

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

1. NAME OF COMMITTEE (in full)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Sam Ewing for Congress Committee		2. FEC IDENTIFICATION NUMBER C00350033 APR 18 P 12: 25
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported. 101 Lawrence Avenue		
CITY, STATE and ZIP CODE Normal, IL 61761	STATE/DISTRICT IL 15	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input checked="" type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on _____
<input type="checkbox"/> January 31 Year End Report	_____ in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> 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
01/01/2000 through 03/31/2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$85650.40	\$85650.40
(b) Total Contribution Refunds (From Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$85650.40	\$85650.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$125644.76	\$125644.76
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$125644.76	\$125644.76
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$2288.96	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$9017.18	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20483
Toll Free 800-424-9630
Local 202-219-3420

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

Type or Print Name of Treasurer Michael B. Bozarth	
Signature of Treasurer	Date 4-11-00

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

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Detailed Summary Page

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

Name of Committee (in full) Sam Ewing for Congress Committee	Report Covering the Period:	
	From: 01/01/2000	To: 03/31/2000
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	\$24474.00	
(ii) Unitemized	\$20455.10	
(iii) Total of contributions from individual	\$44929.10	\$44929.10
(b) Political Party Committees	\$15651.30	\$15651.30
(c) Other Political Committees (such as PACs)	\$25070.00	\$25070.00
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	\$85650.40	\$85650.40
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$0.00	\$0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$85650.40	\$85650.40
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$125644.76	\$125644.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) Of All Other Loans	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$0.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$0.00	\$0.00
21. OTHER DISBURSEMENTS	\$30.00	\$30.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$125674.76	\$125674.76
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$42313.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$85650.40
25. SUBTOTAL (add Line 23 and Line 24)		\$127963.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$125674.76
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$2288.98

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and Zip Code John Adney 12347 Lima Lane Reston, VA 20191-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Davis & Harman</p> <p>Occupation Attorney</p>	<p>Date (month, day, year) 02/17/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Marjorie Albin P.O. Box 377 Newman, IL 61942-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Farmer</p>	<p>Date (month, day, year) 01/28/200</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Daniel Asher 111 W. Monroe Chicago, IL 60603-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer CBOE</p> <p>Occupation Gov't Affairs</p>	<p>Date (month, day, year) 03/22/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and Zip Code George Baker 5012 Scarsdale Road Bethesda, MD 20816-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Williams & Jensen</p> <p>Occupation Attorney</p>	<p>Date (month, day, year) 02/17/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Ephraim Batambuzo 210 W. Water St. Pontiac, IL 61764-9714</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Prairie Cardiovascular</p> <p>Occupation Physician</p>	<p>Date (month, day, year) 01/06/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Ephraim Batambuzo 210 W. Water St. Pontiac, IL 61764-9714</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Prairie Cardiovascular</p> <p>Occupation Physician</p>	<p>Date (month, day, year) 03/22/200</p> <p>Aggregate Year-to-Date -> \$350.00</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>G. Full Name, Mailing Address and Zip Code Jock Braden P.O. Box 277 Watseka, IL 60970-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Farmer</p>	<p>Date (month, day, year) 02/23/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2350.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 10
FOR LINE NUMBER 11(a)(i)

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

<p>A. Full Name, Mailing Address and Zip Code Ed Brockover 9537 Crosspointe Drive Fairfax Station, VA 22039-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Bonner & Assoc.</p> <p>Occupation Vice President</p>	<p>Date (month, day, year) 02/17/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Richard Burwash 3 Lake Park Drive Champaign, IL 61822-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Farmer</p>	<p>Date (month, day, year) 02/07/200</p> <p>Aggregate Year-to-Date -> \$249.00</p>	<p>Amount of Each Receipt this Period \$249.00</p>
<p>C. Full Name, Mailing Address and Zip Code Bruce Fuller 3243 Valley Drive Alexandria, VA 22302-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Congressman Granger</p> <p>Occupation Chief of Staff</p>	<p>Date (month, day, year) 03/22/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Dick Carey 6 Countryside Lane Pontiac, IL 61764-9661</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Chief Ready Mix</p> <p>Occupation VP & Manager</p>	<p>Date (month, day, year) 02/24/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Stacy Carey 4024 Oxford Street Annandale, VA 22003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer ISDA</p> <p>Occupation Gov't Affairs</p>	<p>Date (month, day, year) 02/17/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Karen Caranzaro 18046 Crystal Knoll San Antonio, TX 78258-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer NEISD</p> <p>Occupation Teaching Assistant</p>	<p>Date (month, day, year) 02/23/200</p> <p>Aggregate Year-to-Date -> \$300.00</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>G. Full Name, Mailing Address and Zip Code Dean Chestnut 711 CR 900 E Tolono, IL 61880-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Grain Broker</p>	<p>Date (month, day, year) 01/06/200</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Amount of Each Receipt this Period \$100.00</p>

SUBTOTAL of Receipts This Page (optional)	\$1899.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the following summary page

PAGE 3 OF 10
FOR LINE NUMBER 11(a)(i)

