

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)

Sam Ewing for Congress Committee

ADDRESS (number and street) Check if different than previously reported.

503 N. Prospect Rd.

2. FEC IDENTIFICATION NUMBER 3: 03

C00350033

CITY, STATE and ZIP CODE

Bloomington, IL 61704

STATE/DISTRICT

IL 15

3. IS THIS REPORT AN AMENDMENT?

YES NO

4. TYPE OF REPORT

April 15 Quarterly Report

Twelfth day report preceding _____
(Type of Election)

July 15 Quarterly Report

election on _____ in the State of _____

October 15 Quarterly Report

Thirtieth day report following the General Election on

January 31 Year End Report

_____ in the State of _____

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

Termination Report

This report contains activity for

Primary Election

General Election

Special Election

Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>01/01/2000</u> through <u>03/01/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$48413.40	\$104852.11
(b) Total Contribution Refunds (From Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$48413.40	\$104852.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$49513.28	\$63638.65
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$49513.28	\$63638.65
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$41183.46	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$5517.18	

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

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

Type or Print Name of Treasurer

Michael B. Bozarth

Signature of Treasurer

Date

3-5-00

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

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FEC FORM 3
(Revised 4/87)

Detailed Summary Page
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) Sam Ewing for Congress Committee	Report Covering the Period: From: 01/01/2000 To: 03/01/2000	
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)	\$15818.00	
(ii) Unitemized	\$11594.10	
(iii) Total of contributions from Individual	\$27512.10	\$83008.12
(b) Political Party Committees	\$8151.30	\$15843.99
(c) Other Political Committees (such as PACs)	\$14750.00	\$26000.00
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	\$48413.40	\$104852.11
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$0.00	\$0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$48413.40	\$104852.11
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$49543.28	\$83638.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) Of All Other Loans	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$0.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$0.00	\$0.00
21. OTHER DISBURSEMENTS	\$30.00	\$30.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$49543.28	\$83638.65
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$42313.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$48413.40
25. SUBTOTAL (add Line 23 and Line 24)		\$90726.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$49543.28
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$41183.46

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code John Adney 12347 Lima Lane Reston, VA 20191-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Davis & Harman</p> <p>Occupation Attorney</p>	<p>Date (month, day, year) 02/17/2003</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Marjorie Albis P.O. Box 377 Newman, IL 61942-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Farmer</p>	<p>Date (month, day, year) 01/28/2006</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code George Baker 5312 Scarsdale Road Bethesda, MD 20816-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Williams & Jensen</p> <p>Occupation Attorney</p>	<p>Date (month, day, year) 02/17/2000</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Ephraim Batambuze 210 W. Water St. Pontiac, IL 61764-9711</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Prairie Cardiovascular</p> <p>Occupation Physician</p>	<p>Date (month, day, year) 01/06/2000</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Jock Braden P.O. Box 277 Watseka, IL 60970-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Farmer</p>	<p>Date (month, day, year) 02/23/2006</p> <p>Aggregate Year-to-Date -> \$350.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Ed Brookover 5537 Crossponte Drive Fairfax Station, VA 22039-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Bonner & Assoc.</p> <p>Occupation Vice President</p>	<p>Date (month, day, year) 02/17/2000</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Richard Burwash 3 Lake Park Drive Champaign, IL 61822-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Farmer</p>	<p>Date (month, day, year) 02/07/2006</p> <p>Aggregate Year-to-Date -> \$499.00</p>	<p>Amount of Each Receipt this Period \$249.00</p>

SUBTOTAL of Receipts This Page (optional)

