



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20461

THIS IS THE BEGINNING OF MUR # 3646

DATE FILMED 10/29/93 CAMERA NO. 2

CAMERAMAN MC

93040991725

BEFORE THE FEDERAL ELECTION COMMISSION
OF THE UNITED STATES

In the matter of:

Sangmeister for Congress
and James B. Harvey, Treasurer

MUR 3646

92 OCT -8 PM 4:35

RECEIVED
FEDERAL ELECTION COMMISSION
OFFICE OF THE CLERK

COMPLAINT

Now comes, Robert T. Herbolsheimer, hereinafter known as "Herbolsheimer" of 102 West Haven Street, New Lenox, Illinois 60451, to file this Complaint pursuant to 2 U.S.C. 437g(a)(1) and 11 C.F.R. 111.4 against Sangmeister for Congress and James B. Harvey, Treasurer, hereinafter known as "Sangmeister", of Route 4 Box 87, Mokena, Illinois 60448.

FACTS

Herbolsheimer, pursuant to the provisions of the Federal Election Campaign Act (the Act) and the Federal Election Commission (FEC) regulations does hereby state the following facts:

1. Sangmeister for Congress is the authorized principal campaign committee for George E. Sangmeister, candidate for the United States House of Representatives from the 11th District of Illinois.

2. On the date of June 13, 1990, a computer and printer were purchased by Sangmeister. See Exhibit A.

3. During the period July 1, 1990, to November 1, 1990, computer software was being used in the operation of the above mentioned computer and printer. See Affidavit A.

4. The periodic campaign finance reports filed by Sangmeister do not reflect any disbursement of funds by Sangmeister for the purchase of computer software nor do they reflect any in-kind contribution of computer software to Sangmeister during the period April 1, 1990 to October 17, 1990. See Exhibit B.

5. A review of the campaign finance statements of Sangmeister indicates a separate disbursement of \$448.25 to "Computerland" for a service contract for the Sangmeister computer hardware, but indicates no purchase of software on July 16, 1990. See Exhibit C.

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DISCUSSION OF LAW

A contribution is defined in C.F.R. 100.7(a) as:

A gift, subscription, loan (except for a loan made in accordance with 11 C.F.R. 100.7(b)(11), advance or deposit of money or anything of value made by any person for the purpose of influencing any election for federal office.

Subparagraph (iii)(A)(B) of 100.7 (a)(E) further states:

(A) For purposes of 11 C.F.R. 100.7 (a)(1), the term anything of value includes all in-kind contributions. Unless specifically exempted under 11 C.F.R. 100.7 (b), the provision of any goods or services without charge or at a charge which is less than the usual or normal charge, the amount of the in-kind contribution is the difference between the usual and normal charge for the goods or services at the time of the contribution and the amount charged the political committee.

(B) For the purposes of C.F.R. 100.7 (a)(1)(iii)(A), usual and normal charge for goods means the price of those goods in the market from which they ordinarily would have been purchased at the time of the contribution; and the usual and normal charge for any services, other than those provided by an unpaid volunteer, means the hourly or piecework charge for the services at a commonly reasonable rate prevailing at the time the services were rendered.

It is clear from the statements made in Affidavit A that the Sangmeister computer and printer were fully operational due to the existence of computer software within the computer during the period July 1, 1990 to November 1, 1990. It is apparent from Exhibit B that no such software was reported as either a purchase by Sangmeister or an in-kind contribution to Sangmeister during the period July 1, 1990 to October 17, 1990.

There is no question that in-kind contributions are required to be reported. All expenditures, whether direct or in-kind, made in connection with federal elections on behalf of and authorized by candidates are subject to the contribution limits and reporting requirements of the Act. The amount of the expenditure for the software or the receipt of the contribution to Sangmeister, regardless of the amount, must be reported by Sangmeister pursuant to the provisions of 11 C.F.R. 104.

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PRAYER FOR RELIEF

Therefore, Robert T. Herbolsheimer respectfully requests, that the Federal Election Commission investigate these violations and find the following conclusions of the law as are appropriate:

(1) The computer software used by Sangmeister represents value to Sangmeister and is therefore a contribution as defined in 11 C.F.R 100.7 (a)(1).

(2) The expenditure made for the computer software is an in-kind contribution to Sangmeister pursuant to 11 C.F.R 100.7 (a)(1)(E)(iii)(A) and is subject to the reporting provisions of 11 C.F.R 104.3. Failure by Sangmeister to report the transaction is a violation of 11 C.F.R. 104.3.

(3) The amount required to be reported as an in-kind contribution to Sangmeister is the fair market value of the product provided to Sangmeister as established in C.F.R. 100.7 (a)(E)(iii) (A)(B).

Therefore, Robert T. Herbolsheimer requests that the Federal Election Commission assess all the appropriate penalties for said violation of the above provisions in accordance with U.S.C. 437g (a)(5)(A).

The above statements are true and correct to the best of my knowledge, information and belief.

Respectfully submitted,

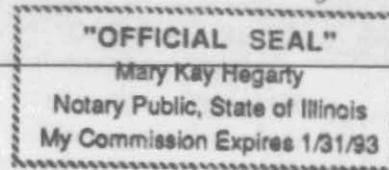
Robert T. Herbolsheimer

Subscribed and Sworn before me this 7th day of October, 1992.

Mary Kay Hegarty

NOTARY PUBLIC

My Commission expires:



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AFFIDAVIT A

I, David Donahue, duly sworn and under oath, state, attest and affirm that the following is a true and accurate statement to the best of my knowledge:

"The computer and printer used by the Sangmeister for Congress Committee from July 1, 1990 until the November 1, 1990 contained the "WordPerfect" and "Harvard Graphics" computer software programs. All members of the campaign staff used the computer and printer extensively during the last four months of the campaign."

David Donahue

David Donahue

Subscribed and Sworn before me this 5th day of October, 1992.

