

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

Certified Mail Numbers  
P860 048 620 FEDERAL ELECTION  
P860 048 600 COMMISSION MAIL ROOM

AUG 3 3 39 PM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. C00300806 060297  
DONALD J GRIFFIN  
COMMITTEE TO RE-ELECT MICHAEL  
PATRICK FLANAGAN  
350 N LASALLE ST SUITE 800  
CHICAGO IL 60610

2. FEC IDENTIFICATION NUMBER  
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 for the \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

October 15 Quarterly Report  Termination Report

July 31 Mid-Year Report (Non-election Year Only)  Termination Report

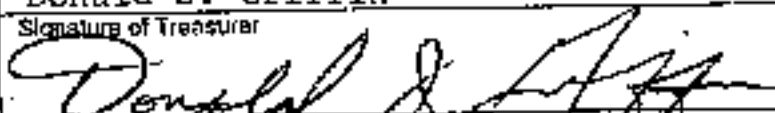
This report contains activity for  Debt Retirement  Primary Election  General Election  Special Election  Runoff Election

## SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1-1-97</u> through <u>6-30-97</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(b))	28,717	28,717
(b) Total Contribution Refunds (from Line 20(d))	-0-	
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	28,717	28,717
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	30,908	30,908
(b) Total Offsets to Operating Expenditures (from Line 14)	1,672	2,672
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	29,236	29,236
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,849	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	45,618	

For further information contact:  
Federal Election Commission  
989 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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

Type or Print Name of Treasurer  
Donald J. Griffin  
Signature of Treasurer  Date  
7-31-97

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 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:	
Committee To Re-Elect Michael Patrick Flanagan	From: 1-1-97	To: 6-30-97
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)	14,250	
(ii) Unitemized	8,817	
(iii) Total of contributions from individuals	23,067	23,067
(b) Political Party Committees	3,150	3,150
(c) Other Political Committees (such as PACs)	1,500	1,500
(d) The Candidate	-0-	-0-
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	27,717	27,717
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	-0-	-0-
13. LOANS:		
(a) Made or Guaranteed by the Candidate	2,000	2,000
(b) All Other Loans	-0-	-0-
(c) TOTAL LOANS (add 13(a) and (b))	2,000	2,000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1,672	1,672
15. OTHER RECEIPTS (Dividends, Interest, etc.)	-0-	-0-
16. TOTAL RECEIPTS (add 11(a), 12, 13(c), 14 and 15)	31,389	31,389
<b>II. DISBURSEMENTS</b>		
17. OPERATING EXPENDITURES	30,908	30,908
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	-0-	-0-
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	-0-	-0-
(b) Of All Other Loans	-0-	-0-
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	-0-	-0-
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	-0-	-0-
(b) Political Party Committees	-0-	-0-
(c) Other Political Committees (such as PACs)	-0-	-0-
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	-0-	-0-
21. OTHER DISBURSEMENTS	-0-	-0-
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	30,908	30,908

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	1,368	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	31,389	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	32,757	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	30,908	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	1,849	27

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 11a1

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)**  
THE COMMITTEE TO RE-ELECT MICHAEL PATRICK FLANAGAN

A. Full Name, Mailing Address and ZIP Code DANIEL R. BENNETT 5753 N. FAIRFIELD  CHICAGO, IL 60645 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed  Occupation Insurance Broker Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/09/97	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code ROBERT BIGGINS 280 COTTAGE HILL  ELMHURST, IL 60128 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 01/10/97	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code PHILIP BLOCK 1430 LAKE SHORE DR.  CHICAGO, IL 60610 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Retired Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 02/03/97	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code NORMAN BOBINS 179 E. LAKE SHORE DR  CHICAGO, IL 60611 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LaSalle Nat'l Bank  Occupation President & CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 02/03/97	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code CHARLES BRUMBACK 1500 N. LAKE SHORE DRIVE  CHICAGO, IL 60610 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Retired Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 01/09/97	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code C. J. CHIPPARONI 3889 HAINES ST.  SAN DIEGO, CA 92109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/12/97	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code THOMAS HINES 208 BILTMORE DR  BARRINGTON, IL 60010 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/10/97	Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... \$ 2,250.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 4  
FOR LINE NUMBER 118j