\$2749.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code Dick Carey E Countryside Lane Pontiac, IL 61764-9661</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Chief Ready Mix</p> <p>Occupation VP & Manager</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 02/24/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Stacy Carey 4024 Oxford Street Annandale, VA 22003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer TSDA</p> <p>Occupation Gov't Affairs</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 02/17/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Koren Catawano 18046 Crystal Knoll San Antonio, TX 78258-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer NEISD</p> <p>Occupation Teaching Assistant</p> <p>Aggregate Year-to-Date -> \$300.00</p>	<p>Date (month, day, year) 02/23/200</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>D. Full Name, Mailing Address and Zip Code Jerome Conlon 2501 M Street, NW #707 Washington, DC 20001-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Chambers, Conlon & Hartwell</p> <p>Occupation Counsel</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 02/17/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code William Cooley P. O. Box 303 Brocton, IL 61917-0303</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Longview State Bank</p> <p>Occupation Banker</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 01/28/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Greg Crawford 14 Foothill Road Monticello, IL 61856-1005</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer C.F. & H Ins. Agency</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 01/20/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and Zip Code John Dangard 2349 Tracy Place N.W. Washington, DC 20008-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Futures Industry Assoc.</p> <p>Occupation Gov't Affairs</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 02/17/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional)

\$2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code Michael Dineen 1300 Crystal Drive, Apt. 607-S Arlington, VA 22202-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Kemper Insurance</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 02/17/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Lee Eichhorst 309 E. Leverett Rd. Champaign, IL 61821</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Farmer</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 01/06/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Winifred Peken R.R. #1, Box 90 Lexington, IL 61753-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Chuck's Harley Davidson, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 01/25/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Michael Flanagan 6149 N. Claremont Chicago, IL 60659-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Lobbyist</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 02/17/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Tom Frasca 1913 Woodfield Champaign, IL 61822-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Frasca Aviation</p> <p>Occupation Pilot</p> <p>Aggregate Year-to-Date -> \$400.00</p>	<p>Date (month, day, year) 02/24/200</p>	<p>Amount of Each Receipt this Period \$400.00</p>
<p>F. Full Name, Mailing Address and Zip Code Gary Grace 1002 Ross Drive Champaign, IL 61821-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Farmer</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 01/20/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Lorenz Hart 923 N. Barton Street Arlington, VA 22201-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Hartco Strategics</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 02/17/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2650.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 7
FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (in full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code Robin Rayea 437 Briarwood Place Concord, NC 28025- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer U.S. House Occupation congressman Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 02/03/200	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code William Hecht 2228 Aryness Drive Vienna, VA 22181- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Hecht, Spencer & Assoc. Occupation Gov't Affairs Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 02/17/200	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and Zip Code Richard Kohl 7301 Kent Road Alexandria, VA 22308- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self employed Occupation Lobbyist Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 02/17/200	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and Zip Code Roger Huddleston 1102 Beaver Creek Ln. P.O. Box 739 Mehoma, IL 61853-9425 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer R. Huddleston Homes Occupation owner Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 01/11/200	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and Zip Code J.D. Lynch 339 E. Mulberry St. P.O. Box 246 Watseka, IL 60970-1727 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Iroquois Paving Occupation CEO Aggregate Year-to-Date -> \$200.00	Date (month, day, year) 01/15/200	Amount of Each Receipt this Period \$200.00
F. Full Name, Mailing Address and Zip Code J.D. Lynch 339 E. Mulberry St. P.O. Box 246 Watseka, IL 60970-1727 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Iroquois Paving Occupation CEO Aggregate Year-to-Date -> \$235.00	Date (month, day, year) 02/24/200	Amount of Each Receipt this Period \$35.00
G. Full Name, Mailing Address and Zip Code Michael Lynch 100 S. Fourth St., Box 303 Watseka, IL 60970-1602 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self employed Occupation Insurance Broker Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 01/15/200	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)	\$2735.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7
FOR LINE NUMBER 11(a) (1)

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code John Milne 1529 Q St., NW Unit 3 Washington, DC 20009-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer 3M-MN Mining and Mfg.</p> <p>Occupation Gov't Affairs</p>	<p>Date (month, day, year) 02/17/200</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Donald Moorehead 9693 Arnot Chapel Rd. Great Falls, VA 22066-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Patton & Boggs</p> <p>Occupation Partner</p>	<p>Date (month, day, year) 02/17/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Arthur Murray 601 E. Jones Milford, IL 60953-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Citizens State Bank</p> <p>Occupation President</p>	<p>Date (month, day, year) 01/06/200</p> <p>Aggregate Year-to-Date -> \$300.00</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>D. Full Name, Mailing Address and Zip Code David Newberg R. R. #4, Box 330 Clinton, IL 61727</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Farmer</p>	<p>Date (month, day, year) 01/20/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Eric Nicoll 1804 N. Queens Lane Apt. 2C8 Arlington, VA 22201-3032</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer FMI</p> <p>Occupation Gov't Affairs</p>	<p>Date (month, day, year) 01/15/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code John Perring 700 Marlove Pontiac, IL 61764-2602</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation none</p>	<p>Date (month, day, year) 02/24/200</p> <p>Aggregate Year-to-Date -> \$350.00</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>G. Full Name, Mailing Address and Zip Code Penny Pullen 2604 W. Sibley Park Ridge, IL 60068-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation consultant</p>	<p>Date (month, day, year) 02/07/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts this page (optional)

