

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

OCT 20 11 07 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (or Club) Michael N Wenzel Price for Congress		2. FEC IDENTIFICATION NUMBER C 00 330928
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 8205 W Main St		
CITY, STATE and ZIP CODE Belleuville IL 62223 IL12	STATEDISTRICT	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- April 15 Quarterly Report
- 12-Day Pre-Election Report for the Congressional (Type of Election)
election on Nov. 3 1998 in the State of Illinois
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- 30-Day Post-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- 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
<u>10/1/98</u> through <u>10/14/98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	41740	389,607
(b) Total Contribution Refunds (from Line 20(d))	0	1125
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	41740	388,482
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	131,578	551,022
(b) Total Offsets to Operating Expenditures (from Line 14)	0	1,886
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	131,578	549,136
8. Cash on Hand at Close of Reporting Period (from Line 27)	138,514	
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)	325,994	

For further information contact:
Federal Election Commission
989 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 N Wenzel	Date
Signature of Treasurer <i>Michael N Wenzel</i>	10-19-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Price for Congress C00330928 Report Covering the Period: From 10/1/92 To 10/14/92

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)	22,600		11(a)
(ii) Unitemized	5,540		11(b)
(ii) Total of contributions from Individuals	28,140	304,107	11(c)
(b) Political Party Committees	2,000	17,250	11(d)
(c) Other Political Committees (such as PACs)	11,600	68,250	11(e)
(d) The Candidate			
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	41,740	389,607	11(f)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	40,000	235,139	13(a)
(b) All Other Loans	0	0	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	40,000	235,139	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	1,886	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	0	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	81,740	626,632	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	131,578	551,022	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	0	0	19(a)
(b) Of All Other Loans	0	0	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0	0	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	0	1,225	20(a)
(b) Political Party Committees	0	0	20(b)
(c) Other Political Committees (such as PACs)	0	0	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0	1,225	20(d)
21. OTHER DISBURSEMENTS	0	0	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	131,578	552,147	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 188,352	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 81,740	24
25. SUBTOTAL (add Line 23 and Line 24)	\$ 270,092	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 131,578	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 138,514	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER 11a1

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)

Price for Congress

C00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Maj. Gen. Donald Bennett 801 Indian Springs Rd. O'Fallon, IL 62269	Retired Occupation: USAF - Maj. Gen.	10/5/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 575		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Volkeet 150 Fieldstone Dr. Belleville, IL 62221	Monsanto Occupation: Drug Sales	10/5/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bert Johnson Belleville, IL		10/5/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Craig Cholet 113 Winchester Dr. Belleville, IL 62223		10/5/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 485		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Howard Place 324 Air Donald Pl. St. Louis, Mo 63119		10/5/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
Denzel Heermesen P.O. Box 166 St. Charles, SD	self-employed Occupation: PHYSICIAN	10/5/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Hamilton 416 Irish Rose Lane Carbondale, IL 62901	Carbondale Clinic Occupation: Physician	10/5/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		

SUBTOTAL of Receipts This Page (optional)

3100

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 6
FOR LINE NUMBER 11a i

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NAME OF COMMITTEE (in Full)

Price for Congress

C00 330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Doris Alberts 212 S. PENNSYLVANIA Belleuille, IL. 62220	Retired	10/5/98 10/13/98	400.00 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Shirley Moeckel 1600 TINA Dr. Murphystown, IL. 62966	NONE	10/5/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date > \$ 600	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Prudence Wolf 524 LEAWOOD Dr. SWANSEA, IL. 62226	NONE	10/5/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker	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
Richard Uihlein 1396 N. Waukegan Rd. Lake Forest, IL. 60045	Self-employed	10/6/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen Wuffs 705 DEER RUN Rd. Belleuille, IL. 62223	Lincoln Surgical Associates	10/6/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	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
Richard Pennell 39 Lake Forest Dr. St. Louis, Mo. 63117	Self-employed	10/7/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 1000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis STANCZYK 25 Rockingham Pl. Belleuille, IL 62223	Self-employed	10/13/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional)

3600

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 6
FOR LINE NUMBER

11 a 1

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NAME OF COMMITTEE (In Full)

