-Date -&gt;</b> 500.00	<b>Date (month, day, year)</b> 10/07/2000	<b>Amount of Each Receipt this Period</b> 100.00
<b>E. Full Name, Mailing Address and Zip Code</b> Carl Soderstrom 1 South Stroom Morton, IL 61550- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self <b>Occupation</b>  <b>Aggregate Year-to-Date -&gt;</b> 500.00	<b>Date (month, day, year)</b> 10/07/2000	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and Zip Code</b> Evalyn Spinder 134 Rue Voe De Lac East Peoria, IL 61611-1542 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b> homemaker <b>Aggregate Year-to-Date -&gt;</b> 1,300.00	<b>Date (month, day, year)</b> 10/15/2000	<b>Amount of Each Receipt this Period</b> 300.00
<b>G. Full Name, Mailing Address and Zip Code</b> George Sprinkel 508 W Locust Street Chatham, IL 62629-1204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Ameritech <b>Occupation</b> Telecom Specialist <b>Aggregate Year-to-Date -&gt;</b> 325.00	<b>Date (month, day, year)</b> 10/18/2000	<b>Amount of Each Receipt this Period</b> 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	1,400.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
Friends of Ray LaHood

<p><b>A. Full Name, Mailing Address and Zip Code</b> Mary Frances Squires 1100 Oakmont Springfield, IL 62704-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> IL Commerce Company</p> <p><b>Occupation</b> County Board Chairman</p> <p><b>Aggregate Year-to-Date -&gt;</b> 1,000.00</p>	<p><b>Date (month, day, year)</b> 10/10/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b> Linda Steele 6587 Cypress Point Road Alexandria, VA 22312-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b> Retired</p> <p><b>Aggregate Year-to-Date -&gt;</b> 250.00</p>	<p><b>Date (month, day, year)</b> 10/10/2000</p>	<p><b>Amount of Each Receipt this Period</b> 50.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> Rosemary Steinfort PO Box 110 200 Elkheart Road Mount Pulaski, IL 62549-0110</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 900.00</p>	<p><b>Date (month, day, year)</b> 10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b> Martha Thompson 2724 W Reservoir Boulevard #600 Peoria, IL 61615-4137</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 650.00</p>	<p><b>Date (month, day, year)</b> 10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b> 200.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b> Richard Twanow 3467 Sunset Drive Spring Valley, IL 61362-9751</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> ST Margaret's Hospital</p> <p><b>Occupation</b> Physician</p> <p><b>Aggregate Year-to-Date -&gt;</b> 400.00</p>	<p><b>Date (month, day, year)</b> 10/14/2000</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b> David Vaughan 4413 Grand View Drive Peoria Heights, IL 61614-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Self</p> <p><b>Occupation</b> Investments Counselor</p> <p><b>Aggregate Year-to-Date -&gt;</b> 400.00</p>	<p><b>Date (month, day, year)</b> 10/11/2000</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b> James Vergon 2914 W Windpointe Drive Peoria, IL 61614-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 2,000.00</p>	<p><b>Date (month, day, year)</b> 10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b> 1,000.00</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional)</p>	<p>1,800.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)</p>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
Friends of Ray LaHood

