

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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C00254581 102700
RAUL VEGA
GUTIERREZ FOR CONGRESS
2750 NORTH ASHLAND AVENUE
C/O RAUL VEGA
CHICAGO IL 60614

2. FEC IDENTIFICATION NUMBER
C00254581
8. 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
 October 15 Quarterly Report 30-Day Post-Election Report following the General Election
on 11-7-00 in the State of Illinois
 January 31 Year End Report Termination Report
 July 31 Mid-Year Report (Non-election Year Only)

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

SUMMARY

6. Covering Period <u>10-19-00</u> through <u>11-27-00</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
8. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$ 82,425.00	\$ 192,295.00
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 8(b) from 8(a))	\$ 82,425.00	\$ 192,295.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$ 12,069.32	\$ 131,380.68
(b) Total Offsets to Operating Expenditures (from Line 14)		104.58
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$ 12,069.32	\$ 131,276.07
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$344,708.23	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20483
Toll Free 800-424-6630
Local 202-694-1100

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

Type or Print Name of Treasurer: Raul Vega
Signature of Treasurer: *Raul Vega*
Date: 12-04-00

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period	
Cuttierrez for Congress	From: 10-19-00	To: 11-27-00
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) -----	31,800.00	
(ii) Unitemized -----	4,375.00	
(iii) Total of contributions from individuals -----	36,175.00	81,695.00
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----	46,250.00	110,600.00
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	82,425.00	192,295.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		104.58
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----		9,980.36
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	82,425.00	202,379.94
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES		
itemized: \$11,220.63		
not itemized: \$ 848.69	12,069.32	131,380.68
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----	2,000.00	133,067.68
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	14,069.32	264,448.36
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----		\$ 276,352.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----		\$ 82,425.00
25. SUBTOTAL (add Line 23 and Line 24) -----		\$ 358,777.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----		\$ 14,069.32
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----		\$ 344,708.23

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions From Individuals/Persons

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

PAGE 1 OF 7

FOR LINE NUMBER
 11 (a) (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)

Gutierrez For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas J. Klutanick 900 N. Michigan Ave., Suite 2050 Chicago, IL. 60611	Self Employed	10-24-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		Aggregate Year-to-Date > \$
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph F. Oshinski 3107 N. Honore Chicago, IL. 60657	Wooten Construction	10-24-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager		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
Marc Susman 3916 N. Lowell Chicago, IL. 60641	Wooten Construction	10-24-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager		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
Fintan P. McCarthy 1845 W. Armitage Chicago, IL. 60622	Self-employed	10-24-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Developer		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
Jacqueline J. Dunbar P.O. Box 514 Willow Spring, IL. 60480	Wooten Construction	10-24-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Office Manager		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
Jose E. Lopez 2112 W. Thomas Chicago, IL. 60622	Puerto Rican Cultural Center	10-24-00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director		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
Suzanne Lambert 3950 W. Bryn Mawr #510 Chicago, IL. 60659	St. Elizabeth Hospital	10-24-00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

\$5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions From Individual/Persons

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

PAGE 2 OF 7
 FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full)

Gutierrez For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julian E. Kulas 2329 N. Chicago Ave. Chicago, IL. 60622	Self-Employed	10-24-00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin D. Winefield 1353 N. Bell Ave. Apt Chicago, IL. 60622	Self-Employed	10-24-00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real-estate broker	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
Richard Divito 4710 N. Ozanan Norridge, IL. 60656	Self Employed	10-24-00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real-estate Broker	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
Bohdan Watral 207 N. Home Ave. Park Ridge, IL. 60068	Reliance Credit Union	10-19-00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	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
Hector Gonzalez 2635 N. Talman Chicago, IL. 60647	MOTOROLA	10-19-00	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Electrical Engineer	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
Ed Burke 2650 W. 51st Chicago, IL. 60632	City OF Chicago	10-19-00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Alderman	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
Juan Candelaria 5261 W. Harrison Chicago, IL. 60644	City Lights, LTD	101900:	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$3,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions From Individual/Persons

Use separate schedule(s)
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 Detailed Summary Page

PAGE 3 OF 7
 FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)
 Gutierrez For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Burke 310 S. Humphrey Oak Park, IL. 60302	Chicago Community Dev.	10-19-00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann Nathan 680 N. Lakeshore Drive Chicago, IL. 60611	Homemaker	10-19-00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	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
Walter Nathan 680 N. Lakeshore Drive Chicago, IL. 60611	Self-Employed	10-19-00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Developer	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
Melody Hobson 1200 N. Lakeshore Drive Chicago, IL. 60610	Ariel Capital Mngt. INC.	10-19-00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
Elizabeth A. Cicchelli 1910 West North Avenue, Apt. 300 Chicago, IL. 60622	Francis Parker School	10-19-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Counselor	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
William Harris Smith 400 West Huron Street Chicago, IL. 60610	Smithfield Properties	10-19-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
Luis Puig Sr. 1414 West Willow Street Chicago, IL. 60622	A.L.L. Masonry Construction Co. Inc.	10-19-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Contractor	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions From Individual / Persons