\$1950.00

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

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code Craig Richardson 1610 Walden Drive Mc Lean, VA 22101-	Name of Employer Washington Strategies	Date (month, day, year) 02/17/200	Amount of Each Receipt this Period \$250.00
	Occupation Partner	Aggregate Year-to-Date -> \$250.00	
B. Full Name, Mailing Address and Zip Code Doug Richardson 721 North Danville Street Arlington, VA 22201-	Name of Employer Winston & Strawn	Date (month, day, year) 02/17/200	Amount of Each Receipt this Period \$250.00
	Occupation Legislative Advisor	Aggregate Year-to-Date -> \$250.00	
C. Full Name, Mailing Address and Zip Code Rodney Smith 8516 Culver Place Alexandria, VA 22308-	Name of Employer SBC Telecommunications	Date (month, day, year) 02/21/200	Amount of Each Receipt this Period \$250.00
	Occupation Gov't Affairs	Aggregate Year-to-Date -> \$250.00	
D. Full Name, Mailing Address and Zip Code Jack Snyder 202 W. Prospect Rd. Bloomington, IL 61704-3555	Name of Employer Snyder Real Estate	Date (month, day, year) 02/27/200	Amount of Each Receipt this Period \$350.00
	Occupation Owner	Aggregate Year-to-Date -> \$600.00	
E. Full Name, Mailing Address and Zip Code Thomas Stenzel 3611 Oval Drive Alexandria, VA 22305-	Name of Employer United Fresh Fruit & Vegetable	Date (month, day, year) 02/17/200	Amount of Each Receipt this Period \$250.00
	Occupation CEO	Aggregate Year-to-Date -> \$250.00	
F. Full Name, Mailing Address and Zip Code John Trainor R. R. #2, Box 44 Forrest, IL 61741	Name of Employer Self employed	Date (month, day, year) 01/26/200	Amount of Each Receipt this Period \$250.00
	Occupation Farmer	Aggregate Year-to-Date -> \$250.00	
G. Full Name, Mailing Address and Zip Code Robert Venable 1912 Kenneth Street Urbana, IL 61802	Name of Employer Self employed	Date (month, day, year) 01/08/200	Amount of Each Receipt this Period \$500.00
	Occupation Scan/tek	Aggregate Year-to-Date -> \$500.00	

SUBTOTAL of Receipts This Page (optional):

\$2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Related Sundry Page

PAGE 05

7 7

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)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code Joseph Weber 3183 Back Creek Road Gore, VA 22637-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer J. Arthur Weber & Assoc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 02/17/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Mary Whalen 312 - 8th St., S.E. Washington, DC 20003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Williams & Jensen</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 02/17/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Bill Williams 803 W. Michigan Ave. Urbana, IL 61801</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Print-ec Press</p> <p>Occupation OWNER</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 02/02/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Bill Williams 803 W. Michigan Ave. Urbana, IL 61801-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Erin-tec Press</p> <p>Occupation owner</p> <p>Aggregate Year-to-Date -> \$920.00</p>	<p>Date (month, day, year) 02/24/2000</p> <p>Printing</p>	<p>Amount of Each Receipt this Period \$670.00</p> <p>IN-KIND</p>
<p>E. Full Name, Mailing Address and Zip Code Diana Williams 803 W. Michigan Ave. Urbana, IL 61801-4843</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Interior design</p> <p>Aggregate Year-to-Date -> \$514.00</p>	<p>Date (month, day, year) 02/12/2000</p> <p>Postage</p>	<p>Amount of Each Receipt this Period \$264.00</p> <p>IN-KIND</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1684.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$15918.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the following Summary Page