Mary Kay Hegarty
Notary Public

My Commission expires: _____



93040991729

EXHIBIT A

EDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 6
FOR LINE NUMBER 17

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)

SANGMEISTER FOR CONGRESS

124036

<p>A. Full Name, Mailing Address and ZIP Code Lynda Jennings 4213 McClintock Rd. Joliet, IL</p>	<p>Purpose of Disbursement Reimbursement: Frames Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 5/20/90</p>	<p>Amount of Each Disbursement This Period 4.79</p>
<p>B. Full Name, Mailing Address and ZIP Code Kurt Sangmeister 1029 Southgate Rd. New Lenox, IL 60451</p>	<p>Purpose of Disbursement Reimbursement: Tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 6/1/90</p>	<p>Amount of Each Disbursement This Period 40.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Sauk Village Chamber of Commerce 2600 Sauk Trail Sauk Village, IL 60411</p>	<p>Purpose of Disbursement Ticket Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 6/1/90</p>	<p>Amount of Each Disbursement This Period 25.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Lee Babcock 422 Whitney Joliet, IL 60435</p>	<p>Purpose of Disbursement Reimbursement: Cleaning supplies f/Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 6/1/90</p>	<p>Amount of Each Disbursement This Period 23.57</p>
<p>E. Full Name, Mailing Address and ZIP Code Emma Bechler 656 N. Broadway St. Joliet, IL 60435</p>	<p>Purpose of Disbursement Reimburse: Typewriter, Phones, Answer Machine f/Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 6/5/90</p>	<p>Amount of Each Disbursement This Period 297.47</p>
<p>F. Full Name, Mailing Address and ZIP Code Same as above</p>	<p>Purpose of Disbursement Reimburse: Carpet Layer & supplies f/Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 6/13/90</p>	<p>Amount of Each Disbursement This Period 122.87</p>
<p>G. Full Name, Mailing Address and ZIP Code Black Pride, Inc. PO Box 535 Joliet, IL 60434</p>	<p>Purpose of Disbursement Ad & Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 6/7/90</p>	<p>Amount of Each Disbursement This Period 125.00</p>
<p>H. Full Name, Mailing Address and ZIP Code Microfocus Systems 933 N. Kenmore St. Suite 314 Arlington, VA 22201</p>	<p>Purpose of Disbursement Computer & Printer Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 6/13/90</p>	<p>Amount of Each Disbursement This Period 3,207.20</p>
<p>I. Full Name, Mailing Address and ZIP Code George E. Sangmeister Box 87, Rt. 4 Mokena, IL 60448</p>	<p>Purpose of Disbursement Reimburse: Misc. campaign expense, gas, parking, etc. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 6/15/90</p>	<p>Amount of Each Disbursement This Period 25.00</p>
<p>TAL of Disbursements This Page (optional)</p>			<p>3,870.90</p>
<p>This Period (last page this line number only)</p>			

EXHIBIT C

SCHEDULE B

ITEM DISBURSEMENTS

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

PAGE 4 OF 10
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Postmaster Joliet, IL</p>	<p>Purpose of Disbursement</p> <p>Postage</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p> <p>8/31/90 9/4/90 9/12/90</p>	<p>Amount of Each Disbursement This Period</p> <p>50.00 158.75 100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>(Same as above)</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p> <p>8/23/90 9/25/90 7/20/90</p>	<p>Amount of Each Disbursement This Period</p> <p>200.00 100.00 400.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>George Sangmeister Rt. 4, Box 87 Mokena, IL 60448</p>	<p>Purpose of Disbursement</p> <p>Reimbursement: parking, campaign lunch meetings, parade candy</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p> <p>7/16/90 8/30/90 9/10/90</p>	<p>Amount of Each Disbursement This Period</p> <p>98.68 160.30 56.50</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Computerland 3221 W. Jefferson St. Joliet, IL 60435</p>	<p>Purpose of Disbursement</p> <p>Service Contract/Computer</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p> <p>7/16/90</p>	<p>Amount of Each Disbursement This Period</p> <p>448.25</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Pathway Parade Committee PO Box 1332 Bolingbrook, IL 60439</p>	<p>Purpose of Disbursement</p> <p>Parade fee</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p> <p>7/16/90</p>	<p>Amount of Each Disbursement This Period</p> <p>25.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Cellular One-Chicago Dept. 75908 Chicago, IL 60675</p>	<p>Purpose of Disbursement</p> <p>Car Phone Expense</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p> <p>7/17/90 8/30/90 9/11/90</p>	<p>Amount of Each Disbursement This Period</p> <p>93.02 118.32 142.37</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Tracy Bianco 959 Oneida Joliet, IL 60435</p>	<p>Purpose of Disbursement</p> <p>Campaign Signs</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p> <p>7/17/90</p>	<p>Amount of Each Disbursement This Period</p> <p>250.00</p>
<p>H. Full Name, Mailing Address and ZIP Code</p> <p>Avsec Printers 825 Plainfield Rd. Joliet, IL 60435</p>	<p>Purpose of Disbursement</p> <p>Printing</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p> <p>7/17/90 8/6/90</p>	<p>Amount of Each Disbursement This Period</p> <p>284.00 404.00</p>
<p>I. Full Name, Mailing Address and ZIP Code</p> <p>Kim Sangmeister Rt. 4, Box 87 Mokena, IL 60448</p>	<p>Purpose of Disbursement</p> <p>Reimbursement: Postage</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p> <p>7/27/90</p>	<p>Amount of Each Disbursement This Period</p> <p>100.00</p>

TOTAL of Disbursements This Page (optional)

3,189.19

TOTAL This Period (last page this line number only)

EXHIBIT B

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. 000219253 IL/04 090790 P 433
JAMES B HARVEY
CANDIDATE FOR CONGRESS
ST 4 BOX 37
ROCKFORD IL 60445

2. FEC IDENTIFICATION NUMBER
124036

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

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

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7/1/90 through 9/30/90		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	140,583.00	303,358.90
(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))	140,583.00	303,358.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	86,614.45	150,184.20
(b) Total Offsets to Operating Expenditures (from Line 14)	53.44	83.69
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	86,561.01	150,100.51
8. Cash on Hand at Close of Reporting Period (from Line 27)	180,329.20	
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)	19,500.00	

For further information
contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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

