

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 24 A 11:43

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME AND COMPLETE ADDRESS OF CONTRIBUTOR

C00009035 071900 P 286

RAYMOND JILEK
KEMPER INSURANCE CAMPAIGN FUND
1 KEMPER DRIVE
LONG GROVE IL 60049

2. FEC IDENTIFICATION NUMBER
C 0000 9035

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
Criteria of multi candidate status satisfied prior to 1-1-94

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

- 12-Day Pre-Election Report for the General
(Type of Election)
election on Nov. 7, 2000 in the State of Illinois
 30-Day Post-Election 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>10-1-2000</u> through <u>10-18-2000</u>		
6. (a) Cash on Hand January 1, <u>19,2000</u>		\$ 35,969.37
(b) Cash on Hand at Beginning of Reporting Period	\$ 17,190.83	
(c) Total Receipts (from Line 19)	\$ 97.00	\$ 43,218.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 17,287.83	\$ 79,187.83
7. Total Disbursements (from Line 30)	\$ 9,850.00	\$ 71,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7,437.83	\$ 7,437.83
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact Federal Election Commission 699 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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

Raymond J. Jilek

Signature of Treasurer

Raymond J. Jilek

Date

10-20-2000

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 3X

(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <u>Kemper Insurance Campaign Fund</u>	REPORT COVERING PERIOD		
	FROM <u>10-1-2000</u>	TO: <u>10-18-2000</u>	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	0	25,517.33	11(a)
ii. Unitemized	97.00	17,201.18	11(a)
iii. Total (add i and ii) >	97.00	42,718.51	11(a)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	0	500.00	11(c)
d. Total Contributions (add a iii, b and c) >	97.00	43,218.51	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	97.00	43,218.51	19
20. Total Federal Receipts (subtract line 18 from line 19) >	97.00	43,218.51	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)
ii. Non-Federal Share			21(a)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,750.00	65,650.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements State Candidates	4,100.00	6,100.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9,850.00	71,750.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	9,850.00	71,750.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	97.00	43,218.51	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	97.00	43,218.51	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (In Full)

Kemper Insurance Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 430 South Capitol St, SE Washington, DC 20003	Bill Nelson U.S. Senate - FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-6-00	\$1,000.00
B. Full Name, Mailing Address and ZIP Code McDonald for Congress Committee 1707 Prince Street Alexandria, VA 22314	Dan McDonald U.S. House - WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	500.00
C. Full Name, Mailing Address and ZIP Code Dooley for Congress 300 N Lee Street, Suite 500 Alexandria, VA 22314	Calvin Dooley U.S. House - CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	500.00
D. Full Name, Mailing Address and ZIP Code Team Emerson P. O. Box 16021 Alexandria, VA 22302	JoAnn Emerson U.S. House - MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	250.00
E. Full Name, Mailing Address and ZIP Code Ferguson for Congress P. O. Box 4205 Warren, NJ 07059	Mike Ferguson U.S. House - NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	1,000.00
F. Full Name, Mailing Address and ZIP Code People with Hart P. O. Box 435 Wexford, PA 15090	Melissa Hart U.S. House - PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	500.00
G. Full Name, Mailing Address and ZIP Code Kolbe 2000 P. O. Box 23593 Alexandria, VA 22304	Jim Kolbe U.S. House - AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	250.00
H. Full Name, Mailing Address and ZIP Code Sue Myrick for Congress 1850 E. Third Street, Suite 350 Charlotte, NC 28204	Sue Myrick U.S. House - NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	1,000.00
I. Full Name, Mailing Address and ZIP Code Friends of George Allen P. O. Box 573 Richmond, VA 23218	George Allen U.S. Senate - VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	500.00

SUBTOTAL of Disbursements This Page (optional)

5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Kemper Insurance Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fund for a Free Market America-Federal 1299 Pennsylvania Avenue, N.W. 8th Floor West Washington, DC 20004-2400	Philip Crane U.S. House - IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	250.00
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 (specify)	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 (specify)	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 (specify)	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 (specify)	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 (specify)	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 (specify)	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 (specify)	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 (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	250.00
TOTAL This Period (last page this line number only)	5,750.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Kemper Insurance Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Todd Staples for Texas Senate P. O. Box 2200 Palestine, TX 75802	Iodd Staples Texas Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Fraser for Texas Senate 101 Highway 281, Suite 301 Marble Falls, TX 78654	Troy Fraser Texas Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	500.00
C. Full Name, Mailing Address and ZIP Code RLD Campaign P. O. Box 2309 Lubbock, TX 79408	Robert Duncan Texas Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	500.00
D. Full Name, Mailing Address and ZIP Code Mary Jane Avery Campaign 130 Summerwood Beaumont, TX 77706	Mary Jane Avery Texas State Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	250.00
E. Full Name, Mailing Address and ZIP Code John Smithee Campaign c/o Templeton, Smithee and Hayes 320 South Polk, Suite 1000 Amarillo, TX 79101	John Smithee Texas State Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	500.00
F. Full Name, Mailing Address and ZIP Code Senator David Sibley Re-election Campaign P. O. Box 2088 Waco, TX 78703	David Sibley Texas Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	500.00
G. Full Name, Mailing Address and ZIP Code Brian McCall Campaign 609 West Fifteenth, Suite 200 Plano, TX 75075	Brian McCall Texas State Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	350.00
H. Full Name, Mailing Address and ZIP Code Senator David Cain Campaign Committee 3302 North Buckner, Suite 119 Dallas, TX 75228	David Cain Texas Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	500.00
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 (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$4,100.00

