

Russell J Pass
440 North Wabash #2606
Chicago, Illinois 60611

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

(312) 464-9396

SEP 3 12 23 PM '97

August 21, 1997

Mr. Ken Davis
Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E. Street NW
Washington, DC 20463

Re: The City Political Action Committee (CityPAC)
FEC Identification Number C00187526

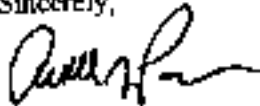
Dear Mr. Davis:

Enclosed are the original and one copy of CityPAC's semi-annual FEC report covering the period January 1, 1997 through July 31, 1997. I apologize for the tardiness of this report. The issues responsible for the its tardiness have been dealt with, and subsequent reports will be on time.

Please let me know if you have any questions about this report.

Thank you very much for your assistance.

Sincerely,



Russell J. Pass
Acting Treasurer

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

SEP 3 12 23 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) City Political Action Committee (CityPAC)		2. FEC IDENTIFICATION NUMBER CO187526
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported 440 North Wabash # 2606		
CITY, STATE and ZIP CODE Chicago, Illinois 60611		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

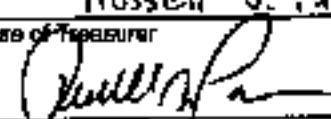
4. TYPE OF REPORT

- (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
- 12-Day Pre-Election Report for the _____ (Type of Election)
 election on _____ in the State of _____
- 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>Jan 1, 1997</u> through <u>June 30, 1997</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 35,103.54
(b) Cash on Hand at Beginning of Reporting Period	\$ 35,103.54	
(c) Total Receipts (from Line 19)	\$ 11,579.94	\$ 11,579.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 46,683.48	\$ 46,683.48
7. Total Disbursements (from Line 30)	\$ 24,945.59	\$ 24,945.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 21,737.89	\$ 21,737.89
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 800 E Street, NW Washington, DC 20463 Toll Free 800-424-8530 Local 202-219-3420
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 Russell J. Pass	Date 8/15/97
Signature of Treasurer 	

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

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FEC FORM 3X

(revised 9/93)

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

(revised 1/1/81)

NAME OF COMMITTEE <i>City Political Action Committee</i>		REPORT COVERING PERIOD FROM <i>Jan 1, 1997</i> TO <i>June 30, 1997</i>	
		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)		10,000.00	10,000.00
ii. Unitemized		1,397.75	1,397.75
iii. Total (add i and ii) >		11,397.75	11,397.75
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		11,397.75	11,397.75
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		182.19	182.19
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		11,579.94	11,579.94
20. Total Federal Receipts (subtract line 18 from line 19) >		11,579.94	11,579.94
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		20,945.59	20,945.59
c. Total Operating Expenditures (add a i, a ii, and b) >		20,945.59	20,945.59
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		4000.00	4000.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >		0	0
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		24,945.59	24,945.59
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		24,945.59	24,945.59
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		11,397.75	11,397.75
33. Total Contribution Refunds (from line 28d)		0	0
34. Net Contributions (other than loans) (subtract line 33 from line 32)		11,397.75	11,397.75
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		20,945.59	20,945.59
36. Offsets to Operating Expenditures (from line 15)		0	0
37. Net Operating Expenditures (subtract line 36 from line 35) >		20,945.59	20,945.59

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11-2-1

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)

City Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Abrams 350 W. Hubbard Suite 901 Chicago, IL 60610	L & R Realty	5/21/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Occupation: Real Estate Developer Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Howard W. Carroll 47 W. Polk Street Suite 300 Chicago, IL 60605	State of Illinois	5/21/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Occupation: State Senator Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Loleta Didrickson P.O. Box 2490 Springfield, IL 62705	State of Illinois	5/14/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Occupation: State Comptroller Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John and Amy Lowenstein 1355 N. Sheridan Rd Highland Park, IL 60035	Sportmart	5/12/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Occupation: Regional Manager Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jodi Bloch and Barry Malkin 21 East Goethe Apt C Chicago, IL 60611	self-employed	5/14/97	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Occupation: Real Estate Developer Aggregate Year-to-Date > \$ 1000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew and Diane Lippin 630 Lincoln Avenue Glencoe, IL 60022	Shuttland Properties	5/12/97	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Occupation: Real Estate Developer Aggregate Year-to-Date > \$ 1000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen and Karen Malkin 440 Lakeside Terrace Glencoe, IL 60022	self-employed	5/7/97	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Occupation: Investment advisor Aggregate Year-to-Date > \$ 1000.00		