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

A. Full Name, Mailing Address and Zip Code Dean Chestnut 711 CR 930 E Tolono, IL 61880- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self employed	Date (month, day, year) 03/04/200	Amount of Each Receipt this Period \$250.00
	Occupation Grain Broker	Aggregate Year-to-Date -> \$350.00	
B. Full Name, Mailing Address and Zip Code Jerome Conlon 2501 M Street, NW #707 Washington, DC 20001- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Chambers, Conlon & Hartwell	Date (month, day, year) 02/17/200	Amount of Each Receipt this Period \$500.00
	Occupation Counsel	Aggregate Year-to-Date -> \$500.00	
C. Full Name, Mailing Address and Zip Code William Cooley P. O. Box 303 Brocton, IL 61917-0303 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Longview State Bank	Date (month, day, year) 01/28/200	Amount of Each Receipt this Period \$250.00
	Occupation Banker	Aggregate Year-to-Date -> \$250.00	
D. Full Name, Mailing Address and Zip Code Greg Crawford 14 Pothill Road Monticello, IL 61856-1005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer C.F. & H Ins. Agency	Date (month, day, year) 01/20/200	Amount of Each Receipt this Period \$250.00
	Occupation Insurance Agent	Aggregate Year-to-Date -> \$250.00	
E. Full Name, Mailing Address and Zip Code John Damgard 2349 Tracy Place N.W. Washington, DC 20008- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Futures Industry Assoc.	Date (month, day, year) 02/17/200	Amount of Each Receipt this Period \$250.00
	Occupation Gov't Affairs	Aggregate Year-to-Date -> \$250.00	
F. Full Name, Mailing Address and Zip Code Ruth Diemer 17449 N. 1200 East Rd. Pontiac, IL 61764- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired	Date (month, day, year) 02/24/200	Amount of Each Receipt this Period \$35.00
	Occupation	Aggregate Year-to-Date -> \$35.00	
G. Full Name, Mailing Address and Zip Code Ruth Diemer 17449 N. 1200 East Rd. Pontiac, IL 61764- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired	Date (month, day, year) 02/24/200	Amount of Each Receipt this Period \$100.00
	Occupation	Aggregate Year-to-Date -> \$135.00	

SUBTOTAL of Receipts This Page (optional)

\$1635.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 4 OF 10
FOR LINE NUMBER 11(a) (i)

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

<p>A. Full Name, Mailing Address and Zip Code Ruth Diemer 17449 N. 1200 East Rd. Pontiac, IL 61764-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation</p>	<p>Date (month, day, year) 03/14/200</p> <p>Aggregate Year-to-Date -> \$385.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Michael Dineen 1300 Crystal Drive, Apt. 607-S Arlington, VA 22202-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Keeper Insurance</p> <p>Occupation Vice President</p>	<p>Date (month, day, year) 02/17/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Terrence Duffy 25-115th Street Lemont, IL 60439-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Chicago Mercantile Exchange</p> <p>Occupation Gov't Affairs</p>	<p>Date (month, day, year) 03/22/200</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Leo Eichhorst 309 E. Leverett Rd. Champaign, IL 61821</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Farmer</p>	<p>Date (month, day, year) 01/06/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Winifred Feken R.R. #1, Box 90 Lexington, IL 61753-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Chuck's Harley Davidson, Inc.</p> <p>Occupation President</p>	<p>Date (month, day, year) 01/25/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Michael Flanagan 6149 N. Claremont Chicago, IL 60659-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Lobbyist</p>	<p>Date (month, day, year) 02/17/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Tom Frasca 1913 Woodfield Champaign, IL 61822-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Frasca Aviation</p> <p>Occupation Pilot</p>	<p>Date (month, day, year) 02/24/200</p> <p>Aggregate Year-to-Date -> \$400.00</p>	<p>Amount of Each Receipt this Period \$400.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$3150.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 10
FOR LINE NUMBER 11(a) (i)

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

A. Full Name, Mailing Address and Zip Code Gary Grace 1002 Ross Drive Champaign, IL 61821- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self employed Occupation Farmer Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 01/20/200	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and Zip Code Lorenz Hart 923 N. Barton Street Arlington, VA 22201- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Hartco Strategies Occupation President Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 02/17/200	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and Zip Code Robin Hayes 437 Briarwood Place Concord, NC 28025- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer U.S. House Occupation CONGRESSMAN Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 02/03/200	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code B. Keith Heard 110 - 5th Street NE Washington, DC 20002-5936 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self employed Occupation Lobbyist Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 03/07/200	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and Zip Code William Hecht 2228 Aryness Drive Vienna, VA 22181- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Hecht, Spencer & Assoc. Occupation Gov't Affairs Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 02/17/200	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and Zip Code Tom Hentz 139 Robinwood Drive Paris, IL 61944-0190 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer EnerStar Occupation President Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 03/10/200	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Richard Mohl 7901 Kent Road Alexandria, VA 22308- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self employed Occupation Lobbyist Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 02/17/200	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)	\$3750.00
TOTAL This Period (Last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Form

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

<p>A. Full Name, Mailing Address and Zip Code Roger Huddleston 1102 Beaver Creek Ln. P.O. Box 739 Mahomet, IL 61853-9425</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer R. Huddleston Homes</p> <p>Occupation OWNER</p>	<p>Date (month, day, year) 01/11/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Roger Huddleston 1102 Beaver Creek Ln. P.O. Box 739 Mahomet, IL 61853-9425</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer R. Huddleston Homes</p> <p>Occupation owner</p>	<p>Date (month, day, year) 03/02/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Herbert Kaiser 315 S. Buchanan St. Monticello, IL 61856-2001</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Kaiser Abstract Co.</p> <p>Occupation owner</p>	<p>Date (month, day, year) 03/22/200</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Dorothy Kemp 30 Country Club Place Bloomington, IL 61701-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer none</p> <p>Occupation Homemaker</p>	<p>Date (month, day, year) 03/14/200</p> <p>Aggregate Year-to-Date -> \$800.00</p>	<p>Amount of Each Receipt this Period \$800.00</p>
<p>E. Full Name, Mailing Address and Zip Code John Larocque 950 Taft Rd. Hinsdale, IL 60521-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer CBOK</p> <p>Occupation Gov't Affaire</p>	<p>Date (month, day, year) 03/22/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Elizabeth Lucas 1825 W. Ridgewood Glenview, IL 60025-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer none</p> <p>Occupation Homemaker</p>	<p>Date (month, day, year) 03/22/200</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code J.D. Lynch 339 E. Mulberry St. P.O. Box 246 Watska, IL 60970-1727</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Iroquois Paving</p> <p>Occupation CEO</p>	<p>Date (month, day, year) 01/15/200</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Amount of Each Receipt this Period \$200.00</p>

