

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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00000745 IL/09 102496 N
MARY ANDERSON BAIN
YATES FOR CONGRESS COMMITTEE
6017 WOODLEY ROAD
MCLEAN VA 22101

2. FEC IDENTIFICATION NUMBER
001333

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on 11/5/96 in the State of Illinois
- Termination Report

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
10/17/96 through 11/25/96		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$ 23,845.	\$ 161,123.
(b) Total Contribution Refunds (from Line 20(d))	-	-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$ 23,845.	\$ 161,123.
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$ 47,178.39	\$ 132,246.66
(b) Total Offsets to Operating Expenditures (from Line 14)	-	-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$ 47,178.39	\$ 132,246.66
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$ 21,877.67	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	-	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	-	

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
Mary Anderson Bain

Signature of Treasurer
Mary Anderson Bain

Date
12/2/96

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

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FEC FORM 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:		
YATES FOR CONGRESS COMMITTEE	From: 10/17/96	To: 11/25/96	
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			11(a)(i)
(i) Itemized (use Schedule A)	\$ 16,600.		11(a)(ii)
(ii) Unitemized	1,745.		11(a)(iii)
(ii) Total of contributions from individuals	\$ 18,345.	\$142,923.	
(b) Political Party Committees	-	-	11(b)
(c) Other Political Committees (such as PACs)	\$ 5,500.	18,200.	11(c)
(d) The Candidate	-	-	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(ii), (b), (c) and (d))	\$ 23,845.	\$161,123.	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	-	-	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	-	-	13(a)
(b) All Other Loans	-	-	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	-	-	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	-	-	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	-	-	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$ 23,845.	\$161,123.	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	\$ 47,178.39	\$132,246.66	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	-	-	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	-	-	19(a)
(b) Of All Other Loans	-	-	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	-	-	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	-	-	20(a)
(b) Political Party Committees	-	-	20(b)
(c) Other Political Committees (such as PACs)	-	-	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	-	-	20(d)
21. OTHER DISBURSEMENTS	\$ 3,915.	\$ 39,805.67	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$ 51,093.39	\$172,050.33	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 49,126.06		23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 23,845.		24
25. SUBTOTAL (add Line 23 and Line 24)	\$ 72,971.06		25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 51,093.39		26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 21,877.67		27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11(a)(1)

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

NAME OF COMMITTEE (in Full)

YATES FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Reid P. Chambers 1250 Eye St. NW Washington, DC 20005	Sonosky Law Firm	10/17/96	\$ 250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date >	\$ 500.	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lester Crown 222 N. LaSalle Chicago 60601	Henry Crown & Co.	10/17/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date >	\$ 1,000.	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Suzanne C. Goodman 222 N. LaSalle Chicago, IL 60601		10/17/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Philanthropist		
	Aggregate Year-to-Date >	\$ 1,000.	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sara C. Star 2102 N. Kenmore Chicago 60615	Self-Employed	10/17/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date >	\$ 1,000.	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rhonda Swaney 14265 Hillside Road St. Ignatius, MT 59865	Flathead Tribe	10/21/96	500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman		
	Aggregate Year-to-Date >	\$ 500.	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laughlin Phillips 3044 O Street, NW Washington, DC 20007		10/22/96	500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	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
Washoe Tribe of NV and CA 919 Highway 395 So. Gardnerville, NV 89410		10/28/96	250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 250.	

SUBTOTAL of Receipts This Page (optional)

4,500.

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 (i) (i)

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NAME OF COMMITTEE (in Full)

YATES FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Wallach 55 Tanglewood Drive Summit, NJ 07901		11/1/96	\$ 1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 1,000.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wm. R. Hambrecht One Bush St. 18th Floor San Francisco, California 94104		11/1/94	\$ 1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Philanthropist		
	Aggregate Year-to-Date > \$ 1,000.		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
April Burke 507 Cathedral Drive Alexandria, VA 22314	Lewis-Burke Associates	11/4/96	100.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$ 600.		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judy Lansing 2618 31st St. NW Washington, DC 20008		11/4/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Philanthropist		
	Aggregate Year-to-Date > \$ 1,000.		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Catherine Saakfield 136 Grand Street New York, NY 10013		11/4/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Philanthropist		
	Aggregate Year-to-Date > \$ 1,000.		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles H. Klein 2 West 67th St. New York, NY 10023	C.H. Klein, Inc.	11/4/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Designer		
	Aggregate Year-to-Date > \$ 1,000.		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peggy Polenberg 484 W. 43rd St. New York, New York 10036	Self-Employed	11/4/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Designer		
	Aggregate Year-to-Date > \$ 1,000.		

SUBTOTAL of Receipts This Page (optional)

6,100.

