

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2001 FEB -5 A @ 46

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>SAM EWING FOR CONGRESS COMMITTEE</b>		2. FEC IDENTIFICATION NUMBER <b>C00350033</b>
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported. <b>1305 PLANTATION LANE</b>		
CITY, STATE and ZIP CODE <b>Bloomington, IL 61704</b>	STATE/DISTRICT <b>IL 15</b>	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

### 4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report following the General Election
<input checked="" type="checkbox"/> January 31 Year End Report	on _____ in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

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

### SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<b>10-1-2000 through 12-31-2000</b>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	<b>5,960.00</b>	<b>93,670.40</b>
(b) Total Contribution Refunds (from Line 20(d))	<b>0</b>	<b>0</b>
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	<b>5,960.00</b>	<b>93,670.40</b>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<b>7,122.61</b>	<b>136,227.16</b>
(b) Total Offsets to Operating Expenditures (from Line 14)	<b>0</b>	<b>0</b>
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	<b>7,122.61</b>	<b>136,227.16</b>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<b>162.34</b>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9590 Local 202-694-1100
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<b>0</b>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<b>9,674.18</b>	

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 <b>Michael J. Bozarth</b>	Date <b>1/30/01</b>
Signature of Treasurer 	

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

# DETAILED SUMMARY PAGE

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

Name of Committee (in full)	Report Covering the Period:	
	From:	To:
<b>I. RECEIPTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	3,210	
(ii) Unitemized -----	0	
(iii) Total of contributions from individuals -----	3,210	50,149.10
(b) Political Party Committees -----	0	15,651.30
(c) Other Political Committees (such as PACs) -----	2,750	27,870.00
(d) The Candidate -----	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	5,960	93,670.40
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	0	0
(b) All Other Loans -----	0	0
(c) TOTAL LOANS (add 13(a) and (b)) -----	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	433.02	435.78
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	6,393.02	94,106.18
<b>II. DISBURSEMENTS</b>		
17. OPERATING EXPENDITURES -----	7,122.61	136,227.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	0	0
(b) Of All Other Loans -----	0	0
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	0	0
(b) Political Party Committees -----	0	0
(c) Other Political Committees (such as PACs) -----	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	0	0
21. OTHER DISBURSEMENTS -----	0	30.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	7,122.61	136,257.16

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	891.93	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	6,393.02	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	7,284.95	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	7,122.61	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	162.34	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5  
FOR LINE NUMBER 11 (A) (i)

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

NAME OF COMMITTEE (In Full)

SAM Ewing For Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<del>UPSPAC - Ups PAC Maria Little 55 Glenlake Pkwy N.E. Atlanta, GA 30328</del>		<del>10-3-00</del>	<del>\$2,500.00</del>
B. Full Name, Mailing Address and ZIP Code Michael S. Lynch 100 S. Fourth St. Box 303 Watska, IL 60970	Schmidt Ins. Agency	10-3-00	\$500.00
C. Full Name, Mailing Address and ZIP Code DONALD E. FORTNA 622 Deerfield Rd Rantoul, IL 61764	Retired	10-3-00	\$200.00
D. Full Name, Mailing Address and ZIP Code Arthur Murray 601 E. JONES Milford, IL 60953		10-3-00	\$100.00
E. Full Name, Mailing Address and ZIP Code AL POTTER 2640 Waldron Rd, Kankakee, IL 60901		10-3-00	\$100.00
F. Full Name, Mailing Address and ZIP Code Dale Campbell 1205 Kirkwood Dr. Rantoul, IL 61704	Retired	10-3-00	\$100.00
G. Full Name, Mailing Address and ZIP Code Bart F. Wills 206 N. Randolph Ste 400 Champaign, IL 61820		10-3-00	\$50.00

SUBTOTAL of Receipts This Page (optional)

1,050

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 5  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in full)