James B. Harvey

Signature of Treasurer

James B. Harvey

Date

10/12/90

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

FEC FORM 3

93040991732

DETAILED SUMMARY PAGE

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

Name of Committee (in full) SANGMEISTER FOR CONGRESS		Report Covering the Period:		From: 7/1/90	To: 9/30/90
		124036			
I. RECEIPTS		COLUMN A		COLUMN B	
		Total This Period		Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:					
(a) Individuals/Persons Other Than Political Committees					
(i) Itemized (use Schedule A)		16,892.00			
(ii) Unitemized		27,461.00			
(iii) Total of contributions from individuals		44,353.00		72,070.00	
(b) Political Party Committees		0.00		10,000.00	
(c) Other Political Committees (such as PACs)		96,230.00		221,288.90	
(d) The Candidate		0.00		0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		140,583.00		303,358.90	
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		3,000.00		3,000.00	
(c) TOTAL LOANS (add 13(a) and (b))		3,000.00		3,000.00	
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		53.44		83.69	
15. OTHER RECEIPTS (Dividends, Interest, etc.)		0.00		0.00	
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		143,636.44		306,442.59	
II. DISBURSEMENTS					
17. OPERATING EXPENDITURES		86,614.45		150,184.22	
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		2,390.47		6,660.47	
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		89,004.92		156,844.70	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	125,697.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	143,636.44
25. SUBTOTAL (add Line 23 and Line 24)	\$	269,334.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	89,004.92
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	180,329.20

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER
11(2)(c)

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Leonard Japp 401 Colorado Ave. Frankfort, IL 60423 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 7/16/90	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Albert H. Krusemark 231 Oak St., Box A Frankfort, IL 60423 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed Occupation Lawyer Aggregate Year-to-Date > \$600.00	Date (month, day, year) 7/17/90 7/30/90	Amount of Each Receipt this Period 500.00 100.00
C. Full Name, Mailing Address and ZIP Code Paul Knierim 8501 W. 191st St. Mokena, IL 60448 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed Occupation Builder Aggregate Year-to-Date > \$200.00	Date (month, day, year) 8/3/90	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and ZIP Code Leo Michuda 514 E. 95th St. Chicago, IL 60619 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed Occupation Construction Aggregate Year-to-Date > \$250.00	Date (month, day, year) 7/10/90	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code O'Heir, Richard 515A Aberdeen Rd. Frankfort, IL 60423 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed Occupation Contractor Aggregate Year-to-Date > \$500.00	Date (month, day, year) 7/3/90	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Peter L. Poggi 578 Aberdeen Rd. Frankfort, IL 60423 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed Occupation Owner-Beauty Supplies Aggregate Year-to-Date > \$250.00	Date (month, day, year) 7/10/90	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Frances Richards Rt. 4 Hilltop Rd. Mokena, IL 60448 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$200.00	Date (month, day, year) 7/30/90	Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)

3,000.00

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 7
FOR LINE NUMBER 11(a)(4)

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

<p>A. Full Name, Mailing Address and ZIP Code Joe Schudt 1017 Prestwick Dr. Frankfort, IL 60423</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self employed</p> <p>Occupation Engineer</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 7/20/90</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code William J. Weber Schoolhouse Rd. Mokena, IL 60448</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self employed</p> <p>Occupation Real Estate Developer</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 7/13/90</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Dorothy Banks 1107 N. Marion St. Oak Park, IL 60302</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Housewife</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 8/30/90</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Keith Kemp 506 Winston Lane Chicago Heights, IL 60411</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Steel Warehouse Co.</p> <p>Occupation Salesman</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 7/31/90</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Dr. Virendra Bisla 1650 Princeton Ave. Flossmoor, IL 60422</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 9/17/90</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Bernard Rujda 1280 Woodside Dr. New Lenox, IL 60451</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-employed</p> <p>Occupation President Frankfort Druggist</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 7/30/90 9/12/90</p>	<p>Amount of Each Receipt this Period 100.00 150.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Dr. Sol & Marilyn Tannenbaum 2620 Oakwood Dr. Olympia Fields, IL 60461</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-employed</p> <p>Occupation Optometrist</p> <p>Aggregate Year-to-Date > \$ 365.00</p>	<p>Date (month, day, year) 8/7/90 9/17/90 9/16/90</p>	<p>Amount of Each Receipt this Period 60.00 55.00 in-kind refreshments 250.00</p>

UBTOTAL of Receipts This Page (optional)

3115.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule 1
for each category of the
Detailed Summary Page

PAGE 3 OF 7
FOR LINE NUMBER
11(2)(2)

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)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code
Leonard M. Ring
111 W. Washington St.
Chicago, IL 60602

Name of Employer
Self employed

Date (month,
day, year)
8/17/90

Amount of Each
Receipt this Period
1,000.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation
Lawyer

Aggregate Year-to-Date > \$ 1,000.00

B. Full Name, Mailing Address and ZIP Code
T.A. Demetrio
335 White Oak Lane
Winnetka, IL 60093

Name of Employer
Self employed

Date (month,
day, year)
8/31/90

Amount of Each
Receipt this Period
500.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation
Lawyer

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code
Kenneth Urbanik
1106 Wilcox St.
Joliet, IL 60435

Name of Employer

Date (month,
day, year)
9/5/90

Amount of Each
Receipt this Period
450.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation
Retired

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code
Patrick J. O'Neil
PO Box 326
Lockport, IL 60441

Name of Employer
Self employed

Date (month,
day, year)
9/10/90

Amount of Each
Receipt this Period
500.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Funeral Director

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code
Arthur Sheridan
PO Box 280
Lemont, IL 60439

Name of Employer
Thomas Steel Corp.

Date (month,
day, year)
9/12/90

Amount of Each
Receipt this Period
500.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Executive

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code
Robert C. Thomas
PO Box 280
Lemont, IL 60439

Name of Employer
Thomas Steel Corp.

Date (month,
day, year)
9/12/90

Amount of Each
Receipt this Period
500.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Executive

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code
Victoria Lambrecht
36 Pacific St., Box 387
Frankfort, IL 60423

Name of Employer

Date (month,
day, year)
9/12/90

Amount of Each
Receipt this Period
1,000.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Housewife

Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

4,450.00

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 7
FOR LINE 11B
11(a)(1)

