

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION

AUG 21 11 39 AM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
*CRANE for Congress Committee*

ADDRESS (number and street)  Check if different than previously reported.  
*P.O. Box 8534*

CITY, STATE and ZIP CODE STATE/DISTRICT  
*Rolling Meadows, IL 60008 IL/08*

2. FEC IDENTIFICATION NUMBER  
*C00026740*

3. IS THIS REPORT AN AMENDMENT?  
 YES  NO

### 4. TYPE OF REPORT

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

July 15 Quarterly Report  90-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

October 15 Quarterly Report  Termination Report

January 31 Year End Report

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

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

### SUMMARY

6. Covering Period <i>4/1/98</i> through <i>6/30/98</i>	COLUMN A This Period		COLUMN B Calendar Year-to-Date	
6. Net Contributions (other than loans)				
(a) Total Contributions (other than loans) (from Line 11(a))	<i>44,980.57</i>		<i>200,642.42</i>	
(b) Total Contribution Refunds (from Line 20(d))				
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	<i>44,980.57</i>		<i>200,642.42</i>	
7. Net Operating Expenditures				
(a) Total Operating Expenditures (from Line 17)	<i>48,748.76</i>		<i>473,766.90</i>	
(b) Total Offsets to Operating Expenditures (from Line 14)	<i>1,339.08</i>		<i>1,364.80</i>	
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	<i>47,409.68</i>		<i>472,402.10</i>	
8. Cash on Hand at Close of Reporting Period (from Line 27)	<i>112,166.29</i>			
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)				

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

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

Type or Print Name of Treasurer  
*Billy K. McMINN*

Signature of Treasurer  
*Billy K. McMINN*

Date  
*7-15-98*

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

# DETAILED SUMMARY PAGE

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

Name of Committee (in full)	Report Covering the Period:	
<b>CRANE for Congress Committee</b>	From <b>4/1/98</b>	To <b>6/30/98</b>
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (see Schedule A)	10,125.00	
(ii) Unitemized	10,905.57	
(iii) Total of contributions from individuals	21,030.57	75,532.56
(b) Political Party Committees		5,000.00
(c) Other Political Committees (such as PACs)	23,950.00	120,109.86
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	44,980.57	200,642.42
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	1,339.08	1,364.80
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> <i>Interest</i>	555.94	2,056.38
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	46,875.59	204,063.60
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b> <i>47,470.77 + 1277.99</i>	48,748.76	473,766.90
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
<b>21. OTHER DISBURSEMENTS</b>		
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	48,748.76	473,766.90

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	114,089.46	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	46,875.59	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	160,965.05	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	48,748.76	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	112,216.29	27

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 112 (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 committees.

NAME OF COMMITTEE (In Full)

**CRANE for Congress Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SARAH ARMOUR 303 Bluffs Edge Dr. LAKE FOREST, IL 60045-3303	NONE	6/19/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NONE	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES BARTON 417 W. LAWDALE AVE PEORIA, IL 61604-1579	Retired	6/19/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NICHOLAS CALIO 11 W. MELROSE ST. CHEW CHASE, MD 20815	O'Brien-CALIO	4/22/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PARTNER	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID FLOWERS 1011 N. CENTER ST. HICKORY, NC 28601	Retired	6/19/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALFRED GIMARRA 700 FAIRHAVEN CIR PORTERVILLE, CA 93757-7005	SELF	4/9/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: FARMER	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN GORMAN 1576 CHAPEL CT NORTHBROOK, IL 60062-4650	Retired	6/19/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAROLINE HANSEN 68 MILBROOK CT. HAMDEN, CT 06518	Retired	4/9/98 6/25/98	750.00 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1500.00	

SUBTOTAL of Receipts This Page (optional)

3,350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4  
FOR LINE NUMBER 112 (1)

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NAME OF COMMITTEE (in Full)