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

NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code Citizens for Frovenzano 1387 Redeker Road Dec Plains, IL 60016-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 01/11/200</p> <p>01/24/200</p> <p>\$300.00</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>B. Full Name, Mailing Address and Zip Code Ehrlich for Congress Committee 1301 York Rd., Ste. 705 Lutherville Timonium, MD 21093-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 01/24/200</p> <p>\$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/29/200</p> <p>Utilities</p> <p>\$597.69</p>	<p>Amount of Each Receipt this Period \$5.00</p> <p>IN-KIND</p>
<p>D. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/29/200</p> <p>Utilities</p> <p>\$603.99</p>	<p>Amount of Each Receipt this Period \$6.30</p> <p>IN-KIND</p>
<p>E. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/29/200</p> <p>Signs</p> <p>\$888.99</p>	<p>Amount of Each Receipt this Period \$285.00</p> <p>IN-KIND</p>
<p>F. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/29/200</p> <p>Rent</p> <p>\$943.99</p>	<p>Amount of Each Receipt this Period \$55.00</p> <p>IN-KIND</p>
<p>G. Full Name, Mailing Address and Zip Code Friends of Don Sherwood 81 Warren Street Turkhamnock, PA 18657-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/18/200</p> <p>\$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2151.30</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11 (b)

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)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code Gutknecht for Congress P.O. Box 6428 Rochester, MN 55903-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/13/200</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Hutchinson for Senate P.O. Box 998 Rogers, AR 72757-0998</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/14/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Latham for Congress P.O. Box 174 Sioux City, IA 51102-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/13/200</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Latourrette for Congress P.O. Box 24567 Cleveland, OH 44124-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/22/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code William "Bill" Jenkins for Congress P.O. Box 640 Rogersville, TN 37857-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/18/200</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

\$4000.00

TOTAL This Period (last page this line number only)

\$6151.30

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code ADM PAC Mr. Martin Andreas P.O. Box 1470 Decatur, IL 62525-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/18/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and Zip Code AGPAC - Low Chemical PAC Indianapolis, IN 46268-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/22/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and Zip Code American Maritime Officers PAC 650 4th Avenue Brooklyn, NY 11232-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/17/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Attorneys' Title Guaranty Fund PAC Mr. Peter Birnbaum 2408 Windsor Place Champaign, IL 61820.</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 01/08/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Central Soya PAC 1300 Fort Wayne National Bank Bldg. Fort Wayne, IN 46802-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 01/20/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Crop Protection PAC Mr. Jay Vroom 1156 15th Street, N.W., Ste. 400 Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 01/15/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Lyer, Ellis & Joseph PAC Mr. Duncan Smith, III 600 New Hampshire Ave., NW, #1000 Washington, DC 20037-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 01/24/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional)

\$3000.00

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(c)

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code Eagle Forum PAC Ehyllis Schiafly P.O. Box 618 Alton, IL 62002-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Date (month, day, year) 02/26/200</p>	<p>Amount of Each Receipt this Period \$2000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Freedom Project PAC Hon. John Boehner 111 C Street, SE Washington, DC 20003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$5000.00</p>	<p>Date (month, day, year) 02/04/200</p>	<p>Amount of Each Receipt this Period \$5000.00</p>
<p>C. Full Name, Mailing Address and Zip Code New York Mercantile Exchange PAC 1 North End Avenue WorldFinancial Center New York, NY 10282-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 02/17/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Norfolk Southern Corporation PAC Mr. John Corcoran 1500 K St., NW, Ste. 375 Washington, DC 20006-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 02/17/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code PAC 96 P.O. Box 15080 Washington, DC 20003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 02/03/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Phillip Morris PAC 120 Park Avenue, 25th Floor New York, NY 10017-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 02/28/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Rain & Hail Insurance Society PAC 1501 50th Street, #200 West Des Moines, IA 50266-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 01/22/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional)	\$10250.00
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 3
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code RNC for Life PAC P.O. Box 616 Alton, IL 62002-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year) 02/26/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>Aggregate Year-to-Date -> \$1000.00</p>			
<p>B. Full Name, Mailing Address and Zip Code Western Peanut Growers PAC Mr. Doyle Fincher P.O. Box 252 Seminole, TX 79360-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year) 02/21/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Aggregate Year-to-Date -> \$500.00</p>			
<p>C. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1530.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$14750.00</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Advanced Phone Resources 8940 S. 700 East Sandy, UT 84070-	Consulting Services/Polling Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/18/200	\$500.00
Advanced Phone Resources 8940 S. 700 East Sandy, UT 84070-	Consulting Services/Polling Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/24/200	\$1000.00
Ameritech Cellular P.O. Box 6170 Carol Stream, IL 60197-	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$1219.33
Ameritech Cellular P.O. Box 6170 Carol Stream, IL 60197-	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$2349.10
Commerce Bank P.O. Box 68 Bloomington, IL 61704-	Bank Service Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/31/200	\$27.31
Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/200	\$55.00 IN KIND
Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-	Utilities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/200	\$6.30 IN KIND