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Patti Lambrecht 15300 Mallard Ln. Lockport, IL 60441	Name of Employer Occupation Housewife	Date (month, day, year) 9/12/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Nat Ozmon 188 W. Randolph St. Chicago, IL 60601	Name of Employer Self employed Occupation Lawyer	Date (month, day, year) 9/17/90	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Stuart C. Kroesch 3033 W. Jefferson PO Box 2068 Joliet, IL 60434	Name of Employer Self employed Occupation Lawyer	Date (month, day, year) 9/20/90 7/23/90 7/13/90	Amount of Each Receipt this Period 600.00 100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 850.00		
D. Full Name, Mailing Address and ZIP Code John J. White 1616 Sheridan Rd. Wilmette, IL 60091	Name of Employer Self employed Occupation Lawyer	Date (month, day, year) 9/25/90	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Joseph C. Fitzgerald 3510 Bankview Ln. Joliet, IL 60435	Name of Employer Self employed Occupation Lawyer	Date (month, day, year) 9/27/90 7/11/90 7/23/90	Amount of Each Receipt this Period 150.00 50.00 In kind-food 125.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 428.50		
F. Full Name, Mailing Address and ZIP Code Douglas P. Hutchison 2455 Glenwood Ave. Joliet, IL 60435	Name of Employer Self employed Occupation Lawyer	Date (month, day, year) 9/27/90	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code David L. Ruttle 3209 Indiarwood Ln. Joliet, IL 60435	Name of Employer Self employed Occupation Lawyer	Date (month, day, year) 9/27/90 7/23/90	Amount of Each Receipt this Period 150.00 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional)

3,478.50

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 5 OF 7
FOR LINE 11 USE 11(a)(2)

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)

SANGMEISTER FOR CONGRESS

124036

<p>A. Full Name, Mailing Address and ZIP Code Laird M. Ozmon 21030 Hazelnut Ln. Plainfield, IL 60544</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self employed</p> <p>Occupation Lawyer</p> <p>Aggregate Year-to-Date > \$200.00</p>	<p>Date (month, day, year) 9/12/90</p> <p>Amount of Each Receipt this Period 200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Charles Bruti 233 West Joe Orr Rd. Chicago Heights, IL 60411</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self employed</p> <p>Occupation Real Estate Developer</p> <p>Aggregate Year-to-Date > \$250.</p>	<p>Date (month, day, year) 7/9/90</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code David E. Brown 789 Leslie Lane Frankfort, IL 60423</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Formax</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 7/12/90</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code James E. Cooper 19839 Mokena St. Mokena, IL 60448</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Mokena State Bank</p> <p>Occupation Management</p> <p>Aggregate Year-to-Date > \$300.00</p>	<p>Date (month, day, year) 7/9/90</p> <p>Amount of Each Receipt this Period 300.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Hughes, John E. 105D W. Delaware Pl Chicago, IL 60610</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Fannie May Candies</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 7/11/90</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code William C. Hardy 663 Fairway Lane Frankfort, IL 60423</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self employed</p> <p>Occupation Contractor</p> <p>Aggregate Year-to-Date > \$200.00</p>	<p>Date (month, day, year) 7/27/90</p> <p>Amount of Each Receipt this Period 200.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Richard Hosbach 558 E. 12th St. Lockport, IL 60441</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self employed</p> <p>Occupation Retail florist</p> <p>Aggregate Year-to-Date > \$ 225.00</p>	<p>Date (month, day, year) 8/30/90 9/13/90</p> <p>Amount of Each Receipt this Period 150.00 25.00</p>

SUBTOTAL of Receipts This Page (optional)

1,625.00

TOTAL This Period (last page this line number only)

93040991738

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 7
FOR LINE NUMBER
11(2)(2)

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Chef Klaus 42 Kansas St. Frankfort, IL 60423	Name of Employer Self employed	Date (month, day, year) 8/10/90	Amount of Each Receipt in this Period 225.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chef		in-kind food
	Aggregate Year-to-Date > \$ 225.00		
B. Full Name, Mailing Address and ZIP Code Jim Pascal 23 Oak St. Frankfort, IL 60423	Name of Employer	Date (month, day, year) 8/10/90	Amount of Each Receipt in this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		in-kind food
	Aggregate Year-to-Date > \$ 25.00		
C. Full Name, Mailing Address and ZIP Code George Mahoney 2230 Oneida Joliet, IL 60435	Name of Employer	Date (month, day, year) 7/23/90	Amount of Each Receipt in this Period 128.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		in-kind food
	Aggregate Year-to-Date > \$ 128.50		
D. Full Name, Mailing Address and ZIP Code NOTE: The following contribution earmarked through PeacePac, 100 Maryland Ave., N.E. Washington, D.C. 20002	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Judith A. Humpherys Lewis E. Humpherys P.O. Box 917 Santa Monica, CA 90406	Name of Employer	Date (month, day, year) 8/6/90	Amount of Each Receipt in this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Earmarked; See above
	Aggregate Year-to-Date > \$ 25.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in 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 in 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)

403.50

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 7
FOR LINE NUMBER 11(a)(2)

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NAME OF COMMITTEE (in Full)

SANGHEISTER FOR CONGRESS

124036

<p>A. Full Name, Mailing Address and ZIP Code Peg Bagby 1105 Black Rd. Joliet, IL 60435</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 450.00</p>	<p>Date (month, day, year) 7/30/90 9/17/90</p> <p>Amount of Each Receipt this Period 300.00 150.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Rod Baker, Jr. 2775 S. Washington St. Naperville, IL 60465</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self employed</p> <p>Occupation Auto dealership</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 9/30/90</p> <p>Amount of Each Receipt this Period 150.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Angelo Ciambrone 1515 Halsted St. Chicago Heights, IL 60411</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self employed</p> <p>Occupation Lawyer</p> <p>Aggregate Year-to-Date > \$ 220.00</p>	<p>Date (month, day, year) 8/10/80 9/14/90</p> <p>Amount of Each Receipt this Period 120.00 100.00</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</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>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)

820.00

TOTAL This Period (last page this line number only)

16,892.00

93040991740

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule 17
for each category of the
Detailed Summary Page

PAGE 1 OF 10
FOR LINE NUMBER 11 (C)