CRANE for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PATRICK HEAD 211 WINNETKA AVE WINNETKA, IL 60093 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ALTHEIMER & GRAY Occupation: ATTORNEY Aggregate Year-to-Date > \$ 500.00	6/19/98	750.00
JANE HOFFMAN 488 VALLEY VIEW RD. BARRINGTON, IL 60010-7317 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Housewife Occupation: Aggregate Year-to-Date > \$ 250.00	5/4/98	250.00
JUDITH HOLTGREN 23491 MILTON RD. WILMINGTON, IL 60094 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: HYDRA CORP. Occupation: PRES. Aggregate Year-to-Date > \$ 500.00	4/20/98	500.00
WILLIAM KENNEDY 3721 N. VENTURA DR STE 100 ARLINGTON HTS., IL 60004-7468 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Kennedy Group Occupation: Builder Aggregate Year-to-Date > \$ 500.00	4/9/98	500.00
SARAL KRAFT 26306 FAIRFIELD RD. LAKE ZURICH, IL 60047-6803 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: HOMEMAKER Occupation: Aggregate Year-to-Date > \$ 275.00	6/19/98	275.00
DANIEL MCGREGOR 1530 Woodedge Rd. Springfield, OH 45504 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: N/A Occupation: Aggregate Year-to-Date > \$ 750.00	4/13/98	750.00
ROBERT OSTER N9399 E. SHORE RD MUKWONOAGO, WI 53149 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Deltrap Corp. Occupation: EXECUTIVE Aggregate Year-to-Date > \$ 1,000.00	6/19/98	500.00

SUBTOTAL of Receipts This Page (optional)

2,475.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4  
FOR LINE NUMBER 112 (1)

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NAME OF COMMITTEE (In Full)

CRANE for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
EARL RODMAN 1701 GRAHAM AVE ODESSA, TX. 79763-2818 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: ENGINEER	4/9/98	200.00
Aggregate Year-to-Date > \$ 200.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PATRICK ROE 1018 PRESTWICK DR. FRANKFORT, IL. 60423 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	NONE Occupation:	4/13/98	200.00
Aggregate Year-to-Date > \$ 200.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DONALD RUMSFELD 400 N. MICHIGAN AVE CHICAGO, IL. 60611 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: BUSINESSMAN	6/17/98	500.00
Aggregate Year-to-Date > \$ 1,000.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID SELVAGGIO 202 CHRISTOPHER CT. ROUND LAKE BEACH, IL 60073 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	DSA INC Occupation: CORP. OFFICER	6/19/98	500.00
Aggregate Year-to-Date > \$ 700.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN SHAW 6133 POPLAR AVE MEMPHIS, TN 38119-4707 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SHEA CLINIC Occupation: PHYSICIAN	4/19/98	500.00
Aggregate Year-to-Date > \$ 600.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILBER SHURTS P.O. BOX 298 WILLIAMS BAY, WI 53191-0298 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation:	6/9/98	200.00
Aggregate Year-to-Date > \$ 300.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOYCE THERKILDSEN 1845 N. BRAYMORE DR. BARRINGTON, IL. 60016 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation:	4/7/98	500.00
Aggregate Year-to-Date > \$ 1,000.00			

SUBTOTAL of Receipts This Page (optional)

7,600.00

TOTAL This Period (last page file line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF  
4 14  
FOR LINE NUMBER  
11A (1)

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NAME OF COMMITTEE (in full)

CRANE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
EDGAR MALKIN 500 SKOKIE BLVD STE 595 NORTHBROOK, IL 60062 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$ 500.00	6/9/98	500.00
WARREN WAMBERG 102 S. WYNSTONE PARK DR. NORTH BARRINGTON, IL 60060-6967 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	CLARK/BARDEN INC Occupation Aggregate Year-to-Date > \$ 2000.00	6/19/98	1,000.00
HOPE WHIPPLE 720 PARK AVE NEW YORK, NY 10021-4957 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Housewife Occupation Aggregate Year-to-Date > \$ 200.00	4/9/98	200.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional)	1700.00
TOTAL This Period (last page this line number only)	10,125.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 5  
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