Price for Congress

C00 330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christine WASPM 4057 BUR OAK DR. SMITHTON, IL. 62285	G+S Foundry & MFG. Co. Inc.	10/13/98	250.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Business Owner	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
Ralph Korte P.O. Box 463 Highland, IL. 62249	Korte Construction	10/13/98	1000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: Business Owner	Aggregate Year-to-Date > \$ 1750	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES RILEY 832 N. Cherry Ave 1 O'Fallon, IL. 62269		10/13/98	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation:	Aggregate Year-to-Date > \$ 625	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julie Ringhofer 1504 Petham Pt. Swansea, IL. 62226	None	10/13/98	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Homemaker	Aggregate Year-to-Date > \$ 940	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Kurrus 258 Country Club Lane Belleville, IL. 62223	Kurrus Funeral Home	10/13/98	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Funeral Home Owner	Aggregate Year-to-Date > \$ 1000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ed Szewczyk 17 OAK Knoll Belleville, IL. 62223	Retired	10/13/98	100.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Physician	Aggregate Year-to-Date > \$ 300	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy Kuser 11 Gerold Lane Belleville, IL. 62223	None	10/13/98	100.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Homemaker	Aggregate Year-to-Date > \$ 420	

SUBTOTAL of Receipts This Page (optional)

2950

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 6
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

Price for Congress

C00 330 928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Dwyer 550 S. Hope St. Ste 1900 Los Angeles, CA. 90071	Self-employed	10/13/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
Richard Schwend 171 Chapin PKY. Buffalo, N.Y. 14209	self-employed	10/13/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
Eileen Schmelzel 512 Lake Christine Dr. Belleville, IL. 62221	none	10/13/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	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
Michael Boland 700-13th St. N.W. Ste. 350 WASHINGTON, DC 20005		10/6/98	750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 750	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jagan Ailineni 521 S. Deer Lake Dr. W Carbondale, IL. 62901	Self-employed	10/6/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 1000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gardner KENNY 669 Union Hill Rd. Carbondale, IL. 62901	Carbondale Clinic	10/6/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Roeser 2 E. MAIN St. Carpentersville, IL. 60110	Self-employed	10/6/98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer	Aggregate Year-to-Date > \$ 2000	

SUBTOTAL of Receipts This Page (optional)

4000

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 6
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

Price for Congress

C00 330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin Scully 1616 Medical Center Dr. Wilmington, NC 28401	self-employed	10/6/98	700.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>PHYSICIAN</u> Aggregate Year-to-Date > \$ 1200		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY VICIK 2608 W. MAIN ST. Belleisle, IL. 62223	self-employed	10/6/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>PHYSICIAN</u> Aggregate Year-to-Date > \$ 1100		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey GLASS 17 Rockingham Pl. Belleisle, IL. 62223	Self-employed	10/6/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Attorney</u> 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
Roger Miller 6600 Fox Creek Dr. Edwardsville, IL. 62025	self-employed	10/14/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Business Owner</u> 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
Rebecca Miller 6600 Fox Creek Dr. Edwardsville, IL. 62025	NONE	10/14/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Homemaker</u> Aggregate Year-to-Date > \$ 1000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marilyn Butters 208 Sussex St. Fredericksburg, VA. 22405	NONE	10/14/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Homemaker</u> 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
F. HUNT SANDERS 3341 U.S. Hwy 41N BYRON, GA. 31008	Robins Anesthesia Services, LLC	10/14/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>PHYSICIAN</u> Aggregate Year-to-Date > \$ 250		

SUBTOTAL of Receipts This Page (optional)

3950

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 6
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

Price for Congress

C 00 330 928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. DiPasquale 5450 Whitley Park Terr Bethesda, MD 20814	Washington Hospital Center, DC	10/14/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Physician</u> 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
Robert Davidson 3702 Shoshone Cir. Pinckneyville, IL 62274	Self-employed	10/14/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 1000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Azar 3540 N. Belt West, Ste D Belleville, IL 62223	Self-employed	10/14/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Dentist</u> 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
Sheila Hipskind #1 Jennifer Lane Collinsville, IL	NONE	10/14/98	2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Homemaker</u> Aggregate Year-to-Date > \$ 2000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rebecca McGrady 18 Lake Lorraine Ct. Swansea, IL 62226	NONE	10/14/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Homemaker</u> 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
Paul Whelan 230 Hickory Ridge Belleville, IL 62223	Retired	10/14/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Retired</u> 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: <u></u> Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

5000

TOTAL This Period (last page this line number only)

22600

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11b

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NAME OF COMMITTEE (in Full)