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Amalgamated Transit Union COPE Account-Voluntary Fund 5025 Wisconsin Ave., N.W. Washington, D.C. 20016 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 3,500.00	Date (month, day, year) 7/10/90 Amount of Each Receipt in this Period 2,500.00
B. Full Name, Mailing Address and ZIP Code ANA-PAC Political Contributions Account 1101-14th St., N.W., Suite 200 Washington, D.C. 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 7/6/90 Amount of Each Receipt in this Period 500.00
C. Full Name, Mailing Address and ZIP Code Boilermakers-Blacksmiths Legislative Education Action Program (LEAP) 753 State Ave., #565 Kansas City, KS 66101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 7/9/90 8/31/90 Amount of Each Receipt in this Period 1,000.00 500.00
D. Full Name, Mailing Address and ZIP Code Committee on Political Action of the American Postal Workers Union, AFL-CIO 1300 L Street N.W. Washington, D.C. 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,700.00	Date (month, day, year) 7/9/90 Amount of Each Receipt in this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Commodity Futures Political Fund, Members of the Chicago Mercantile Exchange 30 S. Wacker Dr. Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/16/90 Amount of Each Receipt in this Period 500.00
F. Full Name, Mailing Address and ZIP Code First Chicago Corporation PAC One First National Plaza Chicago, IL 60670 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 7/16/90 Amount of Each Receipt in this Period 500.00
G. Full Name, Mailing Address and ZIP Code Ironworkers Political Action League 1750 New York Ave. N.W. Washington, D.C. 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 7/19/90 Amount of Each Receipt in this Period 2,000.00

SUBTOTAL of Receipts This Page (optional)

8,500.00

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 2 OF 10
FOR LINE NUMBER
11(c)

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code
United Rubber, Cork, Linoleum & Plastic
Workers of America COPE Committee
87 S. High St.
Akron, Ohio 44308

Name of Employer

Date (month,
day, year)
8/16/90

Amount of Each
Receipt this Period
2,000.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 2,000.00

B. Full Name, Mailing Address and ZIP Code
Committee on Political Education AFL-CIO
815 16th St., N.W.
Washington, D.C. 20006

Name of Employer

Date (month,
day, year)
8/29/90

Amount of Each
Receipt this Period
2,500.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 5,000.00

C. Full Name, Mailing Address and ZIP Code
Graphic Communications International Union
Political Action Fund, Voluntary Funds Account
1900 L St., N.W.
Washington, D.C. 20036

Name of Employer

Date (month,
day, year)
8/29/90

Amount of Each
Receipt this Period
500.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 1,500.00

D. Full Name, Mailing Address and ZIP Code
Bricklayers & Allied Craftsmen PAC
815 Fifteenth St., N.W.
Washington, D.C. 20005

Name of Employer

Date (month,
day, year)
8/27/90

Amount of Each
Receipt this Period
500.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 1,250.00

E. Full Name, Mailing Address and ZIP Code
American Sugarbeet Growers Assoc. PAC
1156 15th St., N.W., Ste. 1020
Washington, D.C. 20005

Name of Employer

Date (month,
day, year)
8/27/90

Amount of Each
Receipt this Period
1,000.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 1,500.00

F. Full Name, Mailing Address and ZIP Code
Plasterers' & Cement Masons' Action Committee
1125 17th St., N.W.
Washington, D.C. 20036

Name of Employer

Date (month,
day, year)
8/23/90

Amount of Each
Receipt this Period
300.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 600.00

G. Full Name, Mailing Address and ZIP Code
National Education Association PAC
1201 15th St., N.W.
Washington, D.C. 20036

Name of Employer

Date (month,
day, year)
8/31/90

Amount of Each
Receipt this Period
5,000.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 9,500.00

SUBTOTAL of Receipts This Page (optional)

11,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
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PAGE 3 OF 10
FOR LINE NUMBER 11(C)

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code
NRLCA PAC
1448 Duke St., Ste 100
Alexandria, VA 22413

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

7/20/90

350.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 350.00

B. Full Name, Mailing Address and ZIP Code
National Cable Television PAC
1724 Massachusetts Ave., N.W.
Washington, D.C. 20036

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

7/18/90

2,000.00

9/28/90

4,000.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 5,000.00

C. Full Name, Mailing Address and ZIP Code
Communications Workers of America COPE
Political Contributions Committee
1925 K St., N.W., Ste 211
Washington, D.C. 20006

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

7/24/90

2,000.00

Occupation

9/28/90

2,000.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 5,000.00

D. Full Name, Mailing Address and ZIP Code
NARFE-PAC
1533 New Hampshire Ave., N.W.
Washington, D.C. 20036

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

7/30/90

5,000.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 6,000.00

E. Full Name, Mailing Address and ZIP Code
Capital Political Action Committee
PO Box 65331
Washington, D.C. 20035-5331

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

8/6/90

350.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 350.00

F. Full Name, Mailing Address and ZIP Code
Seafarers Political Activity Donation
5201 Auth Way
Camp Springs, MD 20746

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

8/6/90

3,000.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 3,000.00

G. Full Name, Mailing Address and ZIP Code
National Council of Senior Citizens PAC, Inc.
925 15th St., N.W.
Washington, D.C. 20005

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

8/6/90

1,000.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

18,700.00

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

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Illinois State Medical Society PAC 20 N. Michigan Ave., Ste 700 Chicago, IL 60602	Name of Employer Occupation 	Date (month, day, year) 9/28/90	Amount of Each Receipt this Period 3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,000.00		
B. Full Name, Mailing Address and ZIP Code Sunkist Political Action Committee P.O. Box 5576 Sherman Oaks, CA 91413	Name of Employer Occupation 	Date (month, day, year) 9/28/90	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code First Midwest Bancorp Government Affairs Fund 50 W. Jefferson St. Joliet, IL 60431	Name of Employer Occupation 	Date (month, day, year) 7/20/90	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code Boilermakers-Blacksmiths Local No. 1 PAC 2941 S. Archer Ave. Chicago, IL 60608	Name of Employer Occupation 	Date (month, day, year) 9/28/90	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100.00		
E. Full Name, Mailing Address and ZIP Code Transportation Political Education League 14600 Detroit Ave. Cleveland, OH 44107	Name of Employer Occupation 	Date (month, day, year) 9/28/90	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
F. Full Name, Mailing Address and ZIP Code Mid-Am Dairymen Adept 3253 E. Chestnut Expressway Springfield, MD 65802	Name of Employer Occupation 	Date (month, day, year) 9/28/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
G. Full Name, Mailing Address and ZIP Code Coffield, Ungaretti Harris & Slavin Political Action Committee 3500 Three First National Plaza Chicago, IL 60602	Name of Employer Occupation 	Date (month, day, year) 9/20/90	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

7,700.00

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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FOR LINE NUMBERS 11(2)