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)  
THE COMMITTEE TO RE-ELECT MICHAEL PATRICK FLANAGAN

<b>A. Full Name, Mailing Address and ZIP Code</b> JUDITH HOFFMAN 3604 ROBERT CT HAZEL CREST, IL 60429 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation  Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 01/10/97  Amount of Each Receipt this Period 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> PETER HUIZENGA 2215 YORK ROAD, SUITE 500 OAK BROOK, IL 60521 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/14/97  Amount of Each Receipt this Period 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> MARK JACKLIN 275 S. CENTER BENSENVILLE, IL 60108 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer INTERIM TECHNOLOGY  Occupation ENGINEER  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/10/97  Amount of Each Receipt this Period 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> JAMES KARGMAN 1723 N. VINE CHICAGO, IL 60614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer NATL. SYSTEMS CORP.  Occupation President  Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 01/10/97  Amount of Each Receipt this Period 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> JOSEPH KELLMAN 2 N. LASALLE CHICAGO, IL 60602 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/14/97  Amount of Each Receipt this Period 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> JAMES KENNY 250 NORTHGATE PKY WHEELING, IL 60090 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/10/97  Amount of Each Receipt this Period 500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> JULIE LAVERDIERE 2320 INDIAN RIDGE DR GLENVIEW, IL 60025 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 02/06/97  Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 4,500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 4  
FOR LINE NUMBER 11a1

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)**  
THE COMMITTEE TO RE-ELECT MICHAEL PATRICK PLANAGAN

<p><b>A. Full Name, Mailing Address and ZIP Code</b> THOMAS MC CRACKEN, JR. 1230 WALLEN PLACE DOWNERS GROVE, IL 60516</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer RTA</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 01/10/97</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> JAMES MONTANA 1938 N. MAUD CHICAGO, IL 60614</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SEL-EMPLOYED</p> <p>Occupation ATTORNEY</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 02/03/97</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Ed Moskal 5821 N. Lacey Chicago, IL 60646</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Polish National Alliance</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 01/10/97</p>	<p>Amount of Each Receipt This Period 1,000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Dr. Philip R. O'Connor 50 East Bellevue #1103 Chicago, IL 60611</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Palmer-Bellevue</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 01/10/97</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> PETER PAGE 101 N. WACKER CHICAGO, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 02/03/97</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> James C Place 30 S. Wacker Dr Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Broker</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 01/10/97</p>	<p>Amount of Each Receipt This Period 1,000.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Martyl Reinsdorf 40 East Elm Street Chicago, Illinois 60610</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date &gt; \$ CONTINUED</p>	<p>Date (month, day, year) 02/06/97</p>	<p>Amount of Each Receipt This Period 1,000.00</p>

**SUBTOTAL** of Receipts This Page (optional) ..... 5,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

Any information 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)  
THE COMMITTEE TO RE-ELECT MICHAEL PATRICK FLANAGAN

<p>A. Full Name, Mailing Address and ZIP Code Martyl Reinsdorf 40 East Elm Street Chicago, Illinois 60610</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date &gt; \$ 2,000.00</p>	<p>Date (month, day, year) 02/06/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Jeffrey Wolfson 440 S. La Salle Street Chicago, IL 60635</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Market Maker</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 01/09/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) ..... 1,500.00

TOTAL This Period (last page this line number only) ..... 14,250.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

**NAME OF COMMITTEE (In Full)**  
THE COMMITTEE TO RE-ELECT MICHAEL PATRICK FLANAGAN

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CITIZENS FOR JACK O'CONNOR 6112 W. 129th PL PALOS HTS. IL 60463		02/20/97	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	200.00
CITIZENS FOR JIM EDGAR P.O. BOX 1432 SPRINGFIELD, IL 62705		03/12/97	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00
CITIZENS TO ELECT JAMES RYAN 180 N. LASALLE. SUITE 2001 CHICAGO, IL 60610		01/10/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000.00
FRIENDS OF LEE DANIELS P.O. BOX 33 ELMHURST, IL 60126		01/10/97	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00
Porter for Congress P. O. Box 7126 Deerfield, IL 60015		02/20/97	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00
United Republican Fund of IL 100 W. Monroe St. Ste. 1600 Chicago, IL 60603-1906		06/27/97	450.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

**SUBTOTAL of Receipts This Page (optional)** ..... 3,150.00

**TOTAL This Period (last page this line number only)** ..... 3,150.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

**NAME OF COMMITTEE (In Full)**  
**THE COMMITTEE TO RE-ELECT MICHAEL PATRICK FLANAGAN**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American National Can PAC Cliffo 8770 West Bryn Mawr Avenue  Chicago, Illinois 60631-3542		01/10/97	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOCAL 150 PAC 6200 JOLIET ROAD  COUNTRYSIDE, IL 60525		01/10/97 01/10/97	500.00 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
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 (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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 (specify):	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 (specify):	Occupation	Aggregate Year-to-Date > \$	