SUBTOTAL of Disbursements This Page (optional)	\$5157.04
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 07
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FOR LINE NUMBER
17

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-	Utilities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/200	\$5.00 IN KIND
Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-	Signs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/200	\$285.00 IN KIND
GTE NORTH P.O. Box 320041 Dallas, TX 75392-	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/02/200	\$1203.25
Illinois Power P.O. Box 511 Decatur, IL 62525-	Utilities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/18/200	\$147.23
Ryan McLaughlin 2000 N. Linden St, H207 Normal, IL 61761-	Consulting Services/Fundraising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/09/200	\$500.00
Ryan McLaughlin 2000 N. Linden St, H207 Normal, IL 61761-	Consulting Services/Fundraising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/31/200	\$500.00
Office Depot 1700 College Avenue Normal, IL 61761-	Office equipment/furniture Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/09/200	\$85.79

SUBTOTAL of Disbursements This Page (optional)

\$2726.27

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 9
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot 1700 College Avenue Normal, IL 61761-	Office equipment/furniture Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/14/200	\$51.46
Office Depot 1700 College Avenue Normal, IL 61761-	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/24/200	\$85.79
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Consulting Services/Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/26/200	\$1000.00
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Consulting Services/Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/12/200	\$1000.00
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Consulting Services/Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$1000.00
Prairie Production Group 604 N. County Fair Drive Champaign, IL 61821-	Consulting Services/Media Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/18/200	\$214.95
Snyder Corporation 204 N. Prospect Rd. Bloomington, IL 61704-	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/18/200	\$1621.67

SUBTOTAL of Disbursements This Page (optional)	\$4973.87
TOTAL This Period (Last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedulers for each category of the Detailed Summary Page

PAGE 4 OF 9

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster Pontiac, IL 61764-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/24/200	\$382.67
U.S. Postmaster Bloomington, IL 61701-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/19/200	\$82.43
U.S. Postmaster Bloomington, IL 61701-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/26/200	\$100.00
U.S. Postmaster Bloomington, IL 61701-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/19/200	\$11.75
WBWN P.O. Box 8 Bloomington, IL 61702-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/04/200	\$1809.00
WBWN P.O. Box 8 Bloomington, IL 61702-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/25/200	\$402.00
WBWN P.O. Box 8 Bloomington, IL 61702-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/02/200	\$1966.00

SUBTOTAL of Disbursements This Page (optional)

\$1751.85

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category of line Detailed Summary Page

PAGE 5 OF 9
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WCZQ Rural Route, Box 105 Monticello, IL 61856-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$1000.00
W DAN 1501 Washington Ave. Danville, IL 61832-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$675.00
W DAN 1501 Washington Ave. Danville, IL 61832-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$1360.00
W DWS P.O. Box 3939 Champaign, IL 61820-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$1358.00
W DWS P.O. Box 3939 Champaign, IL 61820-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$1044.00
W GCY Box 192 Gibson City, IL 60936-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$405.00
W GCY Box 192 Gibson City, IL 60936-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$792.00

