

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 16 A 8:54

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Jim Ryan For Congress

ADDRESS (number and street) Check if different than previously reported.
P.O. Box 826

CITY, STATE and ZIP CODE STATE/DISTRICT
Topeka KS 66601 KS 02

2. FEC IDENTIFICATION NUMBER
C00320077

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- July 15 Quarterly Report 30-Day Post-Election Report following the General Election
on _____ in the State of _____
- October 15 Quarterly Report Termination Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
4/1/00 through 6/30/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	37065	79257
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	37065	79257
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15181	29169
(b) Total Offsets to Operating Expenditures (from Line 14)	0	64
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	15181	29105
8. Cash on Hand at Close of Reporting Period (from Line 27)	235,482	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:
Federal Election Commission
999 E. Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 **Stephen R. Eliff**

Signature of Treasurer *Stephen R. Eliff* Date **7/11/00**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the 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)	Report Covering the Period:	
<i>Jim Ryan for Congress</i>	From: <i>4/1/00</i>	To: <i>6/30/00</i>
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5500	
(ii) Unitemized	2586	
(iii) Total of contributions from individuals	8086	41864
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	28979	37393
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	37065	79257
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		64
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1609	2775
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	38674	82096
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	15181	29169
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
21. OTHER DISBURSEMENTS	500	500
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	15681	29669

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 212,490
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 38,674
25. SUBTOTAL (add Line 23 and Line 24)	\$ 251,164
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 15,681
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 235,482

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(a)

Contributions from Individuals/Persons other than Political Committees

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

NAME OF COMMITTEE (In Full)

Jim Ryun for Congress

CO0320077

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Bayer, Burke B 736 Crestline Dr. Manhattan, KS 66502	Bayer Construction Occupation: Contractor	4/1/00	-500 <i>MEMO SEE Resignation</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Aggregate Year-to-Date >	650	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Bayer, Burke B 736 Crestline Dr. Manhattan, KS 66502	Bayer Construction Occupation: Contractor	4/1/00	500 <i>MEMO Resignation</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other(specify):	Aggregate Year-to-Date >	650	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Hershberger, Sally 1768 E 700 Rd. Lawrence, KS 66049	Bud Jennings Carpet One Occupation: Sales	6/30/00	1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Aggregate Year-to-Date >	1000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
McGivern, Tim 17 Arell Ct Alexandria, VA 22304	McGivern Consulting Occupation: Consultant	6/28/00	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Aggregate Year-to-Date >	250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Pitzer, Billie 2406 S Homer Pittsburg, KS 66762	Homemaker Occupation: Homemaker	4/13/00	1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Aggregate Year-to-Date >	1000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Rimmel, Alvin D 3658 SE Tomahawk Dr Tecumseh, KS 66542	State Office Systems Occupation: Owner-Pitney Bowes	4/5/00	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Aggregate Year-to-Date >	500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Ross, Jeffrey A 509 Bolivar St. Bellshire, TX 77401	D.P.M., F.A.C.F.A.S. Occupation: Pediatric Surgeon	4/5/00	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Aggregate Year-to-Date >	250	

SUBTOTAL of Receipts This Page (optional) > 3000

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
 ROW LINE NUMBER 11(a)

Contributions from Individuals/Persons other than Political Committees

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NAME OF COMMITTEE (In Full)

Jim Ryun for Congress

CO0320077

A. Full Name, Mailing Address and ZIP Code Roubidoux, Tim M 9025 Rosehill Road Lenexa, KS 66215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer TMR Materials Occupation Sales & Manufacturing Aggregate Year-to-Date > 500	Date (month, Day, year) 4/5/00	Amount of Each Receipt this Period 500
B. Full Name, Mailing Address and ZIP Code Skahan, Robert 1780 E 1130 Rd Lawrence, KS 66049 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Self Occupation Developer Aggregate Year-to-Date > 500	Date (month, Day, year) 5/24/00	Amount of Each Receipt this Period 500
C. Full Name, Mailing Address and ZIP Code Stones, Harold 59 Pepper Tree Lane Topeka, KS 66611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Requested Aggregate Year-to-Date > 500	Date (month, Day, year) 4/19/00	Amount of Each Receipt this Period 500
D. Full Name, Mailing Address and ZIP Code Warren, James V P. O. Box 920214 Norcross, GA 30092 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer SPEAR Occupation Executive Aggregate Year-to-Date > 1000	Date (month, Day, year) 4/5/00	Amount of Each Receipt this Period 1000
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, Day, year)	Amount of Each Receipt this Period
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
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) >			2500
TOTAL This Period (last page this line number only)			5500