CRANE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Abate of IL. Fed PAC 5917 Pershing Downers Grove IL 60516	PAC	6/9/98	750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 750.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AFLAC INC PAC AFLAC Center Columbus, GA. 31999	PAC	4/20/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AMER. BANKERS ASSOC. PAC 1120 CONN. AVE. NW WASHINGTON, DC 20036	PAC	4/20/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AMER. COUNCIL of Life INS PAC 1001 PENN. AVE. NW WASHINGTON, DC 20004-7599	PAC	4/7/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AMER. HEALTH CARE ASSOC. PAC 1201 L ST. NW WASHINGTON, DC 20005	PAC	4/21/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BROWN WILLIAMSON Corp. PAC P.O. Box 35090 Louisville, KY 40237	PAC	5/17/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
CATERPILLAR PAC 100 N.E. ADAMS ST. PEORIA, IL. 61679-1430	PAC	4/7/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

5,750.00

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 11C

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NAME OF COMMITTEE (in Full)

CRANE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Champion Int'l. Corp. PAC 1675 Eye St Ste 540 Washington, DC 20006	PAC	4/7/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dewey Ballantine LLP PAC 1775 Penn. Ave NW Washington, DC 20006	PAC	5/21/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dickstein, Spadaro & Morin PAC 2101 L. St. NW Washington, DC 20037	PAC	5/17/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Equitable Life Assur. PAC 1290 Ave. of the Americas New York, NY 10104	PAC	6/19/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Federal Express PAC 2005 Corporate Ave. Memphis, Tenn. 38137	PAC	4/13/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Household International PAC 2700 Sanders Rd. Prospect Hill, IL 60070	PAC	4/7/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Intl Council of Shopping Ctrs PAC 1033 N. Fairfax St. Ste 400K Alexandria, VA 22314-1540	PAC	4/7/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

6,500.00

TOTAL This Period (last page this line number only)



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 5  
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

CRANE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>LANE INDUSTRIES PAC</u> <u>1700 SHERMER RD.</u> <u>NORTHBROOK, IL 60062</u>	<u>PAC</u>	<u>4/7/98</u>	<u>500.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>500.00</u>	
<u>McDERMOTT BETTER GOVT. FUND</u> <u>1575 WILSON BLVD STE 100</u> <u>ARLINGTON, VA 22209</u>	<u>PAC</u>	<u>4/7/98</u>	<u>500.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>500.00</u>	
<u>MISS. BAND OF CHOCTAW INDIANS</u> <u>P.O. BOX 6018 CHOCTAW BRANCH</u> <u>PHILADELPHIA, MS 39350</u>	<u>PAC</u>	<u>4/13/98</u>	<u>1,000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>1,000.00</u>	
<u>MORGAN, STANLEY, DEAN WATNER PAC</u> <u>1300 I ST. NW 12TH FL</u> <u>WASHINGTON, DC 20005</u>	<u>PAC</u>	<u>4/7/98</u>	<u>1,000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>2,000.00</u>	
<u>NATL. AUTO DEALERS PAC</u> <u>8400 WESTPARK DR.</u> <u>MCLEAN, VA 22102</u>	<u>PAC</u>	<u>4/7/98</u>	<u>500.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>500.00</u>	
<u>NATL. RESTAURANT ASSOC. PAC</u> <u>1700 17TH ST. NW</u> <u>WASHINGTON, DC 20036-3097</u>	<u>PAC</u>	<u>4/20/98</u>	<u>1,000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>1,000.00</u>	
<u>PEPSI-COLA GEN. BOTTLERS PAC</u> <u>3501 ALGONQUIN RD.</u> <u>ROLLING MEADOWS, IL 60008</u>	<u>PAC</u>	<u>5/17/98</u>	<u>1,000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>1,000.00</u>	

SUBTOTAL of Receipts This Page (optional)

5,500.00

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 5  
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