Sam Ewing For Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Robert Dannehl</u> <u>300 Fairman Ave</u> <u>Watska, IL 60970</u>		<u>10-3-00</u>	<u>\$ 50<sup>00</sup></u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Retired</u> Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Lloyd Wright</u> <u>607 Carol Ct.</u> <u>Rosier, IL 61764</u>		<u>10-3-00</u>	<u>\$ 50<sup>00</sup></u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Retired</u> Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Gilbert Steid</u> <u>2710 S. College</u> <u>Springfield, IL 62704</u>		<u>10-3-00</u>	<u>\$ 25<sup>00</sup></u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Frank T. Murphy</u> <u>P.O. Box 146</u> <u>Dwight, IL 60420</u>		<u>10-3-00</u>	<u>\$ 25<sup>00</sup></u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Mary Bricker</u> <u>440 Ralph St. Box 99</u> <u>Watska, IL 60970</u>		<u>10-3-00</u>	<u>\$ 25<sup>00</sup></u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Retired</u> Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Steven M. Carley</u> <u>P.O. Box 40</u> <u>Crescent City, IL 60928</u>	<u>Carley Ad Agency</u>	<u>10-3-00</u>	<u>\$ 25<sup>00</sup></u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>OWNER</u> Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>William Burnside</u> <u>2563 Rue Bienville</u> <u>Danville, IL 61830</u>			<u>\$ 10<sup>00</sup></u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		

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

210

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 15  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Sam Ewing for Congress Committee

A. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Anna Ruth Diemer 17449 N 1200 East Rd Pontiac, IL 61764	Retired	10-8-00	\$100.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Nareesh C. Goel 6 Lakeshore Court Danville, IL 61832		10-8-00	\$25.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joseph K. Jobst 509 E. Water St. Pontiac, IL 61714	Retired	10-8-00	\$50.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John Berring 700 Madrone Pontiac, IL 61764	Self-Employed Farmer	10-8-00	\$100.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Timothy A. Lee 2301 Ashland Ave Chicago, IL 60608	Attorney	10-8-00	\$300.00
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
JEARY AUSTMAN Forrest, IL 61741		10-8-00	\$50.00
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

625

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Sam Ewing for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Victoria P. Glennon 10521 E1700 North Rd Pontiac, IL 61764 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	10-16-00	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Snyder 202 N. Prospect Rd. Bloomington, IL 61704 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Snyder Corporation	10-16-00	\$100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary D. Woodard 104 W. Washington Chisman, IL 61924 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	10-16-00	\$100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger + Mary Huddleston P.O. Box 739 Mahomet, IL 61853 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Huddleston Homes	10-16-00	\$100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack + Alberta Carr 912 BROADWAY Normal, IL 61761 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-16-00	\$50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John + Donna Weaver R.R. #2 Box 144 Clinton, IL 61727 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-16-00	\$25.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl Sinn 208 Walnut St. Milford, IL 60953 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-16-00	\$25.00

Aggregate Year-to-Date > \$

Aggregate Year-to-Date > \$ 700

Aggregate Year-to-Date > \$ 506

Aggregate Year-to-Date > \$ 600

Aggregate Year-to-Date > \$

Aggregate Year-to-Date > \$

Aggregate Year-to-Date > \$

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

650

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 15  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

Sam Ewing for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary L. Meng 420 N. Walnut St. Pontiac, IL 61764	Retired	11-9-00	\$25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date: \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald & Phyllis Fortna 622 Deerfield Rd. Pontiac, IL 61764		11-9-00	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date: \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rudy Frasca 906 E. Airport Urbana, IL 61882	FRASCA INTERNATIONAL	11-6-00	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date: \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Maxey P.O. Box 336 Loda, IL 60948	Federated BANK	11-6-00	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date: \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Jean Edwards 302 E. Chestnut St. Pontiac, IL 61764		11-6-00	\$50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date: \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Dagan 220 W. Water St. Pontiac, IL 61764	Retired	11-6-00	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date: \$		
<del>G. Full Name, Mailing Address and ZIP Code</del>	<del>Name of Employer</del>	<del>Date (month, day, year)</del>	<del>Amount of Each Receipt this Period</del>
<del>American Coastal Sugar Company - PAC 101 North 3rd St. Moorehead, MN 56560</del>	<del></del>	<del>12-7-00</del>	<del>\$200.00</del>
<del>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</del>	<del>Aggregate Year-to-Date: \$ 250.00</del>		