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 1167

Contributions from political action committees

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

NAME OF COMMITTEE (In Full)

Jim Ryan for Congress

CO0320077

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Allied Corporation PAC One Allied Dr Little Rock AR 72202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	5/31/00	500
Aggregate Year-to-Date >		500	
America's Community Bankers PAC 900 19th Street, NW, Suite 400 Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation	6/7/00	500
Aggregate Year-to-Date >		500	
American Bankers Assoc. PAC 1120 Connecticut Ave., NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation	5/24/00	1000
Aggregate Year-to-Date >		1000	
American Speech-Language-Hearing Assoc. 10801 Rockville Pike Rockville, MD 20852 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation	6/7/00	1500
Aggregate Year-to-Date >		1500	
American Success PAC 1155 21st Street, NW., STE. 300 Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation	6/28/00	1000
Aggregate Year-to-Date >		1000	
BellSouth FED-PAC 1133 21st St NW Ste 900 Washington DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation	6/7/00	500
Aggregate Year-to-Date >		500	
BNSF Rail PAC P O Box 961039 Fort Worth, TX 76102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation	6/21/00	500
Aggregate Year-to-Date >		500	

SUBTOTAL of Receipts This Page (optional) > **5500**

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 1
FOR LINE NUMBER 1149

Contributions from political action committees

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

NAME OF COMMITTEE (in Full)

Jim Ryun for Congress

COO320077

A. Full Name, Mailing Address and ZIP Code Boeing PAC 1200 Wilson Blvd Arlington, VA 22209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date > 1000	Date (month, Day, year) 6/7/00	Amount of Each Receipt this Period 500
B. Full Name, Mailing Address and ZIP Code Boeing PAC 1200 Wilson Blvd Arlington, VA 22209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date > 1500	Date (month, Day, year) 6/30/00	Amount of Each Receipt this Period 500
C. Full Name, Mailing Address and ZIP Code Caterpillar Employees PAC 100 NE Adams St Peoria IL 61629 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date > 1500	Date (month, Day, year) 6/30/00	Amount of Each Receipt this Period 1500
D. Full Name, Mailing Address and ZIP Code CME PAC 1299 Pennsylvania Ave.,NW Suite 1275 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date > 500	Date (month, Day, year) 6/7/00	Amount of Each Receipt this Period 500
E. Full Name, Mailing Address and ZIP Code Conservative Victory Committee 113 SW ST., Suite 200 Alexandria, VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date > 478.8	Date (month, Day, year) 6/28/00	Amount of Each Receipt this Period 478.8 <i>IN-KIND foring ANNOUNCEMENTS</i>
F. Full Name, Mailing Address and ZIP Code Credit Union Legislative Action Council 805 Fifteenth Street, NW Suite 300 Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date > 500	Date (month, Day, year) 6/30/00	Amount of Each Receipt this Period 500
G. Full Name, Mailing Address and ZIP Code Dairy Farmers of America DEPAC PO Box 909700 Kansas City, MO 64190 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date > 500	Date (month, Day, year) 5/24/00	Amount of Each Receipt this Period 500
SUBTOTAL of Receipts This Page (optional) >			4478.8
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 **7**
FOR LINE NUMBER 1161

Contributions from political action committees

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

NAME OF COMMITTEE (in Full)
Jim Ryan for Congress

COO320077

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt (in Period)
Deloitte & Touche PAC P.O. Box 365 Washington, DC 20044		6/30/00	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 500	
Ernst & Young PAC 1225 Connecticut Avenue, NW Washington, DC 20036		6/30/00	1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 1000	
Farmland Industries PAC PO Box 12473 Kansas City, MO 64116		5/31/00	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 500	
Goodyear Good Gov't Fund PAC 1144 East Market St. Akron, OH 44316		4/19/00	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 500	
Goodyear Good Gov't Fund PAC 1144 East Market St. Akron, OH 44316		5/31/00	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 1000	
GTE PAC 1850 M Street NW Suite 1200 Washington DC 20036		6/21/00	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 500	
House PAC 2700 Sanders Road Prospect Heights, IL 60070		6/30/00	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 500	

SUBTOTAL of Receipts This Page (optional) >	4000
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 4 OF 1
FOR LINE NUMBER 1100

Contributions from political action committees

Any information copied from such reports and statements may not be sold or used by any person for the purpose of obtaining 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)