SUBTOTAL of Receipts This Page (optional)

\$3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.D. Lynch 339 E. Mulberry St. P.O. Box 246 Watseka, IL 60970-1727	Iroquois Paving	02/24/200	\$35.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation CEO	Aggregate Year-to-Date -> \$235.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.D. Lynch 339 E. Mulberry St. P.O. Box 246 Watseka, IL 60970-1727	Iroquois Paving	03/22/200	\$50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation CEO	Aggregate Year-to-Date -> \$285.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Lynch 100 S. Fourth St., Box 303 Watseka, IL 60970-1602	Self employed	01/15/200	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Insurance Broker	Aggregate Year-to-Date -> \$500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Lynch 100 S. Fourth St., Box 303 Watseka, IL 60970-1602	Self employed	03/14/200	\$25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Insurance Broker	Aggregate Year-to-Date -> \$525.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lou Mervis 2001 N. Logan Danville, IL 61832-	Mervis Industries	03/02/200	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation President	Aggregate Year-to-Date -> \$1000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Milne 1529 Q St., NW Unit J Washington, DC 20009-	MM-MN Mining and Mfg.	02/17/200	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Gov't Affairs	Aggregate Year-to-Date -> \$500.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Moorehead 9693 Arnon Chapel Rd. Great Falls, VA 22066-	Patton & Boggs	02/17/200	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Partner	Aggregate Year-to-Date -> \$250.00	

SUBTOTAL of Receipts This Page (optional):	\$2360.00
TOTAL This Period (last page this line number only):	

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedules for each category of the detailed summary Page

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NAME OF COMMITTEE (In Full)

Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Nardoni P.O. Box 373 Bradley, IL 60915-	CST Corp. Occupation CEO	03/15/200	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
David Newberg R. R. #4, Box 330 Clinton, IL 61727	Self employed Occupation Farmer	01/20/200	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
Eric Nicoll 1804 N. Queens Lane Apt. 208 Arlington, VA 22201-3032	FMI Occupation Gov't Affairs	01/15/200	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
Penny Fullon 2604 W. Sibley Park Ridge, IL 60068-	Self employed Occupation consultant	02/07/200	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
Craig Richardson 1610 Walden Drive Mc Lean, VA 22101-	Washington Strategies Occupation Partner	02/17/200	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
Doug Richardson 721 North Danville Street Arlington, VA 22201	Winston & Strawn Occupation Legislative Advisor	02/17/200	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
Rodney Smith 8516 Culver Place Alexandria, VA 22308-	SBC Telecommunications Occupation Gov't Affairs	02/21/200	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	

SUBTOTAL of Receipts This Page (optional)

\$2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE **9** OF **10**
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)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Snyder 202 N. Prospect Rd. Bloomington, IL 61704-3555 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Snyder Real Estate Occupation owner Aggregate Year-to-Date -> \$350.00	02/27/200	\$350.00
Thomas Stenzel 3611 Oval Drive Alexandria, VA 22305- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	United Fresh Fruit & Vegetable Occupation CEO Aggregate Year-to-Date -> \$250.00	02/17/200	\$250.00
John Trainor R. R. #2, Box 44 Forrest, IL 61741 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Self employed Occupation Farmer Aggregate Year-to-Date -> \$250.00	01/26/200	\$250.00
John Trainor R. R. #2, Box 44 Forrest, IL 61741 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Self employed Occupation Farmer Aggregate Year-to-Date -> \$500.00	03/16/200	\$250.00
Robert Venable 1912 Kenneth Street Urbana, IL 61802- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Self employed Occupation ScanTech Aggregate Year-to-Date -> \$500.00	01/08/200	\$500.00
Joseph Weber 3183 Back Creek Road Gore, VA 22637- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	J. Arthur Weber & Assoc. Occupation President Aggregate Year-to-Date -> \$250.00	02/17/200	\$250.00
Mary Whalen 312 - 8th St., S.E. Washington, DC 20003- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Williams & Jensen Occupation Attorney Aggregate Year-to-Date -> \$250.00	02/17/200	\$250.00

SUBTOTAL of Receipts This Page (optional) \$2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and Zip Code Bill Williams 803 W. Michigan Ave. Urbana, IL 61801-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Printec Press</p> <p>Occupation owner</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 02/02/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Bill Williams 803 W. Michigan Ave. Urbana, IL 61801-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Printec Press</p> <p>Occupation owner</p> <p>Aggregate Year-to-Date -> \$920.00</p>	<p>Date (month, day, year) 02/24/200</p> <p>Printing</p>	<p>Amount of Each Receipt this Period \$670.00</p> <p>IN-KIND</p>
<p>C. Full Name, Mailing Address and Zip Code Diana Williams 803 W. Michigan Ave. Urbana, IL 61801-4843</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Interior design</p> <p>Aggregate Year-to-Date -> \$264.00</p>	<p>Date (month, day, year) 02/12/200</p> <p>Postage</p>	<p>Amount of Each Receipt this Period \$264.00</p> <p>IN-KIND</p>
<p>D. Full Name, Mailing Address and Zip Code Diana Williams 803 W. Michigan Ave. Urbana, IL 61801-4843</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed</p> <p>Occupation Interior design</p> <p>Aggregate Year-to-Date -> \$310.00</p>	<p>Date (month, day, year) 03/14/200</p> <p>Postage</p>	<p>Amount of Each Receipt this Period \$46.00</p> <p>IN-KIND</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