CRANE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
OUTBOARD MARINE CORP. PAC 100 SEA HORSE DR. WANLEGAN, IL 60085	PAC	4/7/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PHILIP MORRIS CO. INC. PAC 170 PARK AVE NEW YORK, N.Y. 10017	PAC	4/7/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PRINCESS CRUISES INC PAC 10100 SANTA MONICA BLVD. LOS ANGELES, CA 90067	PAC	4/20/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
SBC COMMUNICATIONS INC PAC 175 E. HOUSTON RM 4R-4 SAN ANTONIO, TX 78205	PAC	4/7/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SHAW, PITMAN, POTTS & TROMBLEDOR PAC 2306 N. ST. NW WASHINGTON, DC 20037	PAC	4/13/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ST. CLAIR CO. REP. CENTURY CLUB 8401 W. MAIN BELLEVILLE, IL. 62273	PAC	6/19/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TITLE INDUSTRY PAC 1878 L STREET NW STE 705 WASHINGTON, DC 20036	PAC	5/4/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

4,700.00

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 5 OF 5

FOR LINE NUMBER

11C

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NAME OF COMMITTEE (In Full)

CRANE for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TRANSAMERICA CORP PAC 600 MONTGOMERY ST SAN FRANCISCO, CA 94111	PAC	5/21/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TRW Good Govt Fund 1900 RICHMOND RD CLEVELAND, OH 44124	PAC	4/7/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	1,500.00
TOTAL This Period (last page this line number only)	23,950.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 6  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Crane for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wendy Tepper 32020 North Pine Grayslake, IL 60030	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/98	179.35
"	Wages Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/3/98 4/15/98 5/14/98	1122.00 349.10 349.10
"	① Travel ② Meals ③ Phones Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/98	① 10.00 ② 82.38 ③ 145.17
"	① Meals ② Office Help Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/27/98	① 34.68 ② 30.00
AT&T P.O. Box 27-680 Kansas City, Mo. 64180-0680	Long Distance Phone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/3/98 4/8/98 6/16/98	927.36 83.33 6.43
"	Long Distance Phone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/98 5/21/98 5/27/98	44.28 6.43 657.79
Kruffel Collins & Co. 1450 S. New Wilke Rd. Arlington Heights, IL 60005	Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/3/98 4/30/98 6/1/98	350.00 350.00 350.00
Wendy Tepper 32020 North Pine Grayslake, IL 60030	① Wages ② Phone ③ Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98 6/16/98	① 349.10 ② 32.66 ③ 36.00
"	① Phone ② Meals Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/98	① 80.03 ② 273.55 ③ 78.92

SUBTOTAL of Disbursements This Page (optional) .....

5,984.09

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 16  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Crane for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kirt Johnson 613 S. Taylor St. Arlington Va. 22314	Wages Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/3/98	2250.50
Elsie Ryder P.O. Box 126 Libertyville, IL. 60048	Wages Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/3/98	544.97
Eric Elk 4067 Grand Ave. Gurnee, IL. 60031	Wages Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/3/98 4/5/98	1148.10 218.22
"	① Travel ② Phones ③ Office ④ Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/98	① 507.07 ② 273.27 ③ 232.18 ④ 3.00
"	Wages Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/98 6/15/98	218.22 218.22
Roger Bianco 1636 Gibson Dr. Elk Grove, IL. 60007	Wages Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/3/98 6/19/98	900.72 1148.25
Michael Gustafson 1283 Banbury Rd. Mundelein, IL. 60060	Wages Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/3/98	230.87
ComEd Chicago IL. 60668-0001	Utilities Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/98 4/20/98 6/2/98	136.61 51.16 43.94
Ameritech P.O. Box 4520 Carol Stream, IL. 60147-4520	Phone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/98 4/22/98 5/2/98	190.25 234.64 119.87

SUBTOTAL of Disbursements This Page (optional)

8,780.<sup>00</sup>

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 6  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Crane for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ameritech P.O. Box 4520 Carol Stream, IL. 60147-4520	Phone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/19/98	83.68
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Harris Bank 3250 Kirchoff Rd. Rolling Meadows, IL. 60008	Payroll taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4/8/98 4/15/98 5/14/98	2,575.45 210.00 3,312.40
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Arlington Hts. IL. 60006	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4/13/98 5/27/98 6/11/98	8.16 1248.64 290.00 1546.80
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McMinn & Troutman 2320 Hicks Rd. Rolling Meadows, IL. 60008	① Accounting work ② Secretarial work Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4/15/98	① 145.00 ② 1810.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	① Accounting work ② Secretarial work Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/21/98	① 145.00 ② 1035.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	① Accounting work ② Secretarial work Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/19/98	① 145.00 ② 445.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Harris Charge	① Travel ② Meals ③ Meetings ④ Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4/15/98	① 145.79 ② 348.37 ③ 106.00 ④ 32.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	① Travel ② Jackets ③ Meals Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/27/98	① 87.43 ② 480.00 ③ 73.80
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	① Travel ② Meals ③ Bank Charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/19/98	① 30.70 ② 329.73 ③ 13.39