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 17

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)

THE COMMITTEE TO RE-ELECT MICHAEL PATRICK FLANAGAN

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COPELCO CAPITAL 1 MAYNARD DRIVE PARK RIDGE, IL 17656	Furniture & Equipmen Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/19/97	1,214.37
B. Full Name, Mailing Address and ZIP Code Partners Management Harry Melnick P.O. Box 1125 Morton Grove, Illinois 60053	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/23/97	825.00
C. Full Name, Mailing Address and ZIP Code Ameritech 646 Chicago Road Chicago Heights, Illinois 60411	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/15/97	626.99
D. Full Name, Mailing Address and ZIP Code Commonwealth Edison 76 West Adams St. Chicago, Illinois 60603	Purpose of Disbursement Utilities Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/15/97	251.73
E. Full Name, Mailing Address and ZIP Code PARISI INSURANCE AGENCY 2519 SOUTH ARCHER AVE CHICAGO, IL 60608	Purpose of Disbursement VOLUNTEERS - FOOD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/09/97	412.00
F. Full Name, Mailing Address and ZIP Code BISMARCK ENT. AT UNITED CIR 690 N. LAKE SHORE DRIVE CHICAGO, IL 60611	Purpose of Disbursement Fundraising - Events Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/10/97	3,255.50
G. Full Name, Mailing Address and ZIP Code U.S. Post Master 433 West VanBuren Chicago, Illinois 60607	Purpose of Disbursement Fundraising - Postag Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/97 05/01/97	1,460.00 1,387.88
H. Full Name, Mailing Address and ZIP Code Research Strategy Management 9344 Llandham-Severn Road Landham, Maryland 20706	Purpose of Disbursement Media-Radio Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/30/97	12,000.00
I. Full Name, Mailing Address and ZIP Code SERAFIN & ASSOCIATES 325 W. HURON CHICAGO, IL 60610	Purpose of Disbursement Media Expenses-Other Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/97 02/19/97 03/07/97	1,000.00 1,000.00 1,000.00

SUBTOTAL of Disbursements This Page (optional)

24,433.47

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 2 OF 2  
FOR LINE NUMBER 17

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)**

THE COMMITTEE TO RE-ELECT MICHAEL PATRICK FLANAGAN

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SERAFIN & ASSOCIATES 325 W. HURON  CHICAGO, IL 60610	Media Expenses-Other Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/21/97	1,000.00
B. Full Name, Mailing Address and ZIP Code VICTORY DATA SYSTEMS 900 N. STATE STREET  LOCKPORT, IL 60441	Purpose of Disbursement Mailings Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/97	1,000.00
C. Full Name, Mailing Address and ZIP Code Internal Revenue Service  Kansas City, MO 64999	Purpose of Disbursement Payroll Taxes: FICA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/23/97 06/15/97	3,383.00 988.00
D. Full Name, Mailing Address and ZIP Code Illinois Dept. of Revenue P.O. Box 62794  Springfield, Illinois 62795	Purpose of Disbursement Withheld Payroll Tax Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/31/97 01/31/97	200.07 36.74
E. Full Name, Mailing Address and ZIP Code Unitemized Disbursements Under \$200.00	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		0.00
F. Full Name, Mailing Address and ZIP Code Unitemized Disbursements Under \$200.00	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		466.40
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)		
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)		
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)		

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

6,474.21

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

30,907.68

**LOANS**

Name of Committee (in Full) <b>COMMITTEE TO RE-ELECT MICHAEL PATRICK PLANAGAN</b>			
<b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b> MICHAEL P. FLANAGAN C/O DONALD J. GRIFFIN 350 N. LASALLE; CHICAGO, IL 60610 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Original Amount of Loan</b>  5,000	<b>Cumulative Payment To Date</b>  -0-	<b>Balance Outstanding at Close of This Period</b>  5,000
Terms: Date Incurred <u>3-8-96</u> Date Due <u>DEMAND</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured <u>NO</u>			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
<b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b>  Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
<b>SUBTOTALS This Period This Page (optional)</b> .....			5,000
<b>TOTALS This Period (last page in this line only)</b> .....			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