\$1230.00

TOTAL This Period (last page this line number only)

\$24974.30

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and Zip Code Bob Schaffer for Congress P.O. Box 928 Greeley, CO 80632-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 03/16/200</p>	<p>Amount of Each Receipt this Period \$1300.00</p>
<p>B. Full Name, Mailing Address and Zip Code Burr for Congress P.O. Box 5928 Winston Salem, NC 27133-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 03/22/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Citizens for Provenzano 1387 Redeker Road Des Plaines, IL 60016-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 01/11/200</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>D. Full Name, Mailing Address and Zip Code Don Green for Mayor 200 E. Court St., Ste. 600 Kankakee, IL 60901-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 03/14/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Doelittle for Congress 400 Capitol Mall #1560 Sacramento, CA 95814-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 03/22/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Ehrlich for Congress Committee 1301 York Rd., Ste. 705 Lutherville Timonium, MD 21093-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 01/24/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Ehrlich for Congress Committee 1301 York Rd., Ste. 705 Lutherville Timonium, MD 21093-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 03/22/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts This Page (optional)

\$5300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
FOR LINE NUMBER 11(b)

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

<p>A. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/29/200</p> <p>Utilities</p> <p>\$6.30</p>	<p>Amount of Each Receipt this Period \$6.30</p> <p>IN-KIND</p>
<p>B. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/29/200</p> <p>Signs</p> <p>\$285.00</p>	<p>Amount of Each Receipt this Period \$285.00</p> <p>IN-KIND</p>
<p>C. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/29/200</p> <p>Rent</p> <p>\$55.00</p>	<p>Amount of Each Receipt this Period \$55.00</p> <p>IN-KIND</p>
<p>D. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/29/200</p> <p>Utilities</p> <p>\$5.00</p>	<p>Amount of Each Receipt this Period \$5.00</p> <p>IN-KIND</p>
<p>E. Full Name, Mailing Address and Zip Code Friends of Bill Redmond P.O. Box 1226 Los Alamos, NM 87544-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 03/16/200</p> <p></p> <p>\$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Friends of Jon Sherwood 81 Warren Street Junkyardock, PA 18657-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/18/200</p> <p></p> <p>\$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Gutknecht for Congress P.O. Box 6426 Rochester, MN 55903-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/13/200</p> <p></p> <p>\$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2851.30</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and Zip Code Hutchinson for Senate P.O. Box 998 Rogers, AR 72757-0998</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 02/14/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Knollenberg for Congress Committee 27867 Orchard Lake Road Farmington, MI 48334-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 03/07/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Latham for Congress P.O. Box 174 Sioux City, IA 51102-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 02/13/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Latourette for Congress P.O. Box 24567 Cleveland, OH 44124-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 02/22/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Pickering for Congress 225 S. Washington St., Ste. 200 Alexandria, VA 22314-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 03/22/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Lee Terry for Congress P.O. Box 540098 Omaha, NE 68154-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 03/11/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Walter B. Jones for Congress P.O. Box 99667 Raleigh, NC 27624-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 03/16/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

SUBTOTAL of Receipts This Page (optional)

\$5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 11(b)

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

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

<p>A. Full Name, Mailing Address and Zip Code Whitfield for Congress Committee P.O. Box 391 Hopkinsville, KY 42241-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 03/11/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>Aggregate Year-to-Date -> \$1000.00</p>			
<p>B. Full Name, Mailing Address and Zip Code William "Bill" Jenkins for Congress P.O. Box 640 Rogersville, TN 37857-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 02/18/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>Aggregate Year-to-Date -> \$1000.00</p>			
<p>C. Full Name, Mailing Address and Zip Code ,</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>D. Full Name, Mailing Address and Zip Code ,</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>E. Full Name, Mailing Address and Zip Code ,</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>F. Full Name, Mailing Address and Zip Code ,</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>G. Full Name, Mailing Address and Zip Code ,</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$15651.30</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11 (a)

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

NAME OF COMMITTEE (In Full)

Sam Ewing for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code ADM PAC Mr. Martin Andrews P.O. Box 1473 Danatur, IL 62525-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 02/18/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and Zip Code AGPAC - Dow Chemical PAC Indianapolis, IN 46268-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 02/22/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Alcatel USA Mr. Doug Wiley 1303 K Street, N.W., Ste. 800 Washington, DC 20006-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 03/23/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and Zip Code American Maritime Officers PAC 650 4th Avenue Brooklyn, NY 11232-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 02/17/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code American Peasol Shellers PAC P.O. Box 70157 Albany, GA 31708-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 03/08/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and Zip Code American Sugarbeet Growers PAC Ms. Ruth Ann Geib 1156 15th Street, NW, #1101 Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 03/11/200</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Attorneys' Title Guaranty Fund PAC Mr. Peter Birnbaum 2408 Windsor Place Champaign, IL 61820-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 01/08/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts This Page (optional)

\$3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11(c)

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 electoral purposes, other than using the name and address of any political committee to solicit contributions from such contributor.