SUBTOTAL of Receipts This Page (optional) ..... 675

TOTAL This Period (last page this line number only) ..... 3,210

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 11 (C)

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NAME OF COMMITTEE (In Full)

Sam Ewing for Congress Committee

A. Full Name, Mailing Address and ZIP Code UPSPAC - DPS PAC Maia Little 55 Glenlake Parkway N.E. Atlanta, GA 30328	Name of Employer  Occupation Aggregate Year-to-Date > \$ 2,500	Date (month, day, year) 10-3-00	Amount of Each Receipt this Period \$2,500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 12-9-00	Amount of Each Receipt this Period \$ 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	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):	Name of Employer Occupation Aggregate Year-to-Date > \$	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):	Name of Employer Occupation Aggregate Year-to-Date > \$	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):	Name of Employer Occupation Aggregate Year-to-Date > \$	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):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

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

2,750

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

2,750



SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

**SAM EWING FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Printec Press Inc. 2602 N. Mattis Ave Champaign, IL 61822	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-8-00	\$2,736.92
Printing Craftsman Dean Admitt P.O. Box 106 Pontiac, IL 61707	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-8-00	\$98.00
Snyder Insurance 204 N. Prospect Rd. Bloomington, IL 61704	Insurance Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-8-00	\$100.50
Soering, Northrup, Hanna, Cullum & Cochran LTD Craig S. Burkhardt 607 E. Adams St. #800 Springfield, IL 62701	Consulting/Legal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-8-00	\$249.24
GTE North P.O. Box 920041 Dallas, TX 75392	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-8-00	\$13.95
Anderson Financial Network Illinois Power P.O. Box 511 Deer Grove, IL 62525	Utilities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-8-00	\$188.79
ISU - Bone Student Center Illinois State University Normal, IL 61761	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-8-00	\$24.30
Danville Area Chamber of Commerce 28 W. North St. Danville, IL 61832	 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-8-00	\$16.00
AT&T PO. Box 27-680 Kansas City, MO 64184-0866	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-8-00	\$27.39

SUBTOTAL of Disbursements This Page (optional)

3,555.09

TOTAL This Period (last page this line number only)

~~7126.01~~

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Sam Ewing For Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crosswalk, Com, INC 4100 LAfayette Center Dr. Suite 110 Chantilly, VA 20151-1200	Campaign/Voter List Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-8-00	\$ 87.70
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GTE North P.O. Box 920041 Dallas, TX 75392	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-8-00	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Credit Systems Ameritec Cellular P.O. Box 6170 Carol Stream, IL 60197	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-8-00	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Allied Interstate Ameritec Cellular P.O. Box 6170 Carol Stream, IL 60197	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-14-00	\$1,175.56
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NCO Financial Systems, Inc. GTE North P.O. Box 920041 Dallas, TX 75392	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-30-00	\$ 304.26
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

3,567.52

TOTAL This Period (last page this line number only)

7,122.61

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

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<b>SAM Ewing for Congress Committee</b>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Samuel Y. Ewing 1305 Plantation Ln. Bloomington, IL 61704	\$4,984. <sup>68</sup>	0	0	\$4,984. <sup>68</sup>
Nature of Debt (Purpose): Office Equipment/Furniture				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Samuel Y. Ewing 1305 Plantation Ln. Bloomington, IL 61704	\$4,032. <sup>50</sup>	0	0	\$4,032. <sup>50</sup>
Nature of Debt (Purpose): Travel/Mileage				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor NCO Financial Systems 1350 Blair Drive Odenton, MD 21113	\$1,975. <sup>21</sup>	0	\$1,318. <sup>21</sup>	\$657. <sup>00</sup>
Nature of Debt (Purpose): GTE North Telephone Bill				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				\$9,674. <sup>18</sup>
2) TOTALS This Period (last page in this line only)				\$9,674. <sup>18</sup>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			0	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				\$9,674. <sup>18</sup>

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 1/31/01
<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>JAC</i> PREPARER	 <i>2/5/01</i> DATE PREPARED