<p><b>A. Full Name, Mailing Address and Zip Code</b> Matthew Vonachen 709 Bridgetown Court Dunlap, IL 61525-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Vonachen Industrial Supplies <b>Occupation</b> Vice-President</p> <p><b>Date (month, day, year)</b> 10/07/2000</p> <p><b>Aggregate Year-to-Date -&gt;</b> 325.00</p>	<p><b>Amount of Each Receipt this Period</b> 25.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b> Rebecca Vosburgh 48 Laurel Hill Road Mountain Lakes, NJ 07046-1219</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Homemaker <b>Occupation</b></p> <p><b>Date (month, day, year)</b> 10/23/2000</p> <p><b>Aggregate Year-to-Date -&gt;</b> 300.00</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> John Wagner 213 W Crestwood Drive Peoria, IL 61614-7326</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired <b>Occupation</b></p> <p><b>Date (month, day, year)</b> 10/07/2000</p> <p><b>Aggregate Year-to-Date -&gt;</b> 350.00</p>	<p><b>Amount of Each Receipt this Period</b> 50.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b> Diane Ward 9830 N E Fifth Avenue Road Miami, FL 33138-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Self <b>Occupation</b> attorney</p> <p><b>Date (month, day, year)</b> 10/10/2000</p> <p><b>Aggregate Year-to-Date -&gt;</b> 300.00</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b> Herbert Weinstein 412 W Collingwood Circle Peoria, IL 61614-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Peoria Ent Group <b>Occupation</b> Doctor</p> <p><b>Date (month, day, year)</b> 10/13/2000</p> <p><b>Aggregate Year-to-Date -&gt;</b> 400.00</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b> George White 552 Circle Drive Pleasant Plains, IL 62677-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Walker Nursing Home <b>Occupation</b> OWNER</p> <p><b>Date (month, day, year)</b> 10/10/2000</p> <p><b>Aggregate Year-to-Date -&gt;</b> 1,075.00</p>	<p><b>Amount of Each Receipt this Period</b> 75.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b> Robert Wilkins 9339 N Bramberry Lane Peoria, IL 61614</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Realtor Traders Realty <b>Occupation</b> REALTOR</p> <p><b>Date (month, day, year)</b> 10/13/2000</p> <p><b>Aggregate Year-to-Date -&gt;</b> 450.00</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional)</p>	<p>700.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)</p>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
Friends of Ray LaHood

<p><b>A. Full Name, Mailing Address and Zip Code</b> Marilyn Winkler RR 7 Box 151 Metamora, IL 61548-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Winkler Meats</p> <p><b>Occupation</b> Secretary</p> <p><b>Aggregate Year-to-Date -&gt;</b> 650.00</p>	<p><b>Date (month, day, year)</b> 10/18/2000</p>	<p><b>Amount of Each Receipt this Period</b> 50.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b> Peter Wong 5200 N Knoxville Avenue #208-C Peoria, IL 61614-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Komatsu Dresser</p> <p><b>Occupation</b> MG DIR - ASIA</p> <p><b>Aggregate Year-to-Date -&gt;</b> 2,000.00</p>	<p><b>Date (month, day, year)</b> 10/18/2000</p>	<p><b>Amount of Each Receipt this Period</b> 1,000.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> Willis Zobrist 157 Sunset Court Morton, IL 61550-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 350.00</p>	<p><b>Date (month, day, year)</b> 10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b></p>	<p><b>Date (month, day, year)</b> / /</p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>E. Full Name, Mailing Address and Zip Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b></p>	<p><b>Date (month, day, year)</b> / /</p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>F. Full Name, Mailing Address and Zip Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b></p>	<p><b>Date (month, day, year)</b> / /</p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>G. Full Name, Mailing Address and Zip Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b></p>	<p><b>Date (month, day, year)</b> / /</p>	<p><b>Amount of Each Receipt this Period</b></p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional)</p>	<p>1,150.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)</p>	<p>20,500.00</p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
 Friends of Ray LaHood

<p><b>A. Full Name, Mailing Address and Zip Code</b>                  Morgan County Republican Central Comm                  Kerry Turner                  PO Box 970                  Jacksonville, IL 62651-0970</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date -&gt;</b></p>	<p><b>Date (month, day, year)</b>                  10/07/2000</p>	<p><b>Amount of Each Receipt this Period</b>                  40.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b>                  Morgan County Republican Central Comm                  Kerry Turner                  PO Box 970                  Jacksonville, IL 62651-0970</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date -&gt;</b></p>	<p><b>Date (month, day, year)</b>                  10/18/2000</p>	<p><b>Amount of Each Receipt this Period</b>                  245.53</p> <p>IN-KIND</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date -&gt;</b></p>	<p><b>Date (month, day, year)</b>                  / /</p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>D. Full Name, Mailing Address and Zip Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date -&gt;</b></p>	<p><b>Date (month, day, year)</b>                  / /</p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>E. Full Name, Mailing Address and Zip Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date -&gt;</b></p>	<p><b>Date (month, day, year)</b>                  / /</p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>F. Full Name, Mailing Address and Zip Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date -&gt;</b></p>	<p><b>Date (month, day, year)</b>                  / /</p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>G. Full Name, Mailing Address and Zip Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date -&gt;</b></p>	<p><b>Date (month, day, year)</b>                  / /</p>	<p><b>Amount of Each Receipt this Period</b></p>