Use separate schedule(s)
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Detailed Summary Page

PAGE 4 OF 7

FOR LINE NUMBER
11(a) (i)

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NAME OF COMMITTEE (In Full)

Gutierrez For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Luis Puig, Jr. 1881 N. Winnebago Chicago, IL. 60647	A.L.L. Masonry construc.	10-19-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward Gomez 426 W. Pershing Chicago, IL. 60609	Self-Employed	10-19-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Development	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
William Senne 1739 N. Hoyne Chicago, IL. 60647	Property Consultants	10-19-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
Hipoloti Roldan 244 East Avenue Oak Park, IL. 60302	Hispanic Housing	10-19-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	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
Oswaldo Lopez 107 W. Delaware Place Chicago, IL. 60610	Self Employed	10-19-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
Marla J. Boender 5 South Cove South Barrington, IL. 60010	Homemaker	10-19-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	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
Calvin Boender 5 South Cove South Barrington, IL. 60010	Historic Homes	10-19-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$7,000.00

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

PAGE 5 OF 7
FOR LINE NUMBER 11 (a) (i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (in Full)
Gutierrez For congress

<p>A. Full Name, Mailing Address and ZIP Code Roberto Herencia 3311 Winchester Ln. Glenview, IL. 60025</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Banco Popular</p> <p>Occupation Banker</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10-19-00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Tommy Perez 1636 N. Western Chicago, IL. 60647</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 Businessman</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10-19-00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Michael F. DeSantiago 6852 N. Concord Chicago, IL. 60714</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Primera Engineers</p> <p>Occupation Engineer</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10-19-00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Lawrence Mansfield 5439 N. Kenmore Ave. Chicago, IL. 60640</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 Real Estate Developer</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10-19-00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Robert Buono 1910 W. North Avenue Chicago, IL. 60622</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Smithfield</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10-19-00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Thaddeus Wong 2115 W. Charleston Chicago, IL. 60618</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer @Properties</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10-19-00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Thomas P. Coffey 54 W. Hubbard St. Chicago, IL. 60610</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Haymarket Group</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10-19-00</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts This Page (optional)

\$6,500.00

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 6 OF 7
FOR LINE NUMBER 11 (a) (i)

Contributions From Individuals/Persons

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NAME OF COMMITTEE (in Full)
Gutierrez For Congress

<p>A. Full Name, Mailing Address and ZIP Code Sara C. Star 2102 N. Kenmore 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 Self Employed</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 11-01-00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code A. Steven Crown 222 N. LaSalle St. Chicago, IL. 60601</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Henry Crown & Co.</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 11-01-00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Rolando Acosta 10 S. Wacker Drive 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 Alzheimer & Gray</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 11-01-00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Norman R. Dahl 4225 Saratoga Ave. Downers Grove, IL. 60515</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Norwegian Health Systems</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 11-03-00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Barbara Levy Kipper 1200 N. North Branch St. Chicago, IL. 60622</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Chas Levy Company</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 11-03-00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Ernest Ojeda 1435 W. Flournoy Chicago, IL. 60622</p> <p>Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer McDonald's Restaurant</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 11-14-00</p>	<p>Amount of Each Receipt this Period \$500.00 For 2002 Primary</p>
<p>G. Full Name, Mailing Address and ZIP Code Beverly Ojeda 1435 W. Flournoy Chicago, IL. 60622</p> <p>Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer McDonald's Restaurant</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 11-14-00</p>	<p>Amount of Each Receipt this Period \$500.00 For 2002 Primary</p>

SUBTOTAL of Receipts This Page (optional)

\$4,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals/Persons

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

PAGE 7 OF 7

FOR LINE NUMBER 11 (a) (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)
Gutierrez For Congress

A. Full Name, Mailing Address and ZIP Code Betty R. Lizzadro 712 Woodland Hinsdale, IL. 60521	Name of Employer Homemaker	Date (month, day, year) 11-06-00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Homemaker Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
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)
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)
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)
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)
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)	\$1,000.00
TOTAL This Period (last page this line number only)	\$31,800.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4

FOR LINE NUMBER 11 (c)

Contributions From Other Political Committees (PACS)

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)

Gutierrez For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carpenter's Legislative Improvement 101 constitution Ave, NW Washington, D.C. 20001	Committee	10-19-00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code transport Worker's Union PAC 80 West End Ave. New York, NY 10023		10-19-00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code American Chiropractic Association PAC 1701 Clarendon Blvd. Arlington, VA 22209		10-24-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code COPE US Division 1313 L Street NW Washington, DC 20005		10-24-00	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code I.A.M.B. Fed PAC 350 W. 22nd St. Ste. 104 Lombard, IL 60148		10-24-00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code LPS PAC 44 GlenLake Parkway N.E. Atlanta, GA 30328		10-24-00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code Peoples Energy Federal PAC 130 E. Randolph Chicago, IL 60611		10-19-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) **\$9,750.00**

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 11 (c)

Contributions From Other Political Committees (PACS)

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)