Jim Ryun for Congress

CO0320077

A. Full Name, Mailing Address and ZIP Code Independent Bankers PAC One Thomas Circle, NW #400 Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date > 1000	Date (month, Day, year) 6/28/00	Amount of Each Receipt this Period 500
B. Full Name, Mailing Address and ZIP Code Independent Bankers PAC One Thomas Circle, NW #400 Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date > 500	Date (month, Day, year) 4/26/00	Amount of Each Receipt this Period 500
C. Full Name, Mailing Address and ZIP Code Investment Management PAC 1401 H. St., NW #1200 Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date > 500	Date (month, Day, year) 6/7/00	Amount of Each Receipt this Period 500
D. Full Name, Mailing Address and ZIP Code K.C. Power PAC 1301 Pennsylvania Ave., Suite 1030 Washington, DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date > 1000	Date (month, Day, year) 6/30/00	Amount of Each Receipt this Period 500
E. Full Name, Mailing Address and ZIP Code KOCH PAC 1450 G Street NW, Suite 445 Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date > 500	Date (month, Day, year) 6/30/00	Amount of Each Receipt this Period 500
F. Full Name, Mailing Address and ZIP Code Morgan Companies PAC 60 Wall Street New York, NY 10260 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date > 1000	Date (month, Day, year) 6/30/00	Amount of Each Receipt this Period 1000
G. Full Name, Mailing Address and ZIP Code NAFCU PAC PO Box 3769 Washington DC 20007-0269 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date > 500	Date (month, Day, year) 6/28/00	Amount of Each Receipt this Period 500
SUBTOTAL of Receipts This Page (optional) >			4000
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 **1**
FOR LINE NUMBER 1110

Contributions from political action committees

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NAME OF COMMITTEE (In Full) **Jim Ryan for Congress** CO0320077

A. Full Name, Mailing Address and ZIP Code National Cardemen's Beef Association PAC 5420 South Quebec Street Greenwood Village, CO 80155 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) 6/28/00 500	Amount of Each Receipt this Period 500
B. Full Name, Mailing Address and ZIP Code NFIB SAFE Trust PAC 600 Maryland Ave. SW, Suite 700 Washington, DC 20024 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) 5/24/00 2000	Amount of Each Receipt this Period 2000
C. Full Name, Mailing Address and ZIP Code OXY PAC 10889 Wilshire Blvd Los Angeles, CA 90024 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) 5/24/00 500	Amount of Each Receipt this Period 500
D. Full Name, Mailing Address and ZIP Code Providian Financial Corp. PAC 201 Mission St. 10th FL San Francisco, CA 94105 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) 6/30/00 500	Amount of Each Receipt this Period 500
E. Full Name, Mailing Address and ZIP Code Raytheon PAC 141 Spring Street Lexington, MA 02173 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, Day, year) 6/21/00 1500	Amount of Each Receipt this Period 500
F. Full Name, Mailing Address and ZIP Code Raytheon PAC 141 Spring Street Lexington, MA 02173 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) 4/26/00 1000	Amount of Each Receipt this Period 500
G. Full Name, Mailing Address and ZIP Code SBC Communications PAC 175 E Houston San Antonio, TX 78205 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) 4/13/00 1000	Amount of Each Receipt this Period 1000

SUBTOTAL of Receipts This Page (optional) > **5500**

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 7
FOR LINE NUMBER 1110

Contributions from political action committees

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NAME OF COMMITTEE (In Full)

Jim Ryun for Congress

CO0320077

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
SBC Communications PAC 175 E Houston San Antonio, TX 78205		5/31/00	1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	Aggregate Year-to-Date > 2000	
J. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Southern Minnesota Sugar Coop PAC Renville, MN 562584		6/7/00	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	Aggregate Year-to-Date > 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Union Pacific Resources PAC 555 13th St NW, Suite 450 W Washington, DC 20004		6/7/00	1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	Aggregate Year-to-Date > 1000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
United Defense Employees PAC 1525 Wilson Blvd, Suite 700 Arlington VA 22209		5/3/00	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	Aggregate Year-to-Date > 1000	
K. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
United Defense Employees PAC 1525 Wilson Blvd, Suite 700 Arlington VA 22209		6/21/00	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	Aggregate Year-to-Date > 1500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
United States Telecom Association PAC 1401 H St. NW Ste 600 Washington DC 20005		5/31/00	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	Aggregate Year-to-Date > 500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Washington Mutual PAC 1201 Third Avenue Seattle WA 98101		6/30/00	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	Aggregate Year-to-Date > 500	