<b>SUBTOTAL</b> of Receipts This Page (optional)	285.53
<b>TOTAL</b> This Period (last page this line number only)	285.53

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

**NAME OF COMMITTEE (In Full)**  
**Friends of Ray LaHood**

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BP Amoco Corporation PAC Mail Code Chicago, IL 60601-7125		10/07/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Citizens for Jim Edgar PO Box 747 Savoy, IL 61874-0747		10/10/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Household International 2700 Sanders Road Prospect Heights, IL 60070-		10/14/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Intl Political Action Committee 1634 1 Street NW Washington, DC 20006-		10/10/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
International Union Of Operating Engineers 1125 Seventeenth Street NW Washington, DC 20036-		10/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ironworkers Political Action League 1750 New York Avenue NW Washington, DC 20006-		10/18/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	5,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Deere Political Action Committee One John Deere Place Moline, IL 61265-		10/13/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)	4,000.00
<b>TOTAL</b> 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)

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Midwest Region Laborers' Political League 117 S 5th Street Suite 720 Springfield, IL 62701-		10/16/2000	3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	3,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Farmers Union PAC 11900 E Cornell Avenue Aurora, CO 80014-3194		10/18/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Corridor 67 PAC 155 W Morton Jacksonville, IL 62650-		10/07/2000	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	2,075.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Realpac Real Estate Roundtable PAC Washington, DC 20005-		10/10/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	250.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Transportation Political Ed League 14600 Detroit Avenue Cleveland, OH 44107-4250		10/10/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILEAC Willamette Industries Inc Portland, OR 97201-		10/12/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
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)

5,150.00

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

9,150.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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)**  
 Friends of Ray LaHood

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A T & T PO Box 27-866 Kansas City, MO 64184-0866	Phone service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/2000	176.86
Adams Outdoor Advertising PO Box 3796 Peoria, IL 61612-3796	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	2,280.16
Alphagraphics 7800 Sommer Street Suite 203 Peoria, IL 61615-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	151.73
Ameritech PO Box 5420 Carol Stream, IL 60197-4520	Phone service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	161.83
AMVETS 2200 S 6th Street Springfield, IL 62703-	Golf sponsorship Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	50.00
Beardstown Elks 1012 Adams Street Beardstown, IL 62618-	Dinner Ticket Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	7.50
Mr Jay Bryant 18351 Queen Anne Road Upper Marlboro, MD 20774-	Media consulting and expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	2,462.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	5,290.08
<b>TOTAL</b> 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)**  
Friends of Ray LaHood

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr Jay Bryant 18351 Queen Anne Road Upper Marlboro, MD 20774-	Media consulting, expenses, survey Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/18/2000	15,156.04
C & H Printing Inc 1025 W Detwouiller Drive Peoria, IL 61615	Stationery Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/18/2000	1,985.20
Campaigns & Elections Inc 3311 N Sterling #10 Peoria, IL 61604-1837	Rent, fees, copies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/03/2000	5,593.83
Campaigns & Elections Inc 3311 N Sterling #10 Peoria, IL 61604-1837	Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/10/2000	642.94
Capitol Hill Club 300 First Street SE Washington, DC 20003-	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/03/2000	693.00
Capitol Hill Club 300 First Street SE Washington, DC 20003-	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/18/2000	747.55
The Catholic Post 409 NE Monroe Peoria, IL 61603-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/10/2000	720.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	25,538.56
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 Friends of Ray LaHood

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Central Illinois Light Co PO Box 1600 Peoria, IL 61656-1600	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/16/2000	149.06
D & J Custom Signs 2349 Washington Rd Washington, IL 61571-	Sign posts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/03/2000	972.97
D & J Custom Signs 2349 Washington Rd Washington, IL 61571-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/18/2000	3,824.10
Downtown Springfield 241 N Fifth Springfield, IL 62701-	Dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/16/2000	150.00
Hotel Washington 15th Street & Pennsylvania Ave. NW Washington, DC 20004-	Lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/03/2000	6,068.44
Itoe Society 4909 W Farmington Rd Peoria, IL 61604-4627	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/16/2000	55.00
The Labor Paper 400 NE Jefferson Av Peoria, IL 61602-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/10/2000	672.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	11,891.57
<b>TOTAL</b> 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	OF
	4	6
FOR LINE NUMBER		
17		