Price for Congress

C00 330 928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CRANE for Congress Committee P.O. Box 8534 Rolling Meadows, IL. 60008		10/13/98	1000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Newt Gingrich P.O. Box 1399 Roswell, GA. 30077		10/6/98	1000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

2000

TOTAL This Period (last page this line number only)

2000

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 112

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NAME OF COMMITTEE (In Full)

Price for Congress

C00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Building Our Bases PAC A P.O. Box 15377 New Orleans, LA 70175	PAC	10/6/98	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 10000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AGC PAC 1957 E. Street, N.W. Washington, DC 20006	PAC	10/7/98	3500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Southwestern IL Industrial Ass 8824 Straube Ln Brighton, IL 62012	PAC	10/12/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Success PAC 1155 21st St. N.W. Ste. 300 Washington, DC 20036	PAC	10/4/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
AMERICAN TRUCKING PAC 430 First St. S.E. Washington, DC 20003	PAC	10/13/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Truckload Carriers Ass. 2700 Mt. Rd. Alexandria, VA 22314	PAC	10/13/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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)

11600

TOTAL This Period (last page this line number only)

11600

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 13

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)

Price for Congress C 00330928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Price 100 Oak Hill Dr Belleville IL 62228	Con Law	10-13-98	40,000 Loan from the Con Law
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Loan	Aggregate Year-to-Date \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		

SUBTOTAL of Receipts This Page (optional) 40,000

TOTAL This Period (last page this line number only) 40,000

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 7
FOR LINE NUMBER 17

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 (If Full)			
Price for Congress C00 330 928			
A. Full Name, Mailing Address and ZIP Code KEZK c/o Archer 567 Bell Ave, Ste 206 Chesterfield, Mo. 63005	Purpose of Disbursement Radio Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/98	Amount of Each Disbursement This Period 5159.50
B. Full Name, Mailing Address and ZIP Code KMOX 15 Memorial Dr St. Louis, Mo.	Purpose of Disbursement Radio Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/98	Amount of Each Disbursement This Period 8487.25
C. Full Name, Mailing Address and ZIP Code KTRS St. Louis, Mo.	Purpose of Disbursement Radio Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/98	Amount of Each Disbursement This Period 2295.00
D. Full Name, Mailing Address and ZIP Code WOOD c/o Archer 567 Bell Ave, Ste 206 Chesterfield, Mo. 63005	Purpose of Disbursement Radio Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/98	Amount of Each Disbursement This Period 611.82
E. Full Name, Mailing Address and ZIP Code WFRX c/o Archer 567 Bell Ave, Ste 206 Chesterfield, Mo. 63005	Purpose of Disbursement Radio Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/98	Amount of Each Disbursement This Period 243.87
F. Full Name, Mailing Address and ZIP Code WIL c/o Archer 567 Bell Ave, Ste 206 Chesterfield, Mo. 63005	Purpose of Disbursement Radio Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/98	Amount of Each Disbursement This Period 5304.00
G. Full Name, Mailing Address and ZIP Code WJPF c/o Archer 567 Bell Ave, Ste 206 Chesterfield, Mo. 63005	Purpose of Disbursement Radio Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/98	Amount of Each Disbursement This Period 279.65
H. Full Name, Mailing Address and ZIP Code WOOD2 c/o Archer 567 Bell Ave, Ste 206 Chesterfield, Mo. 63005	Purpose of Disbursement Radio Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/98	Amount of Each Disbursement This Period 1071.00
I. Full Name, Mailing Address and ZIP Code Winning Systems 1270 Itasca Rd. Addison, IL. 60101	Purpose of Disbursement Postage/Event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/98	Amount of Each Disbursement This Period 960.00
SUBTOTAL of Disbursements This Page (optional)			24412.09
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 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Price for Congress

000 330 928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Anchor Communications 567 Bell Ave., Ste 206 Chesterfield, Mo. 63005	Buy Radio Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	4137.51
B. Full Name, Mailing Address and ZIP Code Farwell Group 100 Conti St. New Orleans, LA 70130	Media Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	47362.25
C. Full Name, Mailing Address and ZIP Code Matt Johnson 1300 Caseyville Ave. Swansea, IL 62226	Salary Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	758.50
D. Full Name, Mailing Address and ZIP Code James Cluck 8903 Tangierwood Circle Belleville, IL 62223	Salary Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	782.50
E. Full Name, Mailing Address and ZIP Code Gail Eichelberger 214 Skating View Dr. Collinsville, IL 62234	Salary Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	752.50
F. Full Name, Mailing Address and ZIP Code Dottie Bourn 3009 9th St New Eden, IL 62265	Salary Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/97	532.27
G. Full Name, Mailing Address and ZIP Code Barbara Friederich 328 Carson Dr. Belleville, IL 62223	Salary Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	653.50
H. Full Name, Mailing Address and ZIP Code Whitney O'Daniel 1308 E. Grand Ave. Carbondale, IL 62901	Press Consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	1000.00
I. Full Name, Mailing Address and ZIP Code Juno, Inc. Belleville, IL	Media Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	300.00