SUBTOTAL of Receipts This Page (optional) > **4500**

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 **7**
 FOR LINE NUMBER 1163

Contributions from political action committees

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

NAME OF COMMITTEE (In Full)

Jim Ryan for Congress

CO0320077

A. Full Name, Mailing Address and ZIP Code Western Resources Employee PAC P.O. Box 889 Topeka, KS 66601	Name of Employer Occupation	Date (month, Day, year) 5/24/00	Amount of Each Receipt this Period 500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):			
Aggregate Year-to-Date > 500			
B. Full Name, Mailing Address and ZIP Code Yellow Corporation PAC 10990 Roe Ave Overland Park, KS 66211	Name of Employer Occupation	Date (month, Day, year) 6/30/00	Amount of Each Receipt this Period 500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):			
Aggregate Year-to-Date > 500			
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):			
Aggregate Year-to-Date >			
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):			
Aggregate Year-to-Date >			
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):			
Aggregate Year-to-Date >			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):			
Aggregate Year-to-Date >			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):			
Aggregate Year-to-Date >			

SUBTOTAL of Receipts This Page (optional) > **1000**

TOTAL This Period (last page this line number only) **28,979**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOIA LINE NUMBER 15

Other Receipts

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

NAME OF COMMITTEE (In Full)

Jim Ryun for Congress

CO0320077

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Capitol Federal Savings 700 S Kansas Ave Topeka KS 66603		6/30/00	217.12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	Aggregate Year-to-Date > 332.33	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604		6/30/00	3.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	Aggregate Year-to-Date > 2160.79	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604		6/30/00	211.16f
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	Aggregate Year-to-Date > 2157.15	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604		6/30/00	8.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	Aggregate Year-to-Date > 1945.99	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604		5/31/00	4.03
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	Aggregate Year-to-Date > 1937.31	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604		5/31/00	303.5
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	Aggregate Year-to-Date > 1933.28	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604		5/31/00	9.53
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Occupation	Aggregate Year-to-Date > 1629.78	

SUBTOTAL of Receipts This Page (optional) > **757.66**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 15

Other Receipts

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

NAME OF COMMITTEE (in Full)

Jim Ryan for Congress

CO0320077

A. Full Name, Mailing Address and ZIP Code Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604 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) 4/30/00 1620.25	Amount of Each Receipt this Period 370.08
B. Full Name, Mailing Address and ZIP Code Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604 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) 4/30/00 1250.17	Amount of Each Receipt this Period 7.59
C. Full Name, Mailing Address and ZIP Code Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604 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) 4/30/00 1242.58	Amount of Each Receipt this Period 75.89
D. Full Name, Mailing Address and ZIP Code Guardian Trust Company P.O. Box 2127 Topeka, KS 66601 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) 6/30/00 282.32	Amount of Each Receipt this Period 282.32
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, Day, year)	Amount of Each Receipt this Period
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
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) >			735.88
TOTAL This Period (last page this line number only) >			1494

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
FOR LINE NUMBER 17

Operating Expenditures

Any information copied from such Reports and Statements may not be sold 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)

Jim Ryun For Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Conservative Victory Committee 113 SW ST., Suite 200 Alexandria, VA 22314	Create & fax anncnmts	6/28/00	478.8 <i>IN KING RECEIVED</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
Best Buy 1600 SW Wanamaker Topeka, KS 66601	HP 952 DeskJet Printer	5/5/00	443.18
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)		
Brandon Winfrey 605 Upland Place Alexandria VA 22301	Consulting & expenses	4/5/00	1632.78
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)		
Brandon Winfrey 605 Upland Place Alexandria VA 22301	Broadcast fax	4/17/00	227.92
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)		
Brandon Winfrey 605 Upland Place Alexandria VA 22301	Consulting fee for May 2000	5/4/00	1250
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)		
Brandon Winfrey 605 Upland Place Alexandria VA 22301	Consult & expenses	6/1/00	1795.73
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)		
Capital Grill Washington, DC	Birthday Dinner FR	5/11/00	1782.52
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)		
Catharine Ryun 16718 13th St Lawrence, KS 66044	Payroll	4/21/00	62.52
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)		
Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604	Payroll Taxes	4/21/00	53.82
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)		

\$7,727.27

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

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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OF

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Operating Expenditures

FOR LINE NUMBER
17

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NAME OF COMMITTEE (In Full)