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

<p>A. Full Name, Mailing Address and Zip Code Central Soya PAC 1900 Fort Wayne National Bank Bldg. Fort Wayne, IN 46802-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 01/20/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Citizen's PAC 1505 Springvale Ave. Mc Lean, VA 22101-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 03/17/200</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Conservative Victory Fund PAC 104 North Carolina Ave., S.E. Washington, DC 20003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 03/22/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Crop Protection PAC Mr. Jay Vroom 1156 15th Street, N.W., Ste. 400 Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 01/15/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Dyer, Ellis & Joseph PAC Mr. Duncan Smith, III 600 New Hampshire Ave., NW, #1000 Washington, DC 20037-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 01/24/200</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Eagle Forum PAC Phyllis Schlafly P.O. Box 619 Alton, IL 62002-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 02/26/200</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Amount of Each Receipt this Period \$2000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Florida Crystals PAC Van Boyette 915 15th St., N.W., Ste. 800 Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 03/13/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts This Page (optional)

\$4750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 5
FOR LINE NUMBER 11(c)

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

<p>A. Full Name, Mailing Address and Zip Code Freedom Project PAC Hon. John Boehner 111 C Street, SE Washington, DC 20003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/04/200</p>	<p>Amount of Each Receipt this Period \$5000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Helen's List PAC P.O. Box 997 Boise, ID 93701-0897</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 03/13/200</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>C. Full Name, Mailing Address and Zip Code Madison Project PAC 119 C Street, SE Washington, DC 20003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 03/09/200</p>	<p>Amount of Each Receipt this Period \$720.00</p>
<p>D. Full Name, Mailing Address and Zip Code New York Mercantile Exchange PAC 1 North End Avenue WorldFinancial Center New York, NY 10282-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/17/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Norfolk Southern Corporation PAC Mr. John Corcoran 1500 K St., NW, Ste. 375 Washington, DC 20006-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/17/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and Zip Code PAC 96 P.O. Box 15380 Washington, DC 20003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/03/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code PIA PAC Meghan Brady 400 N. Washington Street Alexandria, VA 22314-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 03/14/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts This Page (optional)

\$8320.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and Zip Code PSC 820 PAC 762 W. Lancaster Ave. Bryn Mawr, PA 19010-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 03/07/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and Zip Code PeanutPAC of Alabama Mr. Randy Griggs P.O. Box 10182 Dothan, AL 36304-2182</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 03/06/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Philip Morris PAC 120 Park Avenue, 25th Floor New York, NY 10017-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 02/28/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code RJR PAC John H. Fish P.O. Box 718 Winston Salem, NC 27102-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 03/10/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Rain & Hail Insurance Society PAC 1501 50th Street, #200 West Des Moines, IA 50266-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 01/22/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code BNC for Life PAC P.O. Box 518 Alton, IL 62002-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 02/26/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Sacramento Valley Leadership Fund PAC 435 Capitol Mall, Suite 801 Sacramento, CA- 95814-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 03/16/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

SUBTOTAL of Receipts This Page (optional)

\$5250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5
FOR LINE NUMBER 11 (c)

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

<p>A. Full Name, Mailing Address and Zip Code Swisher International PAC Mr. Joe Augustus 459 East 16th Street Jacksonville, FL 32206-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 03/16/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and Zip Code United in Freedom PAC P.O. Box 3365 Saratoga Springs, NY 12066-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 03/07/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Vision for America PAC Tillie Fowler, Chairman 1155 21st Street, NW, #300 Washington, DC 20036-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 03/22/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Western Peanut Growers PAC Mr. Doyle Fincher P.O. Box 252 Seminole, TX 79360-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 02/21/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

\$3000.00

TOTAL This Period (last page this line number only)

\$25070.00

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)
 Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Advanced Phone Resources 8940 S. 700 East Sandy, UT 84070	Consulting Services/Polling Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/15/200	\$2208.50
Advanced Phone Resources 8940 S. 700 East Sandy, UT 84070-	Consulting Services/Polling Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/24/200	\$1000.00
Advanced Phone Resources 8940 S. 700 East Sandy, UT 84070-	Consulting Services/Polling Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/02/200	\$2000.00
Advanced Phone Resources 8940 S. 700 East Sandy, UT 84070-	Consulting Services/Polling Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/18/200	\$500.00
Ameritech Cellular P.O. Box 6170 Carol Stream, IL 60197-	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/02/200	\$1800.00
Ameritech Cellular P.O. Box 6170 Carol Stream, IL 60197-	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/04/200	\$2349.10
Ameritech Cellular P.O. Box 6170 Carol Stream, IL 60197-	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/04/200	\$1219.33

SUBTOTAL of Disbursements This Page (optional)	\$11076.93
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CableRep Advertising 703 N. East Street Bloomington, IL 61701-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/04/200	\$113.00
B. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-	Purpose of Disbursement Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/200	\$55.00 IN KIND
C. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-	Purpose of Disbursement Utilities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/200	\$6.30 IN KIND
D. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-	Purpose of Disbursement Signs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/200	\$285.00 IN KIND
E. Full Name, Mailing Address and Zip Code Ewing for Congress Hon. Thomas W. Ewing P.O. Box 766 Pontiac, IL 61764-	Purpose of Disbursement Utilities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/200	\$5.00 IN KIND
F. Full Name, Mailing Address and Zip Code GTE NORTH P.O. Box 920041 Dallas, TX 75392-	Purpose of Disbursement Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/02/200	\$1203.25
G. Full Name, Mailing Address and Zip Code GTE NORTH P.O. Box 920041 Dallas, TX 75392-	Purpose of Disbursement Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/03/200	\$768.76

SUBTOTAL of Disbursements This Page (optional)

\$4036.31

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GTE NORTH P.O. Box 920041 Dallas, TX 75392-	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/28/200	\$240.41
B. Full Name, Mailing Address and Zip Code Illinois Power P.O. Box 511 Decatur, IL 62525-	Purpose of Disbursement Utilities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/18/200	\$147.23
C. Full Name, Mailing Address and Zip Code Illinois Power P.O. Box 511 Decatur, IL 62525-	Purpose of Disbursement Utilities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/28/200	\$171.07
D. Full Name, Mailing Address and Zip Code Kinko's 1407 N. Veterans Parkway Bloomington, IL 61701-	Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/09/200	\$291.54
E. Full Name, Mailing Address and Zip Code Kinko's 1407 N. Veterans Parkway Bloomington, IL 61701-	Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/14/200	\$34.20
F. Full Name, Mailing Address and Zip Code Kinko's 1407 N. Veterans Parkway Bloomington, IL 61701-	Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/14/200	\$36.49
G. Full Name, Mailing Address and Zip Code Kinko's 1407 N. Veterans Parkway Bloomington, IL 61701-	Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/04/200	\$216.11

