

Commonwealth Edison Political Action Committee  
P.O. Box 767  
Chicago, Illinois 60690-0767

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM



2000 MAR 10 P 1:29

March 7, 2000

**CERTIFIED MAIL**

Public Records Division  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Enclosed for filing on behalf of the Commonwealth Edison Political Action Committee is the Committee's report for the month of February 2000.

A handwritten signature in cursive script that reads "John S. Maxson".

John S. Maxson  
Treasurer

Enclosure

cc: Mr. David D. Orr  
Cook County Clerk  
69 West Washington, Suite 500  
Chicago, IL 60602

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 MAR 14 1:29

1. NAME OF COMMITTEE (in full)  
**COMMONWEALTH EDISON CO. POLITICAL ACTION CMTEE.**

ADDRESS (number and street)  Check if different than previously reported  
**P.O. BOX 767**

CITY, STATE and ZIP CODE  
**CHICAGO, IL 60690**

2. FEC IDENTIFICATION NUMBER  
**C00141218**

3.  This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

Monthly Report Due On:

- February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 Thirtieth day report following the General Election on  
\_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>02/01/00</u> through <u>02/29/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 73,990.47
(b) Cash on Hand at Beginning of Reporting Period	\$ 81,129.34	
(c) Total Receipts (from Line 19)	\$ 11,016.85	\$ 18,155.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 92,146.19	\$ 92,146.19
7. Total Disbursements (from Line 30)	\$ 18,000.00	\$ 18,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 74,146.19	\$ 74,146.19
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9520  
Local 202-218-3420

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

**JOHN S. MAXSON**

Signature of Treasurer

*John S. Maxson*

Date

**3-7-00**

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

FEC FORM 3X

(revised 9/95)

FEC00101

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

[revised 1/1/91]

NAME OF COMMITTEE COMMONWEALTH EDISON CO. POLITICAL ACTION CMTER.	REPORT COVERING PERIOD FROM 02/01/00 TO 02/29/00	
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....	1,161.01	1,161.01
ii. Unitemized .....	9,855.84	16,994.71
iii. Total ..... (add i and ii) *	11,016.85	18,155.72
b. Political Party Committees .....	0.00	0.00
c. Other Political Committees (such as PACs) .....	0.00	0.00
d. Total Contributions ..... (add a iii, b and c) *	11,016.85	18,155.72
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates & Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) *	11,016.85	18,155.72
20. Total Federal Receipts ..... (subtract line 18 from line 19) *	11,016.85	18,155.72
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share .....	0.00	0.00
ii. Non-Federal Share .....	0.00	0.00
b. Other Federal Operating Expenditures .....	0.00	0.00
c. Total Operating Expenditures ..... (add a i, a ii, and b) *	0.00	0.00
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	18,000.00	18,000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees .....	0.00	0.00
b. Political Party Committees .....	0.00	0.00
c. Other Political Committees (such as PACs) .....	0.00	0.00
d. Total Contribution Refunds ..... (add a, b and c) *	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) *	18,000.00	18,000.00
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) *	18,000.00	18,000.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d) .....	11,016.85	18,155.72
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	11,016.85	18,155.72
35. Total Federal Operating Expenditures ..... (add 21 a i and 21 b) *	0.00	0.00
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00
37. Net Operating Expenditures ..... (subtract line 36 from 35) *	0.00	0.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

**COMMONWEALTH EDISON CO. POLITICAL ACTION CMTEE.**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILLIAM R. EDLERS 2252 WINDGATE LANE ST. CHARLES, IL 60174	COMMONWEALTH EDISON COMPANY	02/02/00	48.00
		02/22/00	48.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		02/23/00	48.00
Aggregate Year-to-Date = \$		346.00	
THOMAS E. JENNINGS 1538 FAIRWAY CIRCLE GENEVA, IL 60134	COMMONWEALTH EDISON COMPANY	02/02/00	50.00
		02/22/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		02/23/00	50.00
Aggregate Year-to-Date = \$		250.00	
WILLIAM LEWIS 3512 BLAINE DR EYRON, IL 61620	COMMONWEALTH EDISON COMPANY	02/02/00	43.27
		02/22/00	43.27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		02/23/00	43.27
Aggregate Year-to-Date = \$		216.35	
JOHN B. MAXSON 1478 SHANNON RIVERWOODS, IL 60015	COMMONWEALTH EDISON COMPANY	02/02/00	50.00
		02/22/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		02/23/00	50.00
Aggregate Year-to-Date = \$		350.00	
JOHN WONE 950 N. MICHIGAN AVENUE H3306 CHICAGO, IL 60611	COMMONWEALTH EDISON COMPANY	02/02/00	50.00
		02/22/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		02/23/00	50.00
Aggregate Year-to-Date = \$		250.00	
PETER SAUTERS 5316 MILKWEED DRIVE MARRSVILLE, IL 60964	COMMONWEALTH EDISON COMPANY	02/02/00	40.17
		02/22/00	43.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		02/23/00	40.17
Aggregate Year-to-Date = \$		204.02	
PAMELA B. STROBEK 48 WOODLAW ROAD WINDSOR, IL 60093	COMMONWEALTH EDISON COMPANY	02/02/00	40.00
		02/22/00	59.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		02/23/00	59.58
Aggregate Year-to-Date = \$		258.67	
SUBTOTAL of Receipts This Page (optional)			1,025.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