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

NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

<p>A. Full Name, Mailing Address and ZIP Code Illinois Pork PAC 6411 So. 6th St. Frontage Rd. East Springfield, IL 62707</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 9/17/90 Amount of Each Receipt in Period 200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Continental Bank Political Participation Fund 231 S. LaSalle St. Chicago, IL 60697</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 9/19/90 Amount of Each Receipt in Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code SEIU COPE Fund PCC 1313 L Street, N.W. Washington, D.C. 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 9/20/90 Amount of Each Receipt in Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code VFW-PAC, Inc. Suite 506 200 Maryland Ave., NE Washington, D.C. 20002</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 9/28/90 Amount of Each Receipt in Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code American Federation of State, County & Municipal Employees AFL-CIO 1625 L St., N.W. Washington, D.C. 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 7,000.00</p>	<p>Date (month, day, year) 9/28/90 Amount of Each Receipt in Period 5,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Credit Union Legislative Action Council of Credit Union National Assoc. 805 Fifteenth St., N.W. Washington, D.C. 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 9/28/90 Amount of Each Receipt in Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Sierra Club Political Committee 730 Polk St. San Francisco, CA 94109</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 4,350.00</p>	<p>Date (month, day, year) 9/28/90 Amount of Each Receipt in Period 4,000.00</p>

SUBTOTAL of Receipts This Page (optional)

13,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Joint Action Committee for Political Affairs P.O. Box 105 Highland Park, IL 60035	Name of Employer Occupation	Date (month, day, year) 8/9/90 9/28/90	Amount of Each Receipt in this Period 1,000.00 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,500.00		
B. Full Name, Mailing Address and ZIP Code IBEW COPE 1125 15th St. N.W. Washington, D.C. 20005	Name of Employer Occupation	Date (month, day, year) 8/10/90	Amount of Each Receipt in this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
C. Full Name, Mailing Address and ZIP Code City PAC PO Box 14666 Chicago, IL 60614	Name of Employer Occupation	Date (month, day, year) 8/13/90	Amount of Each Receipt in this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code District 2 MEBA-AMO-AFL-CIO Voluntary Political Action Fund 650 Fourth Ave. Brooklyn, N.Y. 11232	Name of Employer Occupation	Date (month, day, year) 8/14/90	Amount of Each Receipt in this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code American Crystal Sugar PAC 101 N. Third St. Moorhead, MN 56560	Name of Employer Occupation	Date (month, day, year) 8/14/90	Amount of Each Receipt in this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,850.00		
F. Full Name, Mailing Address and ZIP Code Auction Markets PAC of the Chicago Board of Trade 141 W. Jackson Blvd. Chicago, IL 60604	Name of Employer Occupation	Date (month, day, year) 8/20/90	Amount of Each Receipt in this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Laborers' Political League 905 16th St., N.W. Washington, D.C. 20006	Name of Employer Occupation	Date (month, day, year) 8/14/90	Amount of Each Receipt in this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		

SUBTOTAL of Receipts This Page (optional)

11,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

SANMEISTER FOR CONGRESS COMMITTEE

124036

A. Full Name, Mailing Address and ZIP Code Sheet Metal Workers' International Association Political Action League 1750 New York Ave., N.W. Washington, D.C. 20006		Name of Employer Date (month, day, year) 8/31/90	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 7,500.00	
B. Full Name, Mailing Address and ZIP Code OPTH PAC, American Academy of Ophthalmology, Political Committee P.O. Box 7424 San Francisco, CA 94120-7424		Name of Employer Date (month, day, year) 8/31/90	Amount of Each Receipt this Period 3,000.00
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 ABC United Food & Commercial Workers 1775 K St., N.W. Washington, D.C. 20006-1598		Name of Employer Date (month, day, year) 9/7/90	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 9,750.00	
D. Full Name, Mailing Address and ZIP Code National Committee to Preserve Social Security & Medicare - PAC 2000 K St., N.W. Ste. 800 Washington, D.C. 20006		Name of Employer Date (month, day, year) 9/11/90	Amount of Each Receipt this Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 2,500.00	
E. Full Name, Mailing Address and ZIP Code Responsible Citizens Political League (Formerly BRAC) 3 Research Place Rockville, MD 20850		Name of Employer Date (month, day, year) 9/17/90	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 1,700.00	
F. Full Name, Mailing Address and ZIP Code CNA Citizens for Good Government CNA Plaza Chicago, IL 60685		Name of Employer Date (month, day, year) 9/17/90	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Handgun Control Voter Education Fund 1225 Eye St., N.W. Washington, D.C. 20005		Name of Employer Date (month, day, year) 9/17/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 1,500.00	

SUBTOTAL of Receipts This Page (optional)

16,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Citizens for Congressman Panetta P.O. Box 2703 Monterey, CA 93942 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7/6/90 Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Durbin for Congress Committee P.O. Box 1949 Springfield, IL 62705 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/19/90 Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Applegate for Congress Committee R.D. 3 Steubenville, Ohio 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 7/19/90 Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Effective Government Committee 80 F Street, N.W. 8th Floor Washington, D.C. 20001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 7/20/90 Amount of Each Receipt this Period 2,000.00
E. Full Name, Mailing Address and ZIP Code Committee to elect Jim Traffigant, Jr. 1823 Basil Ave. Youngstown, Ohio 44514 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 7/20/90 Amount of Each Receipt this Period 200.00
F. Full Name, Mailing Address and ZIP Code House Leadership Fund 9600 River Rd. Potomac, MD 20854 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 9/17/90 Amount of Each Receipt this Period 2,000.00
G. Full Name, Mailing Address and ZIP Code Hayes f/Congress Committee 4859 S. WABASH AVE CHICAGO, IL 60615 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 9/17/90 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)

6,150.00

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)