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**NAME OF COMMITTEE (In Full)**  
 Friends of Ray LaHood

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mail Tech Enterprise 6000 W Plank Road Peoria, IL 61604-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/2000	8,520.96
Morgan County Republican Central Comm Kerry Turner PO Box 970 Jacksonville, IL 62651 0970	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/2000	245.53  IN KIND
MTCO Communications 220 N Menard Street Metamora, IL 61548-0649	Purpose of Disbursement Internet access Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	57.00
National City Bank PO Box 1030 Southgate, MI 48195-0030	Purpose of Disbursement Campaign var. payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	923.28
National City PO Box 85440 Louisville, KY 40285-5440	Purpose of Disbursement See memo attached Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	3,102.12
NRA/ILA 1250 Waples Mill Road Fairfax, VA 22030-	Purpose of Disbursement Postage and list fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/2000	2,926.25
Secretary Of State 501 S 2nd St Springfield, IL 62722-0200	Purpose of Disbursement License Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	91.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	15,866.14
<b>TOTAL</b> 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	OF
	5	6
FOR LINE NUMBER		
17		

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**NAME OF COMMITTEE (In Full)**  
 Friends of Ray LaHood

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
State Journal Register PO Box 19486 Springfield, IL 62794-9486	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/16/2000	333.36
Marlise Streitmatter 200 S Althea #2D Elmwood, IL 61529	Grassroots consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/03/2000	5,000.00
Verizon Wireless 815 W Pioneer Pky Peoria, IL 61615	Phone service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/18/2000	262.77
WAND-TV 904 Southside Drive Decatur, IL 62523-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/12/2000	5,491.00
WEEK-TV 2907 Springfield Rd East Peoria, IL 61611-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/12/2000	9,052.50
WMB-AM 3055 S Fourth S View Springfield, IL 62702-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/10/2000	583.00
Wtoi-tv 500 N Stewart St Creve Coeur, IL 61611-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/07/2000	2,796.50

<b>SUBTOTAL</b> of Disbursements This Page (optional)	23,519.13
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
Friends of Ray LaHood

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WTCS-TV 2660 E Cook St Springfield, IL 62703-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	14,318.25
WLDS AM Jacksonville, IL 62650	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	203.50
WMBD-AM 331 Fulton Suite 1200 Peoria, IL 61602-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	3,718.75
WKCB-TV 3131 N University Peoria, IL 61614-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	10,008.75
WRVY-FM Henry, IL 61537-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	365.30
		/ /	
		/ /	

<b>SUBTOTAL</b> of Disbursements This Page (optional)	28,614.55
<b>TOTAL</b> This Period (last page this line number only)	110,720.03

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 Friends of Ray LaHood

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Obery RR 1 Box 340A Metamora, IL 61548-	Refund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/18/2000	200.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	

<b>SUBTOTAL</b> of Disbursements This Page (optional)	200.00
<b>TOTAL</b> This Period (last page this line number only)	200.00

**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)**  
Friends of Ray LaHood

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lois Coppernoll 20109 Isaacson Drive Chillicothe, IL 61523-9313	Reimburse for campaign novelties Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/18/2000	281.33
Jim Gunneen for Congress 5339 Prospect Road #151 San Jose, CA 95129-	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/17/2000	500.00
Ewing for Congress PO Box 1964 Muskogee, OK 74402-	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/17/2000	500.00
Ferguson for Congress 104 Town Centre Drive Warren, NJ 07059-	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/17/2000	500.00
Fletcher for Congress PO Box 4703 Lexington, KY 40544-	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/16/2000	1,000.00
Friends Of John Hostetler PO Box 3676 Evansville, TN 47735	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/16/2000	1,000.00
Friends of Phill PO Box 3909 Shawnee Mission, KS 66203-	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/17/2000	500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	4,281.33
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