Jim Ryan For Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604	June 30 Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	6/30/00	39.72
Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604	June 16 Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	6/16/00	39.72
Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604	2nd Qtr 2000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	5/19/00	21.74
Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604	1st Qtr Futa Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	4/20/00	17.34
Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	4/7/00	12.24
Commerce Bank & Trust 1105 Gage Blvd Topeka KS 66604	2nd Qtr 2000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	6/2/00	47.36
Internal Revenue Service PO Box 970017 ST. Louis, MO 63197	1999 Federal Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	4/17/00	419.56
Jim Ryan 110 D St Washington, DC 20003	Phone Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	5/11/00	84.63
Jim Ryan 110 D St Washington, DC 20003	Campaign calls Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	6/29/00	116.81
SUBTOTAL of Disbursements This Page (optional).....			\$ 799.12
TOTAL This Period (last page this line number only).....			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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OF 5

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Jim Ryun For Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Ryun 110 D St Washington, DC 20003	Filing Fee/phone/mileage	6/1/00	1438.44
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
John W Iliff 13012 110th RD. Hoyt, KS 66440	Payroll	4/7/00	115.43
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
John W Iliff 13012 110th RD. Hoyt, KS 66440	Payroll	4/21/00	181.17
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
John W Iliff 13012 110th RD. Hoyt, KS 66440	Payroll	5/19/00	177.63
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
John W Iliff 13012 110th RD. Hoyt, KS 66440	Payroll	6/2/00	68.43
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
Kansas Republican Party 2025 SW Gage Blvd Topeka, KS 66604	Dep Natl Conv in Phil	6/14/00	200
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
Mini Warehouse Limited 5841 SW 21st Topeka, KS 66604	6 mths storage	5/15/00	660
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
Postmaster 1430 SW Woodhull St. Topeka, KS 66604	Ryun report	5/5/00	313.5
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
Pro-Print 202B SW Gage Blvd Topeka, KS 66604	Ryun Report & Folding	6/8/00	80.1
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		

SUBTOTAL of Disbursements This Page (optional) \$3,232.7

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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OF
5

FOR LINE NUMBER
17

Operating Expenditures

Any information copied from such Reports and Statements may not be sold 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)

Jim Ryan For Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pro-Print 2028 SW Gage Blvd Topeka, KS 66604	Letterhead/white bond 20#	6/29/00	62.44
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Southwestern Bell PO Box 940012 Dallas, TX 75394-0012	Telebranching & Call Notes	5/17/00	46.63
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)			
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Southwestern Bell PO Box 940012 Dallas, TX 75394-0012	Telebranching & Call Notes	6/14/00	48.63
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)			
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stephen R. Iloff, CPA 3500 SW 6th. Topeka, KS 66606	Payroll reimb for staff	5/19/00	444
Disbursement for: Primary General Other (Specify)			
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stephen R. Iloff, CPA 3500 SW 6th. Topeka, KS 66606	Payroll reimb for staff	6/12/00	208.2
Disbursement for: Primary General Other (Specify)			
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
US Airways Chrystal Park Four, 2345 Crystal Drive Arlington, VA 22227	Trip to DC for Fundsr	5/18/00	268.5
Disbursement for: Primary General Other (Specify)			
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
USPS	Campaign stamps	6/5/00	33
Disbursement for: Primary General Other (Specify)			
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gwendolyn Cargnel 1442 SW Oakley Topeka, Ks 66604	Payroll	5/2/00	237.76
Disbursement for: Primary General Other (Specify)			
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, Day, year)	Amount of Each Disbursement This Period
Gwendolyn Cargnel 1442 SW Oakley Topeka, Ks 66604	Payroll	6/16/00	237.76
Disbursement for: Primary General Other (Specify)			

\$1,584.92

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

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 5

OF 5

FDR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Jim Ryan For Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gwendolyn Cargnel 1442 SW Oakley Topeka, Ks 66604	Reimb 5/6-6/11 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	6/29/00	24.12
Gwendolyn Cargnel 1442 SW Oakley Topeka, Ks 66604	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)	6/30/00	237.76
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (Specify)	Date (month, Day, year)	Amount of Each Disbursement This Period

\$ 261.88

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

13,606

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Jim Ryun For Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pappas For Congress 3582 Route 22 West Somerville, NJ 08876	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)	5/2/00	500.00
B. 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 Other (Specify)		
C. 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 Other (Specify)		
D. 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 Other (Specify)		
E. 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 Other (Specify)		
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 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 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 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 Other (Specify)		

SUBTOTAL of Disbursements This Page (optional) \$ 500.

TOTAL This Period (last page this line number only) \$ 500