SANGMEISTER FOR CONGRESS

124036

<p>A. Full Name, Mailing Address and ZIP Code Committee for Democratic Opportunity P.O. Box 18806 Philadelphia, PA 19119</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 9/28/90</p> <p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Philip Novak Campaign Fund 1317 Marla Terrace Bradley, IL 60915</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Composed of funds permissible under Act</p> <p>Aggregate Year-to-Date > \$ 50.00</p>	<p>Date (month, day, year) 9/28/90</p> <p>Amount of Each Receipt this Period 50.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Committee to Elect James DeLeo 6905 W. North Ave., Suite 2B Oak Park, IL 60302</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Composed of funds permissible under Act</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 8/30/90</p> <p>Amount of Each Receipt this Period 300.00</p>
<p>D. Full Name, Mailing Address and ZIP Code 36th Ward Regular Democratic Organization 6839 W. Belmont Chicago, IL 60634</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Composed of funds permissible under Act</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 8/30/90</p> <p>Amount of Each Receipt this Period 300.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Bloom Township Democratic Organization 1517 Halsted St. Chicago Heights, IL 60411</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Composed of funds permissible under Act</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 8/10/90</p> <p>Amount of Each Receipt this Period 300.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Citizens for Palombo 931 Arquilla Dr., Unit 321 Glenwood, IL 60425</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Composed of funds permissible under Act</p> <p>Aggregate Year-to-Date > \$ 30.00</p>	<p>Date (month, day, year) 8/10/90</p> <p>Amount of Each Receipt this Period 30.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Steczo Citizens Committee 16150 S. Cicero Ave. Oak Forest, IL 60452</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Composed of funds permissible under Act</p> <p>Aggregate Year-to-Date > \$ 60.00</p>	<p>Date (month, day, year) 7/18/90</p> <p>Amount of Each Receipt this Period 60.00</p>

SUBTOTAL of Receipts This Page (optional)

2,040.00

93040991749

SCHEDULE A

ITEMIZED RECEIPTS

 Separate schedule(s)
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 NAME OF COMMITTEE (in Full)
SANGMEISTER FOR CONGRESS

124036

 A. Full Name, Mailing Address and ZIP Code
Robert Stefaniak Mayoral Campaign Fund
PO Box 1519
Calumet City, IL 60409

 Name of Employer
Composed of funds
permissible under Act

 Date (month,
day, year)
8/10/90

 Amount of Each
Receipt this Period
130.00

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 180.00

 B. Full Name, Mailing Address and ZIP Code
Thornton Township Democratic Organization
201 Pulaski Rd.
Calumet City, IL 60409

 Name of Employer
Composed of funds
permissible under Act

 Date (month,
day, year)
8/10/90

 Amount of Each
Receipt this Period
650.00

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 650.00

 C. Full Name, Mailing Address and ZIP Code
Friends of Leni Wosczyński
621 Manistee Ave.
Calumet City, IL 60409

 Name of Employer
Composed of funds
permissible under Act

 Date (month,
day, year)
8/10/90

 Amount of Each
Receipt this Period
30.00

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 30.00

 D. Full Name, Mailing Address and ZIP Code
Citizens for Fred Redell
376 Yates
Calumet City, IL 60409

 Name of Employer
Composed of funds
permissible under Act

 Date (month,
day, year)
8/10/90

 Amount of Each
Receipt this Period
30.00

 Receipt For: ☐ Primary ☒ General
☐ 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

Occupation

 Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

 Date (month,
day, year)

 Amount of Each
Receipt this Period

Occupation

 Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

 Date (month,
day, year)

 Amount of Each
Receipt this Period

Occupation

 Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

890.00

TOTAL This Period (last page this line number only)

96,230.00

93040991750

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 3

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)

SANGMEISTER FOR CONGRESS

124036

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>DSG Campaign Fund 499 S. Capitol #113 Washington, D.C. 20003</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Loan</p> <p>Occupation</p>	<p>Date (month, day, year)</p> <p>9/28/90</p>	<p>Amount of Each Receipt this Period</p> <p>3,000.00</p>
<p>B. 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>Date (month, day, year)</p> <p>Amount of Each Receipt this Period</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</p> <p>Occupation</p>	<p>Date (month, day, year)</p> <p>Amount of Each Receipt this Period</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</p> <p>Occupation</p>	<p>Date (month, day, year)</p> <p>Amount of Each Receipt this Period</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>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>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>Date (month, day, year)</p> <p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3,000.00

93040991751

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 14

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)
SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Mary Beth Albright 2432 Walshway Joliet, IL 60435	Name of Employer Reimbursement for personal calls Occupation	Date (month, day, year) 9/10/90	Amount of Each Receipt in this Period 53.44
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt in this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt in this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt in this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt in this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt in this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt in this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

53.44

93040991752

SCHEDULE A

ITEMIZED RECEIPTS
EXEMPTUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12

FOR LINE NUMBER
N A

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NAME OF COMMITTEE (in full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code

James B. Harvey
2455 Glenwood Ave.
Joliet, IL 60435

Name of Employer

Self employed

Date (month,
day, year)7/1/90
thru
6/30/90Amount of Each
Receipt this Period

200.00

Exempt from
Acct. Statement

Receipt For:

☐ Primary☐ General☐ Other (specify):Occupation
Lawyer

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

Occupation

Aggregate Year-to-Date > \$

Receipt For:

☐ Primary☐ General☐ Other (specify):

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

☐ Primary☐ General☐ Other (specify):

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

☐ Primary☐ General☐ Other (specify):

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

☐ Primary☐ General☐ Other (specify):

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

☐ Primary☐ General☐ Other (specify):

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

☐ Primary☐ General☐ Other (specify):

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

93040991753

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 10
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Imperial Electronics 1312 W. Jefferson St. Joliet, IL 60435	Rent	7/1/90	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8/1/90	1,000.00
	<input type="checkbox"/> Other (specify)	9/14/90	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Marilyn McManimen 125 White St. Frankfort, IL 60423	Contract Employee: Office Clerk	7/1/90	707.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7/14/90	434.00
	<input type="checkbox"/> Other (specify)	7/31/90	619.50
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
		8/15/90	483.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8/31/90	497.00
	<input type="checkbox"/> Other (specify)	9/14/90	276.50
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Marilyn McManimen 125 White St. Frankfort, IL 60423	Reimbursement for office Supplies	7/1/90	12.35
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7/31/90	3.65
	<input type="checkbox"/> Other (specify)	8/6/90	7.82
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Culligan Water 1111 E. Washington St. Joliet, IL 60433	Headquarters Water Service	7/1/90	5.38
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8/1/90	22.47
	<input type="checkbox"/> Other (specify)	9/10/90	9.29
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ronald Harper 189 Terrace Dr. Chicago Heights, IL 60411	Contract Employee	7/1/90	950.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7/31/90	950.00
	<input type="checkbox"/> Other (specify)	8/22/90	660.80
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walshway Apartments P.O. Box 3353 Joliet, IL 60434	Rent	7/2/90	375.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8/1/90	375.00
	<input type="checkbox"/> Other (specify)	9/14/90	375.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Illinois Bell Telephone Co. 225 W. Randolph Chicago, IL 60606	Telephone Service	7/2/90	60.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7/23/90	220.70
	<input type="checkbox"/> Other (specify)	8/9/90	213.08
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
		9/18/90	233.79
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8/17/90	425.00
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