SUBTOTAL of Disbursements This Page (optional)	\$6634.00
TOTAL This Period (Last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 9
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WGFA Route 4, Box 100 Watseka, IL 60970-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$756.00
B. Full Name, Mailing Address and Zip Code WGFA Route 4, Box 100 Watseka, IL 60970-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$900.00
C. Full Name, Mailing Address and Zip Code WHOW R.R. 2, Box 17M Clinton, IL 61727-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$675.00
D. Full Name, Mailing Address and Zip Code WHPO Box 55 Eggenston, IL 60942-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$690.00
E. Full Name, Mailing Address and Zip Code WIAI P.O. Box 970 Danville, IL 61832-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$1500.00
F. Full Name, Mailing Address and Zip Code WIAI P.O. Box 970 Danville, IL 61832-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$675.00
G. Full Name, Mailing Address and Zip Code WTPY P.O. Box 142 Danville, IL 61834-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$650.00

SUBTOTAL of Disbursements This Page (optional)	\$5846.00
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

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WJBC P.O. Box 8 Bloomington, IL 61704	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/26/200	\$2157.00
WJBC P.O. Box 8 Bloomington, IL 61704-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$1899.00
WJEZ/WPCX 315 N. Mill Pontiac, IL 61764-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$576.00
WJEZ/WPCX 315 N. Mill Pontiac, IL 61764-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$1250.00
WKIC 504 S. Neil Street Champaign, IL 61820-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/21/200	\$535.00
WKIC 504 S. Neil Street Champaign, IL 61820-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/02/200	\$2320.00
WKIC 504 S. Neil Street Champaign, IL 61820-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$1575.00

SUBTOTAL of Disbursements This Page (optional)

\$10312.00

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 8 OF 9
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WERS Box 367 Paris, IL 61944-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$1400.00
B. Full Name, Mailing Address and Zip Code WEXN 361 N. Railroad Ave. Paxton, IL 60957-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$405.00
C. Full Name, Mailing Address and zip Code WEXN 361 N. Railroad Ave. Paxton, IL 60957-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$900.00
D. Full Name, Mailing Address and zip Code WVHC 407 N. Main St. Farmer City, IL 61842-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$975.00
E. Full Name, Mailing Address and zip Code George Walker 2118 Briarhill Rd. Champaign, IL 61822-	Consulting Services/Media Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/26/200	\$200.00
F. Full Name, mailing Address and Zip Code George Walker 2118 Briarhill Rd. Champaign, IL 61822-	Consulting Services/Media Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/24/200	\$300.00
G. Full Name, Mailing Address and Zip Code Bill Williams 803 W. Michigan Ave. Urbana, IL 61801-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/24/200	\$670.00 IN KIND

SUBTOTAL of Disbursements This Page (optional)

\$4850.00

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

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NAME OF COMMITTEE (In Full)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Diana Williams 803 W. Michigan Ave. Urbana, IL 61801-4843	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/12/200	\$264.00 IN KIND
B. Full Name, Mailing Address and Zip Code John Wilson 105 W. Lincoln Ave. Pontiac, IL 61764-1171	Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/25/200	\$3218.63
C. Full Name, Mailing Address and Zip Code John Wilson 105 W. Lincoln Ave. Pontiac, IL 61764-1171	Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/04/200	\$291.65
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):	/ /	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):	/ /	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):	/ /	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):	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$3774.48
TOTAL This Period (last page this line number only)	\$49025.51

DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedules for each numbered line)

NAME OF COMMITTEE (In Full) Sam Ewing for Congress Committee	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Full Name, Mailing Address and Zip Code Samuel Y. Ewing 101 Lawrence Avenue Normal, IL 61761-	\$1484.68			\$1484.68
Nature of Debt (Purpose) Office equipment/furniture				
Full Name, Mailing Address and Zip Code Samuel Y. Ewing 101 Lawrence Avenue Normal, IL 61761-	\$4032.50			\$4032.50
Nature of Debt (Purpose)				

1) SUBTOTAL This Period This Page (optional)	
2) TOTAL This Period (last page this line number only)	\$5517.18
3) TOTAL OUTSTANDING LOANS from schedule C (last page only)	
4) ADD 2 and 3 and carry forward to appropriate line of Summary Required Page only	\$5517.18

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 3-6-00
<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>Se1</i> PREPARER	3-13-00 DATE PREPARED