SUBTOTAL of Disbursements This Page (optional)

\$1137.05

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedules for each category of the Detailed Summary Page

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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 individual, committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ryan McLaughlin 2000 N. Linden St, H207 Normal, IL 61761-	Consulting Services/Fundraising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/31/200	\$500.00
Ryan McLaughlin 2000 N. Linden St, H207 Normal, IL 61761-	Consulting Services/Fundraising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/200	\$500.00
Ryan McLaughlin 2000 N. Linden St, H207 Normal, IL 61761-	Consulting Services/Fundraising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/09/200	\$500.00
Ryan McLaughlin 2000 N. Linden St, H207 Normal, IL 61761-	Consulting Services/Fundraising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/24/200	\$100.00
Nicor P.O. Box 416 Aurora, IL 63568-	Utilities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/24/200	5267.14
Office Depot 1700 College Avenue Normal, IL 61761-	Office equipment/furniture Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/09/200	\$85.79
Office Depot 1700 College Avenue Normal, IL 61761-	Office equipment/furniture Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/14/200	\$51.46

SUBTOTAL of Disbursements This Page (optional)

\$2004.39

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

Any information copied from 2004 Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot 1700 College Avenue Normal, IL 61761-	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/24/200	\$85.79
B. Full Name, Mailing Address and Zip Code Pip Printing 503 N. Prospect Rd. Bloomington, IL 61704-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/14/200	\$258.06
C. Full Name, Mailing Address and Zip Code Pip Printing 503 N. Prospect Rd. Bloomington, IL 61704-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/24/200	\$50.00
D. Full Name, Mailing Address and Zip Code Pip Printing 503 N. Prospect Rd. Bloomington, IL 61704-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/16/200	\$54.44
E. Full Name, Mailing Address and Zip Code Pip Printing 503 N. Prospect Rd. Bloomington, IL 61704-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/18/200	\$50.00
F. Full Name, Mailing Address and Zip Code Pip Printing 503 N. Prospect Rd. Bloomington, IL 61704-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/07/200	\$109.90
G. Full Name, Mailing Address and Zip Code Pontiac Elks - BPOE Route 116 West Pontiac, IL 61764-	Catering Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/24/200	\$590.85

SUBTOTAL of Disbursements This Page (optional)

\$199.04

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Consulting Services/Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/26/200	\$1000.00
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Travel/Mileage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/10/200	\$242.37
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Consulting Services/Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/12/200	\$1000.00
Josh Potts 2000 N. Linden St. #H207 Normal, IL 61761-	Consulting Services/Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/04/200	\$1000.00
Prairie Production Group 604 N. County Fair Drive Champaign, IL 61821-	Consulting Services/Media Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/18/200	\$214.95
Prairie Production Group 604 N. County Fair Drive Champaign, IL 61821-	Consulting Services/Media Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/14/200	\$319.80
Prairie Production Group 604 N. County Fair Drive Champaign, IL 61821-	Consulting Services/Media Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/24/200	\$782.00

SUBTOTAL of Disbursements This Page (optional)	\$4559.12
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Praxie Production Group 604 N. County Fair Drive Champaign, IL 61821-	Consulting Services/Media Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/200	\$1366.00
Praxie Production Group 604 N. County Fair Drive Champaign, IL 61821-	Consulting Services/Media Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/24/200	\$377.63
Praxie Production Group 604 N. County Fair Drive Champaign, IL 61821-	Consulting Services/Media Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/14/200	\$35.00
Printing Craftsmen Dean Hamilton P.O.Box 106 Pontiac, IL 61764-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/24/200	\$641.85
Printing Craftsmen Dean Hamilton P.O.Box 106 Pontiac, IL 61764-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/24/200	\$746.06
Printing Craftsmen Dean Hamilton P.O.Box 106 Pontiac, IL 61764-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/28/200	\$635.00
Printing Craftsmen Dean Hamilton P.O.Box 106 Pontiac, IL 61764-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/200	\$307.30

SUBTOTAL of Disbursements This Page (optional):	\$4108.54
TOTAL This Period (last page this line number only)	

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 corporate purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Printing Craftsmen Dean Hamilton P.O.Box 106 Pontiac, IL 61764-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/24/200	\$740.50
Printing Craftsmen Dean Hamilton P.O.Box 106 Pontiac, IL 61764-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/14/200	\$457.00
Snyder Corporation 204 K. Prospect Rd. Bloomington, IL 61704-	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/30/200	\$1251.67
Snyder Corporation 204 N. Prospect Rd. Bloomington, IL 61704-	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/18/200	\$1621.67
Strategic Marketing & Mailing P.O. Box 6013 Champaign, IL 61826-	Direct Mail Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/24/200	\$221.05
U.S. Postmaster Pontiac, IL 61764-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/06/200	\$494.31
U.S. Postmaster Pontiac, IL 61764-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/24/200	\$382.67

SUBTOTAL of Disbursements This Page (optional)	\$5198.87
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