**LOANS**

Name of Committee (in Full) <b>COMMITTEE TO RE-ELECT MICHAEL PATRICK FLANAGAN</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>MICHAEL P. FLANAGAN C/O DONALD J. GRIFFIN 350 N. LASALLE: CHICAGO, IL 60610</b>	Original Amount of Loan <b>2,000</b>	Cumulative Payment To Date <b>-0-</b>	Balance Outstanding at Close of This Period <b>2,000</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>DEBT RETIREMENT</b>			
Terms: Date Incurred <b>4-30-97</b> Date Due <b>DEMAND</b> Interest Rate <b>0</b> % (apr) <input type="checkbox"/> Secured <b>NO</b>			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) _____			<b>2,000</b>
TOTALS This Period (last page in this line only) _____			<b>7,000</b>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

Name of Contributor (in Full)			
Committee To Re-Elect Michael Patrick Flanagan			
A. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Balance Outstanding at Close of This Period
Bill Thomas Campaign Committee P.O. Box 195 Bakersfield, CA 93302		1000.00	-0-
<input type="checkbox"/> Elector <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General    Other (specify) _____ Term(s) _____ Date Incurred <u>2-24-85</u> Date Due _____    Interest Rate <u>0</u> % (per) _____		Secured <input type="checkbox"/> No <input checked="" type="checkbox"/>	
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
TERMS AND CONDITIONS OF THIS LOAN PROVIDE THAT IF MICHAEL P. FLANAGAN IS NOT RE-ELECTED THEN THE ORIGINAL AMOUNT OF THIS LOAN SHALL BE FORGIVEN.		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Balance Outstanding at Close of This Period
<input type="checkbox"/> Elector <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Term(s) _____ Date Incurred _____    Date Due _____    Interest Rate _____ % (per) _____		Secured <input type="checkbox"/>	
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (omit page in this line only)			
Carry outstanding balance only to LINE C, Schedule D, for this line. Do not duplicate D, carry forward to appropriate line of Summary.			

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

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Committee To Re-Elect Michael Patrick Flanagan				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Commonwealth Edison Chicago, IL 60668	252	-0-	252	-0-
Nature of Debt (Purpose): Electric Utility				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Minolta Business Systems P.O. Box 910679 Dallas, TX 75391	955			955
Nature of Debt (Purpose): Copier Supplies & Repairs				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Copelco Capital 1 Maynard Drive Park Ridge, NJ 17656	1,560	-0-	1,560	-0-
Nature of Debt (Purpose): Equipment Lease				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
O'Hare Hilton 228 S. Wabash Chicago, IL 60604	643			643
Nature of Debt (Purpose): Fundraising Event				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Ken Smith Congressional Printer 4333 Charles Crossing White Plains, MD 20695	1,730			1,730
Nature of Debt (Purpose): Printing				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
INTERNAL REVENUE SERVICE & Columbia Nat'l Bk-IRS 4200 N. Cicero Ave Chicago, IL 60641	1,850	1,921	3,771	-0-
Nature of Debt (Purpose): Withheld Payroll Tax				
1) SUBTOTALS This Period This Page (optional)				3,328
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Committee To Re-Elect Michael Patrick Flanagan				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Donald J. Griffin 350 N. LaSalle Street Chicago, IL 60610	2,500			2,500
Nature of Debt (Purpose): Professional Fees Accounting				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Research Strategy Management 9344 Landhna-Severn Road Landham, Maryland 20706	43,313		31,313 12,000	-0-
(SEE DEBT SETTLEMENT PLAN, FEC FORM 8)				
Nature of Debt (Purpose): Consultants				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Serafin & Associates 325 W. Huron Chicago, IL 60610	20,000	-0-	4,000	16,000
Nature of Debt (Purpose): Consultants				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Victory Data Systems 900 N. State Street Lockport, IL 60441	5,100		1,000	4,100
Nature of Debt (Purpose): Printing				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Michael Graham 1009 Beaufort Columbia, SC 29201	769			769
Nature of Debt (Purpose): Travel Reimbursement				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Ameritech P.O. Box 4520 Carol Stream, IL 60197	1,710		1,710	-0-
Nature of Debt (Purpose): Telephone				
1) SUBTOTALS This Period This Page (optional)				23,369
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Page 3 of 3 for 1984  
LINE NUMBER 10  
(Use separate schedules for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Committee To Re-Elect Michael Patrick Flanagan				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Partners Management P.O. Box 1125 Morton Grove, IL 60053	825		825	-0-
Nature of Debt (Purpose): Rent				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Sir Speeding Printing 4209 N. Milwaukee Chicago, IL 60641	180		180	-0-
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Creative Copy 732 N. LaSalle St. Chicago, IL 60610		5,961		5,961
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				5,961
2) TOTALS This Period (last page in this line only)				32,657
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				77,000
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				45,618