**COMMONWEALTH EDISON CO. POLITICAL ACTION CMTEE.**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH A WRAVER PO BOX 779 102 LAKESIDE DRIVE LAKE, IL 61250	COMMONWEALTH EDISON COMPANY	01/02/00 02/22/00 02/23/00	13.71 66.99 33.71
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation TRAINING SUPERINTENDENT	Aggregate Year-to-Date > \$ 301.00	
B. 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:	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Occupation	Aggregate Year-to-Date > \$	
SUMMARY of Receipts This Page (optional) .....			134.41
TOTAL This Period (last page this line number only) .....			1,161.01

**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)

**COMMONWEALTH EDISON CO. POLITICAL ACTION CMTEE.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ANNA ESKOU FOR CONGRESS P. O. BOX 2884 WASHINGTON, DC 20013	ANNA ESKOU J 3 CONGRESS CA Disbursement for: <input checked="" type="checkbox"/> CO <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	02/04/00	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 <input type="checkbox"/> Other:		
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 <input type="checkbox"/> Other:		
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 <input type="checkbox"/> Other:		
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 <input type="checkbox"/> Other:		
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:		
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:		
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:		
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:		
SUBTOTAL of Disbursements This Page (optional):			500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 9

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

**COMMONWEALTH EDISON CO. POLITICAL ACTION CMTEE.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DAS/PAC 424 C STREET, NE 18 <sup>TH</sup> FL. WASHINGTON, DC 20002	FEDERAL POLITICAL ACTION CMTEE Disbursement for: <input checked="" type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	02/04/00	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			5,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

**COMMONWEALTH EDISON CO. POLITICAL ACTION CMTEE.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement this Period
RICH SENATE COMMITTEE TRUDY NICOLI & ASSOCIATES 100 N. RANDOLPH, SUITE 2127 CHICAGO, IL 60601	WILLIAM KOHL U S SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other:	02/18/88	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement this Period
TOTAL of Disbursements This Page (optional)			1,000.00



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 9

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

**COMMONWEALTH EDISON CO. POLITICAL ACTION CMTEE.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF ROD BLAGOJEVICH C/O FOX & ASSOCIATES 303 N. WASHINGTON, SUITE 801 CHICAGO, IL 60605	ROD BLAGOJEVICH U S CONGRESS IL Disbursement for: <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other:	02/04/00	1,000.00
COSTELLO FOR CONGRESS COMMITTEE P. O. BOX #250 BETHLEHEM, IL 62222	JERRY COSTELLO U S CONGRESS IL Disbursement for: <input type="checkbox"/> General <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other:	02/18/00	500.00
CRANE FOR CONGRESS COMMITTEE 3023 NORTH PINE STREET URAVSLAKE, IL 60030	PHILIP M. CRANE U S CONGRESS IL Disbursement for: <input type="checkbox"/> General <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other:	02/18/00	5,000.00
CITIZENS FOR BOBBY BURN 322 W. ONTARIO SUITE 503 CHICAGO, IL 60610	BOBBY BURN U S CONGRESS IL Disbursement for: <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other:	02/04/00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUMTOTAL of Disbursements This Page (optional):			7,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 9

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

**COMMONWEALTH EDISON CO. POLITICAL ACTION CMTEE.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
STIPEND FOR CONGRESS C/O ANN MEDVESKY 998 N. ROYAL STREET ALEXANDRIA, VA 22314	BART SCURAK U S CONGRESS MIDDU Disbursement for: <input checked="" type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	02/18/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional):			500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 9

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

**COMMONWEALTH EDISON CO. POLITICAL ACTION CMTEE.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
EDSR FOR CONGRESS P.O. BOX 1929 WINSTON-SALEM, NC 27113	RICHARD BURN U S CONGRESS NC Disbursement for: <input checked="" type="checkbox"/> GO <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	02/04/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 7 OF 9

FOR LINE NUMBER 23

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)

**COMMONWEALTH EDISON CO. POLITICAL ACTION CMTEE.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
JOE SEBEN FOR CONGRESS, INC. P. O. BOX 244F ROSEBULL, NH 38231	FOR SEBEN U S CONGRESS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other:	02/18/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
GRAND TOTAL of Disbursements This Page (optional)			500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 8 OF 9  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

**COMMONWEALTH EDISON CO. POLITICAL ACTION CMTEE.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
UNREGISTERED PAC 2000 1200 N. FAIRFAX ST. SUITE 425 ALEXANDRIA, VA 22314	FEDERAL POLITICAL ACTION CMTEE OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	02/04/00	1,500.00
THE TOM SAWYER COMMITTEE 452 GRAY STREET AKRON, OH 44301	THOMAS SAWYER U S SENATE OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	02/18/00	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			1,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
**COMMONWEALTH EDISON CO. POLITICAL ACTION CMTEE.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HALL FOR CONGRESS P. O. BOX 711 ROCKWALL, TX 75087 0711	RALPH HALL U S CONGRESS TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other:	03/04/03	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			1,000.00
TOTAL This Period (last page this line number only)			10,000.00

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 3/8/08
<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.A.C.</i> PREPARER	 3/14/08 DATE PREPARED