SUBTOTAL of Disbursements This Page (optional)

56,285.03

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 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Price for Congress

C00 330 928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>News-Democrat P.O. Box 427 Belleville, IL 62222</i>	<i>Newspaper Ad</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/2/98</i>	<i>650.00</i>
<i>Fed Ex P.O. Box 1190 Memphis, TN 37101</i>	<i>Delivery Services</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/3/98</i>	<i>94.50</i>
<i>Ken Strachel/Ann 4856 Club Congress Waterloo, IL 62298</i>	<i>Rent - Apt.</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/3/98</i>	<i>375.00</i>
<i>FAX Plus 906 Olive St. Louis, Mo. 63101</i>	<i>FAX Service</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/3/98</i>	<i>424.33</i>
<i>Sound Care Music 122 S. E. 1st St Carbondale, IL 62901</i>	<i>Sound System/Event</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/3/98</i>	<i>75.00</i>
<i>World Com P.O. Box 96008 Charlotte, NC 28296</i>	<i>Long Distance</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/3/98</i>	<i>57.64</i>
<i>KONICA 500 W. Hill Rd. Windsor, CT 06095</i>	<i>Copier Maint. Payment</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/3/98</i>	<i>84.05</i>
<i>Watson's 10402 Lincoln Trail Fairview Heights, IL 62208</i>	<i>Office Supplies</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/3/98</i>	<i>300.68</i>
<i>Ideas Unlimited 309 W. 42nd St. Belleville, IL 62226</i>	<i>Campaign Literature</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/3/98</i>	<i>1306.11</i>

SUBTOTAL of Disbursements This Page (optional)

3367.31

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 4 OF 7
FOR LINE NUMBER

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NAME OF COMMITTEE (If Full)

Price for Congress

COO 330 928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Alphagraphics 127 W. Belt East SWANSE, IL. 62226	Campaign Literature Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/98	3808.21
B. Full Name, Mailing Address and ZIP Code Farwell Group 100 Conti St. New Orleans, LA. 70130	Purpose of Disbursement Monthly Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/98	125.00
C. Full Name, Mailing Address and ZIP Code TARRANCE Group WASHINGTON, DC.	Purpose of Disbursement Poll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/98	8298.00
D. Full Name, Mailing Address and ZIP Code Jerrold CONWAY 613 N. Springs Carbondale, IL. 62901	Purpose of Disbursement Consultant Youth Co-ordinator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/98	303.54
E. Full Name, Mailing Address and ZIP Code Price for Congress 8205 W. Main Belleuville, IL. 62223	Purpose of Disbursement Peta Cast Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/91	199.41
F. Full Name, Mailing Address and ZIP Code Farwell Group 100 Conti St. New Orleans, LA. 70130	Purpose of Disbursement Media Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/98	10081.26
G. Full Name, Mailing Address and ZIP Code KEZK c/o Anchor 547 Bell Ave. Ste 206 Chesapeake, MD. 63025	Purpose of Disbursement Radio Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/98	1891.26
H. Full Name, Mailing Address and ZIP Code KMOX #1 Memorial Dr. St. Louis, Mo.	Purpose of Disbursement Radio Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/98	3383.00
I. Full Name, Mailing Address and ZIP Code KTRS c/o Anchor 547 Bell Ave. Ste 206 Chesapeake, MD. 63025	Purpose of Disbursement Radio Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/98	1011.50

SUBTOTAL of Disbursements This Page (optional)

