

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 APR 17 P 3:54

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

00009035                      030800                      P

RAYMOND JILEK

KEMPER INSURANCE CAMPAIGN FUND

1 KEMPER DRIVE

LONG GROVE    IL 60047

2. FEC IDENTIFICATION NUMBER  
00009035

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

## 4. TYPE OF REPORT

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

### Monthly Report Due On:

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

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(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>01/01/00</u> through <u>03/31/00</u>		
6.	(a) Cash on Hand January 1, 2000		\$ 35,969.32
	(b) Cash on Hand at Beginning of Reporting Period	\$ 35,969.32	
	(c) Total Receipts (from Line 19)	\$ 7,190.18	\$ 7,190.98
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 43,159.50	\$ 43,159.50
7.	Total Disbursements (from Line 30)	\$ 11,000.00	\$ 11,000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 32,159.50	\$ 32,159.50
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)	\$ 0	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9630  
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  
Raymond J. Jilek

Signature of Treasurer  
*Raymond J. Jilek*

Date  
4-12-00

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

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# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Kenper Insurance Campaign Fund		REPORT COVERING PERIOD		
		FROM 01-01-00	TO: 03-31-00	
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	1,960.00	1,960.00	11(a)(i)
ii.	Unitemized	5,230.18	5,230.18	11(a)(ii)
iii.	Total (add i and ii) >	7,190.18	7,190.18	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a ii, b and c) >	7,190.18	7,190.18	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	7,190.18	7,190.18	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	7,190.18	7,190.18	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	11,000.00	11,000.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	11,000.00	11,000.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	11,000.00	11,000.00	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	7,190.18	7,190.18	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	7,190.18	7,190.18	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11(a)(i)

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

**NAME OF COMMITTEE (in Full)**

**Kemper Insurance Campaign Fund**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. R. Adrianssens 199 Crestview Way Yardley, PA 19067	Lumbermens Mutual Casualty Company (LMC) Occupation: VP-Kemper Employers	Monthly Payroll Deduction (MPD)	\$125 per month
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		\$250.00
B. Full Name, Mailing Address and ZIP Code J. K. Conway 6211 N. Knox Avenue Chicago, IL 60646	LMC Occupation: General Counsel	MPD	\$225 per month
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.00		\$450.00
C. Full Name, Mailing Address and ZIP Code M. F. Dineen 1300 Capitol Drive Arlington, VA 22202	LMC Occupation: Gov't. Relation Director	MPD	\$120 per month
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		\$240.00
D. Full Name, Mailing Address and ZIP Code M. R. Josephson 2916 Parkside Drive Highland Park, IL 60035	LMC Occupation: Senior VP-CFO	MPD	\$160 per month
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 320.00		\$320.00
E. Full Name, Mailing Address and ZIP Code D. B. Mathis 529 Briar Lane Lake Forest, IL 60045	LMC Occupation: Chairman, CEO	MPD	\$200 per month
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		\$400.00
F. Full Name, Mailing Address and ZIP Code J. E. Scott 2 Eastern Drive Lawrenceville, NJ 08648	LMC Occupation: Senior VP	MPD	\$150 per month
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		\$300.00
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 > \$		

\$ JB TOTAL of Receipts This Page (optional) .....

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

\$1,960.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Kemper Insurance Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DeWine for U.S. Senate P. O. Box 340188 Columbus, OH 43234-0188	Mike DeWine U.S. Senate-OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-01-00	\$500.00
Dooley for Congress 7176 N. Prospect Ave. Fresno, CA 93711	Cal Dooley U.S. House-CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-01-00	250.00
Friends of Dick Durbin Suite 200 101 West Grand Chicago, IL 60610	Dick Durbin U.S. Senate-IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-01-00	1,000.00
Friends of Phil Gramm Box 565087 Dallas, TX 75356	Phil Gramm U.S. Senate-TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-01-00	1,000.00
Roth Senate Committee Davis & Harman 1455 Pennsylvania Ave, NW Ste 1200 Washington DC	Bill Roth U.S. Senate-DE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-01-00	1,000.00
Volunteers for Shimkus P. O. Box 5458 Springfield, IL 62705-5458	John Shimkus U.S. House-IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-01-00	500.00
Ellen Tauscher for Congress 503 Capitol Court N.E. Suite 100 Washington, DC 20002	Ellen Tauscher U.S. House-CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-01-00	500.00
Mark Kirk for Congress 28 Green Bay Road Winnetka, IL 60093	Mark Kirk U.S. House-IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-01-00	500.00
Crane for Congress 23030 North Pine Street Granslake, IL 60030	Philip N. Crane U.S. House-IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-01-00	1,000.00

TOTAL of Disbursements This Page (optional)

\$6,250.00

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

Kemper Insurance Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-Elect Nancy L. Johnson to Congress 4451 Brookfield Corporate Dr., Ste 200 Chantilly, VA 20151	Nancy Johnson U.S. House-CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-01-00	\$750.00
B. Full Name, Mailing Address and ZIP Code Bradley for Congress 2203 Eastwood Drive, Suite B Bloomington, IL 61704	Bill Bradley U.S. House-IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-08-00	1,000.00
C. Full Name, Mailing Address and ZIP Code Dooley for Congress 44 Canal Center Plaza, Suite 400 Alexandria, VA 22314	Cal Dooley U.S. House-CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-26-00	500.00
D. Full Name, Mailing Address and ZIP Code Mark Baker for Congress Committee 2901 Lincoln Hill Quincy, IL 62301	Mark Baker U.S. House-IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-26-00	500.00
E. Full Name, Mailing Address and ZIP Code Nussle for Congress Committee P. O. Box 324 Manchester, IA 52057-0324	Jim Nussle U.S. House-IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-26-00	500.00
F. Full Name, Mailing Address and ZIP Code Condit for Congress Committee P. O. Box 1710 Modesto, CA 95353	Gary Condit U.S. House-Ca Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-26-00	500.00
G. Full Name, Mailing Address and ZIP Code Mike Rogers for Congress P. O. Box 581 Brighton, MI 48116	Mike Rogers U.S. House-MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-26-00	500.00
H. Full Name, Mailing Address and ZIP Code Andrews for Congress Committee P. O. Box 295 Oaklyn, NJ 08107	Rob Andrews U.S. House-NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-26-00	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

**NET TOTAL of Disbursements This Page (optional)** .....

\$4,750.00

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

\$11,000.00

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.

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Date of Receipt

Received from the Senate Office of Public Records

Date of Receipt

Other ( Specify):

Postmarked

and/or Date of Receipt

Electronic Filing

*YC*  
PREPARER

4-13-00  
DATE PREPARED