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

NAME OF COMMITTEE (In Full) Friends of Ray Lahood			
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Don Sherwood 81 Warren Street Punxsunawick, PA 18637-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	1,000.00
Friends of Clay Shaw PO Box 2199 Fort Lauderdale, FL 33303-2188	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	1,000.00
Friends of Nethercutt PO Box 1925 Spokane, WA 99210-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	1,000.00
Graves for Congress 110 S 10th Street Tarkio, MO 64491-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00
Grucci for Congress PO Box 790 Medford, NY 11763-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00
Hayes for Congress PO Box 2000 Concord, NC 28026-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	1,000.00
John Koster for Congress 1420 Hewitt Avenue Everett, WA 98201-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	5,500.00
<b>TOTAL</b> This Period (last page this line number only)	



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 5  
FOR LINE NUMBER 21

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**NAME OF COMMITTEE (In Full)**

Friends of Ray LaHood

Full Name, Mailing Address and Zip Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Johnson for Congress 2000 OT Box 5190 Bay Shore, NY 11706-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00
Keller for Congress PO Box 1453 Orlando, FL 32803-1453	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00
Kline for Congress 7500 Hudson Blvd Suite 1308 Saint Paul, MN 55128-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00
Kuykendall Cong. Committee 21311 Hawthorne Boulevard Suite 10 Torrence, CA 90503-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	1,000.00
McDonald for Congress 611 Market Street Suite 15 Kirkland, WA 98033-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00
Northrup for Congress PO Box 7313 Louisville, KY 40257*	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	1,000.00
Pence for Congress 10 West 8th Street Anderson, IN 46016-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00

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

4,500.00

**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	OF
4	5
FOR LINE NUMBER	
21	

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NAME OF COMMITTEE (In Full) Friends of Ray LaHood			
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People with Hart 215 Executive Suite Drive Suite 101 Cranberry Twp, PA 16066-	Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00
Peoria County Republican Central Comm 3311 N Sterling #10 Peoria, IL 61604-	Reallocated donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/2000	500.00
Rehberg For Congress 1201 Grand Avenue Suite 1 Billings, MT 59102-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00
Re-elect Brian Bilbray to Congress 970 Seacoast Drive Gustay, CA 91931-	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	1,000.00
Friends and Farmers for Rich Rodriguez 6182 N Hazel Road Fresno, CA 93711-	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00
Rujan Campaign Committee PO Box 36 Clondalo, CR 91201-	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	1,000.00
Sessions for Congress PO Box 38585 Dallas, TX 75238-0585	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/2000	1,000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	5,000.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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

**NAME OF COMMITTEE (In Full)**  
 Friends of Ray LaHood

Full Name, Mailing Address and Zip Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Shelly Moore Capito for Congress 902 VA Street East Charleston, WV 25301-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00
Smith for Congress PO Box 1536 Salt Lake City, UT 84147-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00
Todd Akin for Congress PO Box 31222 Saint Louis, MO 63131-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00
Tom Tancredo for Congress PO Box 3756 Littleton, CO 80161-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	1,000.00
Zimmer 2000 3131 Princeton Pike, Building 4 Suite 215 Trenton, NJ 08648-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	

<b>SUBTOTAL</b> of Disbursements This Page (optional)	3,000.00
<b>TOTAL</b> This Period (last page this line number only)	22,281.33

**LOANS**

Name of Committee (in Full) <b>Friends of Ray LaHood</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>National City Bank</b> <b>PO Box 1030</b> <b>Southgate MI 48195-0030</b> Election: Primary General <input checked="" type="checkbox"/> Other (specify):	Original Amount of Loan <b>44,317.44</b>	Cumulative Payment To Date <b>23,082.00</b>	Balance Outstanding at Close of This Period <b>21,235.44</b>
Terms: Date Incurred <b>11/12/98</b> Date Due <b>11/12/2002</b> Interest Rate <b>7.30%</b> (apr) Secured <input checked="" type="checkbox"/>			
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  Election: Primary General Other (specify): Terms: Date Incurred _____ Date Due _____ Interest Rate _____%(apr) Secured _____			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
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) .....		<b>\$ 23,082.00</b>	<b>21,235.44</b>
TOTALS This Period (last page in this line only) .....			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-24-06</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>J.G.</i> PREPARER	<i>10-24-06</i> DATE PREPARED