29100.18

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 5 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Price for Congress C00 330 928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Price for Congress 8205 W. MAIN Belleville, IL 62223	Petty Cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/98	197.39
B. Full Name, Mailing Address and ZIP Code WDDD c/o Anchor Comm. 567 Bell Ave - Ste 206 Chesterfield, Mo 63005	Radio Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/98	269.92
C. Full Name, Mailing Address and ZIP Code WFRX c/o Anchor Comm. 567 Bell Ave - Ste. 206 Chesterfield, Mo 63005	Radio Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/98	104.94
D. Full Name, Mailing Address and ZIP Code WIL c/o Anchor Comm. 567 Bell Ave., Ste 206 Chesterfield, Mo 63005	Radio Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/98	2269.50
E. Full Name, Mailing Address and ZIP Code WJPF c/o Anchor Comm. Ste 206 567 Bell Ave., Chesterfield, Mo 63005	Radio Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/98	124.95
F. Full Name, Mailing Address and ZIP Code WOOZ c/o Anchor Comm. 567 Bell Ave, Ste 206 Chesterfield, Mo 63005	Radio Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/98	476.00
G. Full Name, Mailing Address and ZIP Code Anchor Comm. 567 Bell Ave., Ste 206 Chesterfield, Mo 63005	Radio Ad Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/98	1681.94
H. Full Name, Mailing Address and ZIP Code News-Democrat P.O. Box 427 Belleville, IL 62222	Newspaper Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/98	607.40
I. Full Name, Mailing Address and ZIP Code CARNIVAL Supply 102 Commerce Lane F.P. View Heights, IL 62208	Helium for Parade Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/98	40.00

SUBTOTAL of Disbursements This Page (optional)

5772.04

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 6 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Price for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RT Nielson P.O. Box 11481 Salt Lake City, Utah 84147	Poll/Survey Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/98	7700.00
B. Full Name, Mailing Address and ZIP Code Jerrold Conway 8200 W. Main Apt 4 Belleville, IL. 62223	Purpose of Disbursement Unath Co-ord. Consult Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/98	200.00
C. Full Name, Mailing Address and ZIP Code News-Democrat P.O. Box 427 Belleville, IL. 62222	Purpose of Disbursement Subscription Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	15.00
D. Full Name, Mailing Address and ZIP Code Peak Internet 6400 W. Main Belleville, IL. 62223	Purpose of Disbursement Internet Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	17.95
E. Full Name, Mailing Address and ZIP Code World Com P.O. Box 82232 Atlanta, GA. 30354	Purpose of Disbursement Long Distance Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	129.00
F. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 2522 Decatur, IL. 62525	Purpose of Disbursement Pager Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	30.34
G. Full Name, Mailing Address and ZIP Code IL Power P.O. Box 2522 Decatur, IL. 62525	Purpose of Disbursement Utility Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98 10/13/98	340.64 32.31
H. Full Name, Mailing Address and ZIP Code Main St. MKT 8193 W. Main St. Belleville, IL. 62223	Purpose of Disbursement Food & Lodging Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	204.55
I. Full Name, Mailing Address and ZIP Code Carbonate Civic Center Carbonate, IL.	Purpose of Disbursement Linen / Event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	328.00

SUBTOTAL of Disbursements This Page (optional)

9057.79

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 7 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Price for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
B.C. News P.O. Box 606 Belleville, IL. 62222	Newspaper Subscr. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	48.00
Southwestern Bell 73 JONES BLVD Shiloh, IL.	Cell phone service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	266.05
Ameritech P.O. Box 29470 Chicago, IL. 60629	Local Phone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	791.75
Ben Phillips Talk Show 4601 State St. Ste 170 E. St. Louis, IL. 62205	T.V. Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	800.00
Leo Morris Gospel Show 1142 Goetz Dr. E. St. Louis, IL. 62203	T.V. Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	400.00
NAT'L Ed. TV Network Channel #13 E. St. Louis, IL. 62205	T.V. Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	500.00
Postmaster Dutch Hollow Station Belleville, IL. 62223	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	160.00
News-Democrat P.O. Box 472 Belleville IL. 62222	Newspaper Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98	607.40
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)

3573.20

TOTAL This Period (last page this line number only)

131,567.64

Name of Committee (in Full) Price for Congress		C00 330 928		
A. Full Name, Mailing Address and ZIP Code of Loan Source William M. Price 500 OAK Hill Dr. Belleville, IL. 62223 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 62105	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 62105
Terms: Date Incurred <u>12/31/97</u> Date Due <u>DEMAND</u> Interest Rate <u>0</u> %(apr) <input type="checkbox"/> Secured				
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code NONE	Name of Employer Occupation Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code PERSONAL FUNDS	Name of Employer Occupation Amount Guaranteed Outstanding: \$			
3. 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 William Price 500 OAK Hill Dr. Belleville, IL. 62223 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 6707	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 6707
Terms: Date Incurred <u>2/25/98</u> Date Due <u>DEMAND</u> Interest Rate <u>0</u> %(apr) <input type="checkbox"/> Secured				
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code NONE	Name of Employer Occupation Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code PERSONAL FUNDS	Name of Employer Occupation Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$			
SUBTOTALS This Period This Page (optional)				68812
TOTALS This Period (last page in this line only)				

