

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Committee to Elect Tom Cramer

ADDRESS (number and street) Check if different than previously reported.
157 S. Park Blvd.

CITY, STATE and ZIP CODE **Glen Ellyn IL 60137** STATE/DISTRICT **IL/6**

2. FEC IDENTIFICATION NUMBER **11-77-011-99**

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

July 15 Quarterly Report 30-Day Post-Election Report following the General Election on _____ in the State of _____

October 15 Quarterly Report Termination Report

January 31 Year End Report

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

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 1/1/99 through 6/30/99		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	16655	16655
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	16655	16655
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12433.32	12433.32
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	12433.32	12433.32
8. Cash on Hand at Close of Reporting Period (from Line 27)	6739.39	
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)	2000	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-5420

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 **Christopher Cramer** Date **7/31/99**

Signature of Treasurer

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

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
	From:	To:
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) Named (use Schedule A)	13,700	
(ii) Unitemized	2,955	
(iii) Total of contributions from individuals	16,655	16,655
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) The Candidate	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	16,655	16,655
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate	4000	4000
(b) All Other Loans	0	0
(c) TOTAL LOANS (add 13(a) and (b))	4000	4000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	0
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	20,655	20,655
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	12433.32	12433.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	7000	7000
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	7000	7000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0	0
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	14433.32	14433.32

(II. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	517.71	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	20655	
25. SUBTOTAL (add Line 23 and Line 24)	\$	21172.71	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	14433.32	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	6739.39	

LOANS

Name of Committee (in Full)

Committee to Elect Tom Cramer

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Tom Cramer 15755 Taylor Rd Glen Ellyn IL 60137	4000	2000	2000
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>5/31/99</u> Date Due <u>1/1/2020</u> Interest Rate <u>0</u> % (ap) <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (ap) <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	4000

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE B

ITEMIZED 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)
Committee to Elect Tom Cramer

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas Cramer 15755 Taylor Rd. Glendilyn IL 60137	Load Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/99	500
Thomas Cramer 15755 Taylor Rd. Glendilyn IL 60137	Loan Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/99	1500
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)	2000

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Committee to Elect Tom Cramer

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Max 1300 S. Main St. Lombard IL	Office supplies Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/99	65.78
Office Max 1300 S. Main St. Lombard IL	Office Supplies Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/99	62.20
Office Max 1300 S. Main St. Lombard IL	Office supplies Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/99	53.36
Christopher Cramer 15755 Taylor Rd. Glen Ellyn IL 60137	Salary Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/99	200.28
Postmaster 757 Dupage Blvd Glen Ellyn IL 60137	postage Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/99	6.60
Postmaster 757 Dupage Blvd. Glen Ellyn IL 60137	postage Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/22/99	66.00
Watson Xnet Information Systems 3080 Ogden Ave. Suite 303 Lisle IL 60532	Internet Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/99	96
Strategic Consulting 101 Ridge Ave. Evanston IL 60202	Consulting Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/99	1500
Computer Renaissance 2454 Finley Rd. Downers Grove IL	computer Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16/99	320.24

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 3
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Committee to Elect Tom Cramer

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 757 DuPage Blvd. Glen Ellyn IL 60137	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/27/99	53
B. Full Name, Mailing Address and ZIP Code Strategic Consulting 1101 Ridge Ave. Evanston IL 60202	consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/99	4000
C. Full Name, Mailing Address and ZIP Code Xnet Information Systems 3080 Ogden Ave Suite 303 Lisle IL 60532	internet service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/99	100
D. Full Name, Mailing Address and ZIP Code Strategic Consulting 1101 Ridge Ave. Evanston IL 60202	consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/99	1000
E. Full Name, Mailing Address and ZIP Code Thomas Cramer 15755 Taylor Rd. Glen Ellyn IL 60137	software Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/99	587.11
F. Full Name, Mailing Address and ZIP Code Thomas Cramer 15755 Taylor Rd. Glen Ellyn IL 60137	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/99	1600
G. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 4520 Carol Stream, IL 60197	phones Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16/99	216.55
H. Full Name, Mailing Address and ZIP Code Strategic Consulting 1101 Ridge Ave Evanston IL 60202	consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/99	1500
I. Full Name, Mailing Address and ZIP Code Office Depot 481 E Roosevelt Rd. Lombard IL	Zip drive Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/99	106.74