<p>A. Full Name, Mailing Address and Zip Code U.S. Postmaster Bloomington, IL 61701-</p>	<p>Purpose of Disbursement Postage</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/09/200</p>	<p>Amount of Each Disbursement This Period \$3000.00</p>
<p>B. Full Name, Mailing Address and Zip Code U.S. Postmaster Bloomington, IL 61701-</p>	<p>Purpose of Disbursement Postage</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/09/200</p>	<p>Amount of Each Disbursement This Period \$2000.00</p>
<p>C. Full Name, Mailing Address and Zip Code U.S. Postmaster Bloomington, IL 61701-</p>	<p>Purpose of Disbursement Postage</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 02/19/200</p>	<p>Amount of Each Disbursement This Period \$82.43</p>
<p>D. Full Name, Mailing Address and Zip Code U.S. Postmaster Bloomington, IL 61701-</p>	<p>Purpose of Disbursement Postage</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 01/26/200</p>	<p>Amount of Each Disbursement This Period \$100.00</p>
<p>E. Full Name, Mailing Address and Zip Code U.S. Postmaster Bloomington, IL 61701-</p>	<p>Purpose of Disbursement Postage</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/13/200</p>	<p>Amount of Each Disbursement This Period \$300.00</p>
<p>F. Full Name, Mailing Address and Zip Code U.S. Postmaster Bloomington, IL 61701-</p>	<p>Purpose of Disbursement Postage</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 01/19/200</p>	<p>Amount of Each Disbursement This Period \$11.75</p>
<p>G. Full Name, Mailing Address and Zip Code U.S. Postmaster Bloomington, IL 61701-</p>	<p>Purpose of Disbursement Postage</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/02/200</p>	<p>Amount of Each Disbursement This Period \$400.00</p>

SUBTOTAL of Disbursements This Page (optional)

\$5894.18

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate sheets for each category of the Detailed Summary Page

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster Champaign, IL 61821-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/08/200	\$10000.00
B. Full Name, Mailing Address and Zip Code WBWN P.O. Box 8 Bloomington, IL 61702-	Purpose of Disbursement Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/200	\$562.00
C. Full Name, Mailing Address and Zip Code WBWN P.O. Box 8 Bloomington, IL 61702-	Purpose of Disbursement Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/200	\$2442.00
D. Full Name, Mailing Address and Zip Code WBWN P.O. Box 8 Bloomington, IL 61702-	Purpose of Disbursement Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$1809.00
E. Full Name, Mailing Address and Zip Code WBWN P.O. Box 8 Bloomington, IL 61702-	Purpose of Disbursement Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$402.00
F. Full Name, Mailing Address and Zip Code WBWN P.O. Box 8 Bloomington, IL 61702-	Purpose of Disbursement Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/02/200	\$1964.00
G. Full Name, Mailing Address and Zip Code WCIA 509 S. Neil Champaign, IL 61824-	Purpose of Disbursement Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/06/200	\$6018.00

SUBTOTAL of Disbursements This Page (optional)	\$23197.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WCIA 509 S. Neil Champaign, IL 61824-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify):	03/13/200	\$8432.00
WCIA 509 S. Neil Champaign, IL 61824-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify):	03/16/200	\$2384.25
WCEQ Rural Route, Box 105 Monticello, IL 61856-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify):	03/02/200	\$672.00
WCEQ Rural Route, Box 105 Monticello, IL 61856-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify):	01/25/200	\$1000.00
WDAN 1501 Washington Ave. Danville, IL 61832-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify):	03/02/200	\$1344.00
WDAN 1501 Washington Ave. Danville, IL 61832-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify):	03/16/200	\$72.00
WDAN 1501 Washington Ave. Danville, IL 61832-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify):	03/16/200	\$168.00

SUBTOTAL of Disbursements This Page (optional)	\$14072.25
TOTAL This Period (Last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WDAN 1501 Washington Ave. Danville, TN 61832-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/04/200	\$675.00
WDAN 1501 Washington Ave. Danville, TN 61832-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/25/200	\$1360.00
WDNS P.O. Box 3939 Champaign, IL 61820-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/02/200	\$1584.00
WDWS P.O. Box 3939 Champaign, IL 61820-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/04/200	\$1044.00
WDWS P.O. Box 3939 Champaign, IL 61820-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/25/200	\$1358.00
WDWS P.O. Box 3939 Champaign, IL 61820-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/16/200	\$272.00
WGCV Box 192 Gibson City, IL 60936-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/25/200	\$192.00

SUBTOTAL of Disbursements This Page (optional)	\$7085.00
TOTAL This Period (Last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the detailed summary page

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WGCV Box 192 Gibson City, IL 60936-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/200	\$864.00
B. Full Name, Mailing Address and Zip Code WGCV Box 192 Gibson City, IL 60936-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$405.00
C. Full Name, Mailing Address and Zip Code WGFA Route 4, Box 100 Watseka, IL 60970-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$900.00
D. Full Name, Mailing Address and Zip Code WGFA Route 4, Box 100 Watseka, IL 60970-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/200	\$648.00
E. Full Name, Mailing Address and Zip Code WGFA Route 4, Box 100 Watseka, IL 60970-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$756.00
F. Full Name, Mailing Address and Zip Code WHOW R.R. 2, Box 17M Clinton, IL 61727-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$675.00
G. Full Name, Mailing Address and Zip Code WHOW R.R. 2, Box 17M Clinton, IL 61727-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/200	\$594.00

SUBTOTAL of Disbursements This Page (optional)

\$4842.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WHFO Box 55 Hoopeston, IL 60942-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/200	\$612.00
WHFO Box 55 Hoopeston, IL 60942-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/16/200	\$90.00
WHFO Box 55 Hoopeston, IL 60942-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$690.00
WIAI P.O. Box 970 Danville, IL 61832-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$675.00
WIAI P.O. Box 970 Danville, IL 61832-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/200	\$832.00
WIAI P.O. Box 970 Danville, IL 61832-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$1500.00
WICD-TV 250 County Fair Drive Champaign, IL 61820-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/200	\$3914.25

SUBTOTAL of Disbursements This Page (optional)