LOANS

Name of Committee (in Full) Price for Congress		C 00330928	
A. Full Name, Mailing Address and ZIP Code of Loan Source WILLIAM PRICE 500 OAK HILL DR. BELLEVILLE, IL 62223		Original Amount of Loan 85000	Cumulative Payment To Date 0
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 85000	
Terms: Date Incurred 6-19-98 Date Due DEMAND Interest Rate 0 % (april)		<input type="checkbox"/> Secured	
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code NONE	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code PERSONAL FUNDS	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. 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 WILLIAM PRICE 500 OAK HILL DR. BELLEVILLE, IL 62223		Original Amount of Loan 2054	Cumulative Payment To Date 0
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 2054	
Terms: Date Incurred 6/30/98 Date Due DEMAND Interest Rate 0 % (april)		<input type="checkbox"/> Secured	
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code NONE	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code PERSONAL FUNDS	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)		87054	
TOTALS This Period (last page in this line only)			

Name of Committee (in Full) Price for Congress		200 330 928			
A. Full Name, Mailing Address and ZIP Code of Loan Source William Price 500 OAK Hill Dr. Belleville, IL 62223		Original Amount of Loan 100,000	Cumulative Payment To Date 0		
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 100,000			
Terms: Date Incurred 9/30/98 Date Due DEMAND Interest Rate 0 % (apr)		<input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A					
1. Full Name, Mailing Address and ZIP Code NONE					
PERSONAL FUNDS					
Name of Employer Occupation Amount Guaranteed Outstanding: \$					
2. Full Name, Mailing Address and ZIP Code					
Name of Employer Occupation Amount Guaranteed Outstanding: \$					
3. 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 William Price 500 OAK HILL DR. Belleville, IL 62223				Original Amount of Loan 1378	Cumulative Payment To Date 0
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				Balance Outstanding at Close of This Period 1378	
Terms: Date Incurred 9/30/98 Date Due DEMAND Interest Rate 0 % (apr)		<input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B					
1. Full Name, Mailing Address and ZIP Code NONE					
PERSONAL FUNDS					
Name of Employer Occupation Amount Guaranteed Outstanding: \$					
2. Full Name, Mailing Address and ZIP Code					
Name of Employer Occupation Amount Guaranteed Outstanding: \$					
3. Full Name, Mailing Address and ZIP Code					
Name of Employer Occupation Amount Guaranteed Outstanding: \$					
SUBTOTALS This Period This Page (optional)				101378	
TOTALS This Period (last page in this form only)					

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

Name of Committee (in Full) Price for Congress C00330928			
A. Full Name, Mailing Address and ZIP Code of Loan Source William Price 500 OAK Hill Dr. Belleville, IL 62223	Original Amount of Loan 40,000	Cumulative Payment To Date —	Balance Outstanding at Close of This Period 40,000
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>10/13/98</u> Date Due <u>Demanded</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code — NONE —	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code PERSONAL	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code FUNDS	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <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: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) 40,000			
TOTALS This Period (last page in this line only)			297,244
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE D

DEBTS AND OBLIGATIONS

(Revised 3/80)

Excluding Loans

LINE NUMBER
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<i>Price for Congress</i>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>John Maxwell 4010 FRANCONIA Rd. Alexandria, VA 22310</i>	<i>25 000</i>	<i>-</i>	<i>-</i>	<i>25000</i>
Nature of Debt (Purpose): <i>General Consultant</i>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Winning Systems 1270 Itaska Rd. Addison, IL 60101</i>	<i>4710</i>	<i>-</i>	<i>960</i>	<i>3750</i>
Nature of Debt (Purpose): <i>Fund Raisers</i>				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	<i>28 750</i>
2) TOTALS This Period (last page in this line only)	<i>28 750</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<i>297,244</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<i>325,994</i>

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-20-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>NDM</i> PREPARER	<i>10-20-98</i> DATE PREPARED