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 3 OF 3
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Committee to Elect Tom Crumer

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CompUSA 3000 Faley Rd. Downers Grove IL	Software Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/99	346.92
B. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 4520 Carol Stream IL 60197	Phones Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/99	572.54
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)

12453.22

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **7**
FOR LINE NUMBER **1121**

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NAME OF COMMITTEE (in Full)

Committee to Elect Tom Cramer

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Ferry 5042 Theall Rd. Rye, NY 10580 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation: Retired	06/04/1999	500
Aggregate Year-to-Date > \$ 500			
Lee Halprin 12 Prince St. #6 Cambridge, MA 02139 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Writer	06/04/1999	250
Aggregate Year-to-Date > \$ 250			
Linda Fitzgerald 32 Mary Elaine Dr. Hamilton, OH 45013 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation: Retired	06/30/1999	300
Aggregate Year-to-Date > \$ 300			
Ira Kurzban 2650 S.W. 27th Ave. Miami, FL 33133 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Kurzban & Kurzban et al Occupation: best efforts made	06/08/1999	250
Aggregate Year-to-Date > \$ 250			
June Mayer 12550 Lake Ave. #1401 Lakewood, OH 44107 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation: Retired	06/06/1999	250
Aggregate Year-to-Date > \$ 250			
Gillian Blake 715 S. FRW St. Madison, WI 53703 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	best efforts made Occupation: best efforts made	06/08/1999	250
Aggregate Year-to-Date > \$ 250			
John Marco 2426 Lincolnwood Dr. Evanston, IL 60201 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	best efforts made Occupation: Investment Consultant	06/12/1999	250
Aggregate Year-to-Date > \$ 250			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 7
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Committee to Elect Tom Cramer

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doris Reed 414 Crestwood Ct. Endwell, NY 13760	Retired	06/11/1999	350
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 350	
G. Brockway 63 Brevoort Rd. Chappaqua, NY 10514	Retired	06/11/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 250	
Steve Savron 2486 Bethany Lane Hinckley, OH 44233-9741	United States	06/01/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Congressman	Aggregate Year-to-Date > \$ 250	
Gilman Ordway 375 N. Fall Creek Road Wilson, WY 83014	Fish Creek Ranch	06/10/1999	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: best efforts made	Aggregate Year-to-Date > \$ 500	
Josephine Conlon 1026 S. Knight St. Park Ridge, IL 60068	best efforts made	06/15/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: best efforts made	Aggregate Year-to-Date > \$ 250	
Lucy Minor 326 Ravine Dr. Highland Park, IL 60035	best efforts made	05/27/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: best efforts made	Aggregate Year-to-Date > \$ 250	
Leo Harris 1113 Salanac St N Albuquerque, NM 87107	Retired	06/30/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional) _____

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **7**

FOR LINE NUMBER

11a

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NAME OF COMMITTEE (in Full)

Committee to Elect Tom Cramer

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eloise McAllister 1701 Cresthaven Dr. Austin, TX 78704	Investor	06/30/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor		
	Aggregate Year-to-Date > \$	250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Katharine Pierce 531 N. Broadway Nyack, NY 10960	best efforts made	06/30/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation best efforts made		
	Aggregate Year-to-Date > \$	250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nick Brown 3 Tulip Tree Ln Rumson, NJ 07760	Technolia Management	06/23/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant		
	Aggregate Year-to-Date > \$	250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tom Richard 214 W. Evergreen Wheaton, IL 60187	best efforts made	06/22/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation best efforts made		
	Aggregate Year-to-Date > \$	250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stefan Edlis 5333 North Elston Chicago, IL 60630	Apollo Plastics	06/29/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation best efforts made		
	Aggregate Year-to-Date > \$	250	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Helen Ladd 34 Avon St. Cambridge, MA 02138	Social Worker	06/29/1999	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Social Worker		
	Aggregate Year-to-Date > \$	500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Strider 44 Allendale St. #52 Jamaica, MA 02130	Retired	06/29/1999	300
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	300	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 7
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