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
FDR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

YATES FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Soffer 19500 Turnberry Way, 10-C Aventura, Fla. 33180	Self-Employed	11/4/96	\$ 500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investor Aggregate Year-to-Date > \$ 500.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerome F. Naftol 224-24 76th Rd. Bayside, NY 11364		11/4/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 1,000.		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janet Naftol 224-24 76th rd. Bayside, NY 11364		11/4/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > \$ 1,000.		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruta Sherr 440 West End Avenue New York, NY 10024	Self-Employed	11/4/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Psychotherapist Aggregate Year-to-Date > \$ 1,000.		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Spencer R. Keare 1270 Linden Avenue Highland Park, IL 60035		11/6/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 1,000.		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christine G. Stevens 1686 34th St. NW Washington, DC 20007		11/6/96	\$ 500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Philanthropist Aggregate Year-to-Date > \$ 1,500.		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Livingston 60 Eucalyptus Knoll Mill Valley, CA 94941	Self-Employed	11/8/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Advertising Copywriter Aggregate Year-to-Date > \$ 1,000.		

SUBTOTAL of Receipts This Page (optional)

\$ 6,000.

TOTAL This Period (last page this line number only)

\$ 16,600.

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (c)

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NAME OF COMMITTEE (in Full)

YATES FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natl Emergency Medicine PAC (NEM PAC) 1125 Executive Circle Irving, Texas 75038-2522		10/22/96	\$ 500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Westinghouse Employees Political Participation Program 11 Stanwix Street Pittsburgh, PA 15222		10/23/96	\$1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arts for America PAC PO Box 27994 Washington, DC 20038		11/1/96	\$2,750.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,000.	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Forest & Nature Protection PAC 6 Library Ct., SE Washington, DC 20003		11/1/96	250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Realtors Political Action Committee 430 N. Michigan Avenue Chicago 60611		11/4/96	500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Archipac-The American Institute of Architects 1735 New York Avenue, NW Washington, DC 20006		11/8/96	500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$5,500.

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) Yates for Congress Committee			
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bates-Niemand, Inc. 1900 L Street, NW Washington, DC 20036	Direct Mail Consultants	10/18/96	\$ 23,000.-
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Killian-Wallace Advertising 455 E. Illinois St. Chicago, IL 60611-4367	Additional Radio Advertising	10/18/96	790.57
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
POSTMASTER	Postage, Bulk Mailing	10/22/96	\$ 12,000.
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/25/96	4,000.
Michael Dorf. 7535 N. Washtenaw Chicago, IL 60645	Election Nite Party 11/5/96	11/21/96	1,163.03
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Soodik Printing Co. 123 North Sangamon Chicago, Illinois 60607	Printing Brochures and Posters -campaign	11/21/96	6,000.
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			\$ 46,953.60

SCHEDULE B.

ITEMIZED DISBURSEMENTS

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Name of Committee (In Full)			
YATES FOR CONGRESS COMMITTEE			
A. Full Name, Mailing Address and ZIP Code 39th Ward Regular Democ. Org. 4346 W. Lawrence Chicago, Illinois 60630	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/24/96	Amount of Each Disbursement This Period \$ 500.
B. Full Name, Mailing Address and ZIP Code 40th Ward Reg. Dem. Org. 5034 N. Western Chicago, Illinois 60625	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/24/96	Amount of Each Disbursement This Period 500.
C. Full Name, Mailing Address and ZIP Code 41st Ward Reg. Dem. Org. 7452 N. Harlem Chicago, Illinois 60631	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/24/96	Amount of Each Disbursement This Period 500.
D. Full Name, Mailing Address and ZIP Code 45th Ward Reg. Democ. Org. 4849 N. Milwaukee Chicago, Illinois 60630	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/24/96	Amount of Each Disbursement This Period 500.
E. Full Name, Mailing Address and ZIP Code 46th Ward Reg. Dem. Org. 4538 N. Broadway Chicago, Illinois 60613	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/24/96	Amount of Each Disbursement This Period 500.
F. Full Name, Mailing Address and ZIP Code 48th Ward Reg. Dem. Org. 5618 N. Broadway Chicago 60660	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/18/96	Amount of Each Disbursement This Period 500.
G. Full Name, Mailing Address and ZIP Code Main Township Dem. Org. 6839 N. Milwaukee Niles, Ill 60714	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/18/96	Amount of Each Disbursement This Period 500.
H. Full Name, Mailing Address and ZIP Code Mayer Kaplan Jewish Community Center 5050 West Church Skokie, Illinois 60077	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 11/12/96	Amount of Each Disbursement This Period 250.
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)			\$3,750.
TOTAL This Period (last page this line number only)			\$3,750.

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

12-3-96

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

HS
PREPARER

12-5-96
DATE PREPARED