\$8313.25

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WTV P.O. Box 142 Danville, IL 61834-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$650.00
B. Full Name, Mailing Address and Zip Code WTV P.O. Box 142 Danville, IL 61834-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/200	\$624.00
C. Full Name, Mailing Address and Zip Code WTV P.O. Box 142 Danville, IL 61834-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/21/200	\$182.00
D. Full Name, Mailing Address and Zip Code WJBC P.O. Box 8 Bloomington, IL 61704-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$1899.00
E. Full Name, Mailing Address and Zip Code WJBC P.O. Box 8 Bloomington, IL 61704-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/200	\$1672.00
F. Full Name, Mailing Address and Zip Code WJBC P.O. Box 8 Bloomington, IL 61704-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/200	\$484.00
G. Full Name, Mailing Address and Zip Code WJBC P.O. Box 8 Bloomington, IL 61704-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/26/200	\$2157.00

SUBTOTAL of Disbursements This Page (optional)

\$7668.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WJEZ/WPOK 315 N. Mill Pontiac, IL 61764-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$1250.00
WJEZ/WPOK 315 N. Mill Pontiac, IL 61764-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/200	\$1100.00
WJEZ/WPOK 315 N. Mill Pontiac, IL 61764-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$576.00
WKAN 2 Dearborn Square Kankakee, IL 60901-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/200	\$1080.00
WKAN 2 Dearborn Square Kankakee, IL 60901-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/200	\$315.00
WKIO 504 S. Neil Street Champaign, IL 61820-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/200	\$2175.00
WKIO 504 S. Neil Street Champaign, IL 61820-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/21/200	\$535.00

SUBTOTAL of Disbursements This Page (optional)	\$7031.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule for each category of the Detailed Summary Page

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WKIO 504 S. Neil Street Champaign, IL 61820-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/02/200	\$2320.00
B. Full Name, Mailing Address and Zip Code WKIO 504 S. Neil Street Champaign, IL 61820-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$1575.00
C. Full Name, Mailing Address and Zip Code WPRS Box 367 Paris, IL 61944-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/14/200	\$546.00
D. Full Name, Mailing Address and Zip Code WPRS Box 367 Paris, IL 61944-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/200	\$350.00
E. Full Name, Mailing Address and Zip Code WPRS Box 367 Paris, IL 61944-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/23/200	\$1400.00
F. Full Name, Mailing Address and Zip Code WPXN 361 N. Railroad Ave. Paxton, IL 60957-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/25/200	\$900.00
G. Full Name, Mailing Address and Zip Code WPXN 361 N. Railroad Ave. Paxton, IL 60957-	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$405.00

SUBTOTAL of Disbursements This Page (optional)	\$7496.00
TOTAL This Period (Last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

<p>A. Full Name, Mailing Address and Zip Code WWHP 407 N. Main St. Farmer City, IL 61842-</p>	<p>Purpose of Disbursement Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 01/25/200</p>	<p>Amount of Each Disbursement This Period \$975.00</p>
<p>B. Full Name, Mailing Address and Zip Code George Walker 2118 Briarhill Rd. Champaign, IL 61822-</p>	<p>Purpose of Disbursement Consulting Services/Media Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 02/24/200</p>	<p>Amount of Each Disbursement This Period \$300.00</p>
<p>C. Full Name, Mailing Address and Zip Code George Walker 2118 Briarhill Rd. Champaign, IL 61822-</p>	<p>Purpose of Disbursement Consulting Services/Media Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 01/26/200</p>	<p>Amount of Each Disbursement This Period \$200.00</p>
<p>D. Full Name, Mailing Address and Zip Code Bill Williams 803 W. Michigan Ave. Urbana, IL 61801-</p>	<p>Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 02/24/200</p>	<p>Amount of Each Disbursement This Period \$670.00 IN KIND</p>
<p>E. Full Name, Mailing Address and Zip Code Diane Williams 803 W. Michigan Ave. Urbana, IL 61801-4843</p>	<p>Purpose of Disbursement Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 02/12/200</p>	<p>Amount of Each Disbursement This Period \$264.00 IN KIND</p>
<p>F. Full Name, Mailing Address and Zip Code Diane Williams 803 W. Michigan Ave. Urbana, IL 61801-4843</p>	<p>Purpose of Disbursement Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/14/200</p>	<p>Amount of Each Disbursement This Period \$46.00 IN KIND</p>
<p>G. Full Name, Mailing Address and Zip Code John Wilson 105 W. Lincoln Ave. Pontiac, IL 61764-1171</p>	<p>Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 01/25/200</p>	<p>Amount of Each Disbursement This Period \$3218.63</p>

SUBTOTAL of Disbursements This Page (optional)	\$5673.63
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Wilson 105 W. Lincoln Ave. Pontiac, IL 61764-1171	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/200	\$291.85
B. 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)	/ /	
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)	/ /	
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)	/ /	
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)	/ /	
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)	/ /	
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)	/ /	

SUBTOTAL of Disbursements This Page (optional)	\$291.85
TOTAL This Period (last page this line number only)	\$124884.41

DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)	Outstanding balance beginning this Period	Amount Incurred this Period	Payment This Period	Outstanding balance at Close of This Period
Sam Ewing for Congress Committee				
Full Name, Mailing Address and Zip Code Samuel Y. Ewing 101 Lawrence Avenue Normal, IL 61761-	\$1484.68	\$3500.00		\$4984.68
Nature of Debt (Purpose) Office equipment/furniture				
Full Name, Mailing Address and Zip Code Samuel Y. Ewing 101 Lawrence Avenue Normal, IL 61761-	\$4032.50			\$4032.50
Nature of Debt (Purpose) Travel/Mileage				

1) SUBTOTAL this Period This Page (optional)	
2) TOTAL this Period (last page this line number only)	\$9017.18
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD (and add carry forward to appropriate line of Summary Page (next page only))	\$9017.18

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4-14-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>SP1</i>	 4-18-00
PREPARER	DATE PREPARED