Gutierrez For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Washington Mutual PAC 1201 Third Avenue Seattle, WA 98101		10-19-00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Oral & Maxillofacial Surgery Political Action Committee 9700 W. Bryn Mawr Ave. Rosemont, ILL 60018		10-19-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
AFSCME 1625 L Street, NW Washington, D.C. 20036		10-19-00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
Chicago & Central States Unite - PEO 333 South Ashland Avenue Chicago, ILL 60607		10-19-00 11-03-00	\$2,500.00 \$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
American National Can Company Employee's Good Government Committee 8770 W. Bryn Mawr Ave. Chicago, IL 60631		10-19-00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
Ophthalmic American Academy of Ophthalmology Political Committee 1101 Vermont Ave., N.W., Suite 700 Washington, D.C. 20005-3570		11-01-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
Independent Bankers Political Action Committee One Thomas Circle, N.W. Suite 400 Washington, D.C. 20005		11-01-00	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$15,500.00

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 11 (c)

Contributions From Other Political Committee (PAC'S)

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)

Gutierrez For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Machinists Non-Partisan Political League 9000 Machinist PL. Upper Marlboro, MD. 20772		11-01-00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code Pass PAC 1150 17th Street, N.W. Suite 702 Washington, D.C. 20036		11-03-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code REALTORS POLITICAL ACTION COMMITTEE 430 N. Michigan Ave. Chicago, IL. 60611		11-03-00	\$3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code United Food & Commercial Workers International union 1775 K Street, N.W. Washington, DC 20006		11-06-00	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code Bank One Corporation PAC 1 Bank One Plaza Chicago, IL 60670		11-06-00	\$3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code The H & R Block PAC 4410 Main Kansas City, MO. 64111		11-07-00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code International Union Of Electronic, Electrical, Machine & Furniture Workers Committee On Political Education 1126 16th Street N.W. Wash. D.C. 20036		11-06-00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$16,000.00

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

PAGE 4 OF 4
FOR LINE NUMBER 11 (c)

Contributions From Other Political Committees (PAC)

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NAME OF COMMITTEE (in Full)
Gutierrez For Congress

A. Full Name, Mailing Address and ZIP Code United Steel Workers Of America Political Action Fund 5 Gateway Center Pittsburgh, PA. 15222	Name of Employer Political Action Fund Occupation	Date (month, day, year) 11-06-00	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	

SUBTOTAL of Receipts This Page (optional)

\$5,000.00

TOTAL This Period (last page this line number only)

\$46,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 17

Operating Expenditures

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)
Gutierrez For Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Girls c/o Congresswoman Grace Nepalata Rayburn House Office Building Washington, D.C. 20515	Purchase of Campaign Buttons Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-00	\$360.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lori Baas 2300 W. Wabansia Chicago, IL. 60647	Fee for fundraising services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-01-00	\$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lori Baas 2300 W. Wabansia Chicago, IL. 60647	Fundraiser's Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-14-00 11-27-00	\$602.60 \$231.37
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TWA Airline Coral Gables, Florida	Travel exp. for Latino leadership in Puerto Rico Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-15-00	\$1,131.60
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depott 2928 N. Ashland Chicago, IL 60657	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-03-00 11-27-00	\$235.23 \$196.78
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Yellow Cab Management INC. 1730 S. Indiana Ave. Chicago, IL. 60616	Cabfare coupons for candidate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-14-00	\$500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Maggiano's Little Italy 516 N. Clark Chicago, IL. 60610	Food & drinks for 10-18-00 fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-27-00	\$5,064.07
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hunan Dynasty Restaurant 215 Pennsylvania Ave. SE Washington D.C.	Dinner meeting re: amnesty w/Lorenzo & Coleman Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-27-00	\$327.70
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Container Store 908 W. North Ave. Chicago, IL. 60622	Purchase of Cabinet Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-27-00	\$215.33

\$9,364.68

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

FOR LINE NUMBER
17

Operating Expenditures

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)

Gutierrez For Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Staff dinner for farewell dinner for member.	Date (month, day, year)	Amount of Each Disbursement This Period
Lebanese Taverna 2641 Connecticut Ave NW Washington, DC 2008	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-27-00	\$355.95
B. Full Name, Mailing Address and ZIP Code Raul Vega 2759 N. Ashland Chicago, IL. 60614	Purpose of Disbursement fees for recordkeeping & reporting services	Date (month, day, year) 10-26-00	Amount of Each Disbursement This Period \$1,500.00
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)

\$1,855.95

TOTAL This Period (last page this line number only)

\$11,220.63

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

Other 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)

Gutierrez For Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lauren Beth Gash For Congress 1910 1st Street Highland Park, IL.	Contribution for candidate to Congress IL- 10th dist. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-00	\$1,000.00
Citizens For Sandoval 100 E. Erie Chicago, IL. 60611	Contributions for candidate for metro water reclamation dist. of Chicago Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-00	\$1,000.00
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 (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)

TOTAL This Period (last page this line number only)

\$2,000.00

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 (R/C) <i>12-7-20</i>
<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>JMD</i> PREPARER	<i>12-10-20</i> DATE PREPARED