SUBTOTAL of Receipts This Page (optional)

4000.00

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 3
FOR LINE NUMBER 11-2-1

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NAME OF COMMITTEE (in Full)

City Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judd D. Malkin 900 N. Michigan Ave. Chicago, IL 60611	JMB Realty	5/14/97	1000 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Occupation Real Estate Developer	Aggregate Year-to-Date > \$ 1000 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert and Mary Jane Asher 180 E. Pearson Street #4005 Chicago, IL 60611	Retired	5/15/97	1000 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Occupation	Aggregate Year-to-Date > \$ 1000 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee and Nancy Rosenberg 2053 N. Seminary Chicago, Illinois 60614	Rosenberg Capital	5/27/97	250 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Occupation Investor	Aggregate Year-to-Date > \$ 250 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Attshuler, Melvin and Glasser LLP 30 South Wacker Drive Suite 2600 Chicago, IL 60606	AMG Firm	5/23/97	250 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Occupation CPA	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
Citizens for Lauren Beth Gash PO Box 523 Deerfield, IL 60015	State of Illinois	5/1/97	250 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Occupation State Legislator	Aggregate Year-to-Date > \$ 250 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elliot and Laura Malk 2024-P N. Racine Ave. Chicago, IL 60614	Barack, Ferrazano	6/1/97	250 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Occupation Attorney	Aggregate Year-to-Date > \$ 250 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry G. Friedman 360 W. Wellington #9C Chicago, IL 60657	Self-employed	6/2/97	250 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Occupation Attorney	Aggregate Year-to-Date > \$ 250 -	

SUBTOTAL of Receipts This Page (optional)

3250 -

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
City Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David A. Sherman 2600 N. Southport Chicago, IL 60614	Perfect World Technologies CEO	5/16/97	250-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Aggregate Year-to-Date > \$ 250-		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Andrew and Laurie Hochberg 77 S. Deere Park Highland Park, IL 60035	Spartan CEO	5/16/97	1000-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Aggregate Year-to-Date > \$ 1000-		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Wein 1550 W. Carroll Ave. Chicago, IL 60607	Bensus Watch Co Executive	5/16/97	250-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Aggregate Year-to-Date > \$ 250-		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steve Shuffey and Timna Cohen 839 Sumac Highland Park, IL 60035	Allstate Attorney	4/28/97	250-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	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
Robert Schuckman 400 E. Ohio Street Chicago, IL 60611	American Dietetic Association Attorney	5/17/97	250-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Aggregate Year-to-Date > \$ 250-		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian and Melanie Hoffman 425 Huali Rd 18 Northbrook, IL 60062	Red Seal Residential Home Builder	5/19/97	500-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	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
Alex and Andrea Solow 5507 S Kimbark Ave. Chicago, IL 60637	Goldberg Kohn Attorney	5/19/97	250-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): contribution	Aggregate Year-to-Date > \$ 250-		

2750-

SUBTOTAL of Receipts This Page (optional)

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 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

City Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bank Leumi 100 N. LaSalle Chicago, IL 60602	Acct # 3004-24300	1/31/97	37.97
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		2/28/97	33.68
<input checked="" type="checkbox"/> Other (specify): Interest		5/31/97	74.39
		6/30/97	16.18
Aggregate Year-to-Date >		\$ 192.19	
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 (specify):		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 (specify):		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):		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):		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):		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):		Aggregate Year-to-Date >	\$

SUBTOTAL of Receipts This Page (optional)

182.19

TOTAL This Period (last page this line number only)

182.19

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 216

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NAME OF COMMITTEE (in Full)

City Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Russell Pass 440 N. Wabash #2606 Chicago, IL 60611	Reimbursement for paying telephone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	1/22/97	359.24
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Direct Mail Source 7855 Gross Point Rd Stoke, IL 60077	Postage & mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	1/23/97 2/21/97 5/12/97	311.49 441.96 479.18
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
11	Postage & mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	5/12/97	293.13
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Melanie Delianides 909 W. Newport Ave Chicago, IL 60657	Event Planning Consultn Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	3/27/97 4/17/97 4/17/97	2000.00 2000.00 19.25
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
11	Event Planning Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	5/29/97 6/9/97 6/26/97	68.90 2500.00 53.84
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mite Printing 180 W. Washington Chicago, IL 60602	Printing for event invitations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	4/9/97	171.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lincoln Park Zoological Society 2200 N. Cannon Drive Chicago, IL 60614	Site rental for event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	4/9/97	750.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
East Bank Club 500 N. Kingsbury Chicago, IL 60610	Food and room for event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) contribution	4/17/97 5/14/97	300.00 132.92
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cafe Braver 2021 N. Stockton Chicago, IL 60614	Site rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	5/29/97	1955.41

SUBTOTAL of Disbursements This Page (optional)

11,936.35

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 215

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NAME OF COMMITTEE (In Full)

City Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suprossa 210 E. Ohio Chicago, IL 60611	Food & site for event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	2/9/97	488.76
B. Full Name, Mailing Address and ZIP Code Sandra Lohn 240 Old Post Road Northbrook, IL 60062	Purpose of Disbursement Staff salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	2/17/97	332.30
C. Full Name, Mailing Address and ZIP Code Confidential Koster Caterers 6209 Park Avenue Morton Grove, IL	Purpose of Disbursement Food and beverage for event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	5/29/97 6/4/97 6/9/97	Amount of Each Disbursement This Period 1000.00 4000.00 1325.00
D. Full Name, Mailing Address and ZIP Code Tanner Productions 706 N. Dearborn Chicago, IL 60610	Purpose of Disbursement Entertainment at event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	6/4/97	250.00
E. Full Name, Mailing Address and ZIP Code JMB Insurance Agency 900 N. Michigan #1700 Chicago, IL 60611	Purpose of Disbursement Insurance Premium Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	6/5/97	206.00
F. Full Name, Mailing Address and ZIP Code Bridgewater Sound 15951 Halsted Harvey, Illinois	Purpose of Disbursement Sound equipment for event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	6/9/97	480.00
G. Full Name, Mailing Address and ZIP Code Internal Revenue Service Kansas City, Mo.	Purpose of Disbursement Deposit of withholding for staff Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	3/4/97 3/28/97 3/28/97	Amount of Each Disbursement This Period 500.00 183.23 34.11
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)

8799.60

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 3 OF 13
FOR LINE NUMBER 216

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NAME OF COMMITTEE (in Full)

City Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Distributions of less than \$200	A variety of expense	1/31/97	56.00
		2/14/97	73.32
		3/28/97	16.48
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>expense</i>			
B. Full Name, Mailing Address and ZIP Code	Misc expenses	5/15/97	2.13
		5/17/97	14.46
		6/19/97	104.00
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>expense</i>			
C. Full Name, Mailing Address and ZIP Code	Misc expenses	6/24/97	38.50
		6/28/97	10.75
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>expense</i>			
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 (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 <input type="checkbox"/> 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 <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional)

309.64

TOTAL This Period (last page this line number only)

20,945.59

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

City Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Daniel Inouye (DKIM 98) 841 Bishop St Suite 1601 Honolulu, Hawaii 96813-3916	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/97	1000-
B. Full Name, Mailing Address and ZIP Code Gutierrez for Congress 2300 W. Wabansia Unit 334 Chicago, IL 60647	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/97	2000-
C. Full Name, Mailing Address and ZIP Code Berkeley for Congress Las Vegas, Nevada c/o DCCC 430 S. Capitol St SE 2nd Floor Washington, DC 20003	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/97	1000-
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)

4000-

TOTAL This Period (last page this line number only)