Committee to Elect Tom Crancer

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe Wimberly P.O. Box 1507 Kingsport, TN 37662	Price & Ramey	06/29/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation best efforts made		
	Aggregate Year-to-Date > \$	250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helen Moksnes 18-35 Corporal Ken Bayside, NY 11360	Self Help Clearview	06/19/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation best efforts made		
	Aggregate Year-to-Date > \$	250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Ro Tully 9 Tallwoods Rd. Armonk, NY 10504	Retired	06/19/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Donnell 9468 N. Florence Rd. Pittsburg, PA 15237	Retired	06/21/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis Zeltner 4 Foxchase Rd. Malvern, PA 19355	Radnor Associates Ltd.	06/21/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation best efforts made		
	Aggregate Year-to-Date > \$	250	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mendel Kaliff 3510 Turtle Creek Dallas, TX 75219	Self	06/18/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Broker		
	Aggregate Year-to-Date > \$	250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ted Stanley 221 South St. Oxford, MD 21654	Retired	06/18/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	250	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7
FOR LINE NUMBER 11a?

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NAME OF COMMITTEE (in Full)

Committee to Elect Tara Cramer

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth Eddison 20 Nickerson Rd. Lexington, MA 02421-6822	Inmagic Inc. Occupation: Executive	05/26/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eugene Montgomery Ocean Club, Apt. 1012-1 Atlantic City, NJ 08401	Retired Occupation: Retired	06/01/1999	300
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kate Geller 212 S. Stanley Dr. Beverly Hills, CA 90211	self Occupation: Pathologist	06/02/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandra Eskin 1301 North Astor Street Chicago, IL 60610	none Occupation: Homemaker	06/04/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Celia Gilbert 15 Gray Gardens West Cambridge, MA 02138	self Occupation: Poet	06/03/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lois Zoller 3180 N. Lake Shore Dr. #5E Chicago, IL 60637	self Occupation: Investor	06/01/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allan Larson 7305 Avenida La Costa NE Albuquerque, NM 87109	Retired Occupation: Retired	05/28/1999	300
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 7
FOR LINE NUMBER 118

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NAME OF COMMITTEE (in Full)

Committee to Elect Tom Cramer

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Cone 15 College Rd. Princeton, NJ 08540	Retired	06/24/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
	Aggregate Year-to-Date > \$	250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vine Deloria 3170 Howell Rd. Golden, CO 80401	University of Colorado	06/24/1999	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Professor		
	Aggregate Year-to-Date > \$	500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin OSullivan 4 Bridle Path Dr. Old Westb, NY	best efforts made	06/24/1999	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: best efforts made		
	Aggregate Year-to-Date > \$	500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Olan Mills II 3076 Rivermont Rd. Chattanooga, TN 37422	Olan Mills	06/28/1999	1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: best efforts made		
	Aggregate Year-to-Date > \$	1000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Murdy 71 St John Pl New Ca, CT 06840	best efforts made	06/28/1999	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: best efforts made		
	Aggregate Year-to-Date > \$	250	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Sandifur 1224 W. Riverside Ave Spokane, WA 99201	Metropolitan Mfg	06/28/1999	400
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Finance		
	Aggregate Year-to-Date > \$	400	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anne Taft 38 Oakridge Bingham, NY 13903	Investor	06/28/1999	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investor		
	Aggregate Year-to-Date > \$	500	

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NAME OF COMMITTEE (In Full)

Committee to Elect Tom Crater

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chiao Jen Wang 1300 Army Navy Dr. Arlington, VA 22202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Int Corporation of Am Occupation: best efforts made Aggregate Year-to-Date > \$ 250	06/28/1999	250
Judith Avery 354 21st Place Santa Monica, CA 90402 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Private Investor Aggregate Year-to-Date > \$ 250	06/26/1999	250
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)


TOTAL This Period (last page this line number only)

13700

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 8/2/99
<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	
  PREPARER	 8/5/99 DATE PREPARED