SUBTOTAL of Disbursements This Page (optional)

13,308.38

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 16  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

Crane for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Winters for Congress P.O. Box 524 Charleston, IL. 61920	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/98	1,000. <sup>00</sup>
Jack McKenney 901 S. Edward St MT. Prospect, IL. 60056	① Supplies ② Travel ③ meals ④ wages Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/98 4/22/98	① 172.90 ② 14.51 ③ 68.40 ④ 58.65
"	① Supplies ② Wages Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/98 5/14/98 6/15/98	① 50. <sup>00</sup> ② 172.90 ③ 172.90
"	① Travel ② Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/98	① 93.20 ② 13.78
IL. Dept. of Revenue Springfield, IL. 62794-9434	Taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/98	560.55
Federal Express P.O. Box 1140 Dept A Memphis TN. 38101-1140	Delivery Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/98 5/21/98 6/16/98	88.25 15.50 71.50
Bartholomew Enterprises Inc. 433 E Golf Rd. Des Plaines IL. 60016-2285	Photography Work Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/98 5/27/98	348.54 401.61
Lake County Republican Federation 332 Peterson Rd. Libertyville, IL. 60048	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/98	300. <sup>00</sup>
Sam Mangiamole P.O. Box 3301 Barrington, IL. 60011	Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/98 6/9/98 6/12/98	1000. <sup>00</sup> 1400. <sup>00</sup> 1400. <sup>00</sup>

SUBTOTAL of Disbursements This Page (optional)

7,398.24

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 6  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**

Crane for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Palatine Republican Organization 231 W. Colfax Palatine, IL. 60067	Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/98	1500. <sup>00</sup>
B. Full Name, Mailing Address and ZIP Code Goodling for Congress 310 E. Market St. York, PA. 17402	Contributions Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/98	500. <sup>00</sup>
C. Full Name, Mailing Address and ZIP Code Mike Velek 18747 Deerpath Wildwood, IL. 60030	Campaign Work Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/98	400. <sup>00</sup>
D. Full Name, Mailing Address and ZIP Code National Republican Congressional Com. 320 First St. SE Washington, DC. 20003	Donations Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/21/98	6500. <sup>00</sup>
E. Full Name, Mailing Address and ZIP Code STAR 2200 W. Higgins Rd. Ste #145 Hoffman Estates, IL. 60145	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/98	500. <sup>00</sup>
F. Full Name, Mailing Address and ZIP Code George Ryan for Governor 180 N. LaSalle St. Ste #1515 Chicago, IL. 60601	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/98	200. <sup>00</sup>
G. Full Name, Mailing Address and ZIP Code Hoffman Estates Chamber of Comm. 2200 W. Higgins Rd. Ste #315 Hoffman Estates, IL. 60145	Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9/98	200. <sup>00</sup>
H. Full Name, Mailing Address and ZIP Code Heather Wilson for Congress Comm. 5400 San Mateo, NE Albuquerque, NM. 87109	Contributions Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/98	1000. <sup>00</sup>
I. Full Name, Mailing Address and ZIP Code J. D. Hayworth for Congress P.O. Box 14293 Scottsdale, AZ. 85267	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/98	1,000. <sup>00</sup>

SUBTOTAL of Disbursements This Page (optional)

11,800.00

TOTAL This Period (last page this line number only)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

Crane for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<p><u>Al Solvi for Secretary of State</u> <u>325 Washington # 301</u> <u>Waukegan, IL 60067</u></p>	<p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><u>6/19/98</u></p>	<p><u>200.00</u></p>
B. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

47,470.77

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
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