19,916.33

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 10
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary Beth Albright 2432 Walshway Joliet, IL 60435	Fundraising Consultant Fee	7/2/90	750.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7/17/90	750.00
	Other (specify)	7/30/90	750.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	"	8/15/90	750.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8/30/90	750.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Reimbursement: Mileage, Lodging	7/17/90	502.32
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8/1/90	98.43
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Paper	7/2/90	20.57
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8/30/90	190.42
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Deposit	7/2/90	50.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8/30/90	190.42
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Maps & Precinct lists	7/3/90	100.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9/25/90	75.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Refreshments f/fundraiser	7/3/90	1,299.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8/30/90	619.15
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Printing	7/3/90	625.55
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7/17/90	1,168.45
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	"	8/30/90	619.15
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/12/90	337.50
	Other (specify)	9/18/90	436.85

SUBTOTAL of Disbursements This Page (optional)

10,378.85

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 10
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code McGrath Office Equipment P.O. Box 932 Joliet, IL 60434	Purpose of Disbursement Typewriter, Office supplies, rent of Fax & Copy machines Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/3/90 7/17/90 8/1/90	Amount of Each Disbursement This Period 176.96 172.49 192.73
B. Full Name, Mailing Address and ZIP Code "	Purpose of Disbursement "	Date (month, day, year) 8/6/90 8/10/90 8/30/90	Amount of Each Disbursement This Period 146.82 256.00 96.45
C. Full Name, Mailing Address and ZIP Code "	Purpose of Disbursement "	Date (month, day, year) 8/31/90 9/12/90	Amount of Each Disbursement This Period 40.70 155.00
D. Full Name, Mailing Address and ZIP Code Kerry Weber Schoolhouse Rd. Mokena, IL 60448	Purpose of Disbursement Contract Campaign Employee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/24/90 7/3/90 8/1/90	Amount of Each Disbursement This Period 283.00 500.00 500.00
E. Full Name, Mailing Address and ZIP Code Wesley Jones 260 Anderson Rd. New Lenox, IL 60451	Purpose of Disbursement Installation of shelves @ headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/5/90	Amount of Each Disbursement This Period 42.54
F. Full Name, Mailing Address and ZIP Code Jonathan Kaplan 340 Rebecca Rd. Joliet, IL 60435	Purpose of Disbursement Contract Campaign Employee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/5/90 8/1/90 8/22/90	Amount of Each Disbursement This Period 500.00 500.00 305.00
G. Full Name, Mailing Address and ZIP Code (Same as above)	Purpose of Disbursement Copies & Reimbursement: Mileage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/18/90 7/19/90 8/2/90 8/22/90	Amount of Each Disbursement This Period 142.47 50.00 110.60 119.60
H. Full Name, Mailing Address and ZIP Code Postmaster Joliet, IL	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/13/90 7/10/90 7/30/90	Amount of Each Disbursement This Period 509.00 100.00 135.00
I. Full Name, Mailing Address and ZIP Code "	Purpose of Disbursement "	Date (month, day, year) 8/1/90 8/16/90 8/27/90	Amount of Each Disbursement This Period 100.00 120.00 8.75

SUBTOTAL of Disbursements This Page (optional)

5,263.33

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 10
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Joliet, IL	Postage	8/31/90	50.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9/4/90	158.75
	<input type="checkbox"/> Other (specify)	9/12/90	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
(Same as above)		8/23/90	200.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/25/90	100.00
	<input type="checkbox"/> Other (specify)	7/20/90	400.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
George Sangmeister Rt. 4, Box 87 Mokena, IL 60448	Reimbursement: parking, campaign lunch meetings, parade candy	7/16/90	98.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8/30/90	100.00
	<input type="checkbox"/> Other (specify)	9/10/90	56.50
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Computerland 3221 W. Jefferson St. Joliet, IL 60435	Service Contract/Computer	7/16/90	448.25
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pathway Parade Committee PO Box 1332 Bolingbrook, IL 60439	Parade fee	7/16/90	25.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cellular One-Chicago Dept. 75908 Chicago, IL 60675	Car Phone Expense	7/17/90	93.02
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8/30/90	118.32
	<input type="checkbox"/> Other (specify)	9/11/90	142.37
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tracy Bianco 959 Oneida Joliet, IL 60435	Campaign Signs	7/17/90	250.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Avsec Printers 825 Plainfield Rd. Joliet, IL 60435	Printing	7/17/90	284.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8/6/90	404.00
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kim Sangmeister Rt. 4, Box 87 Mokena, IL 60448	Reimbursement: Postage	7/27/90	100.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

3,189.19

TOTAL This Period (last page this line number only)

93040991757

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 5 OF 10
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Josco Office Supply 101 N. Reed St. Joliet, IL 60435	Office Supplies	7/1/90	46.10
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7/17/90	94.63
	<input type="checkbox"/> Other (specify)	8/7/90	28.71
B. Full Name, Mailing Address and ZIP Code (Same as above)	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
		8/30/90	10.60
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9/10/90	15.23
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code David Donahue 2501 W. 119th St. Blue Island, IL	Purpose of Disbursement Campaign Consultant Fee	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7/31/90	3,000.00
	<input type="checkbox"/> Other (specify)	8/31/90	3,000.00
D. Full Name, Mailing Address and ZIP Code (Same as above)	Purpose of Disbursement Reimbursement Supplies, meetings, office materials	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7/19/90	124.52
	<input type="checkbox"/> Other (specify)	8/31/90	131.36
		9/27/90	221.26
E. Full Name, Mailing Address and ZIP Code Women Together PO Box 98 Flossmoor, IL, 60422	Purpose of Disbursement Ad & Tickets	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7/19/90	150.00
	<input type="checkbox"/> Other (specify)	8/6/90	50.00
F. Full Name, Mailing Address and ZIP Code Quality Quickprint 85 W. Jefferson St. Joliet, IL 60431	Purpose of Disbursement Copies	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7/25/90	190.39
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code National Council of Jewish Women c/o 1240 W. 191st St. Homewood, IL 60430	Purpose of Disbursement Ad	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7/31/90	100.00
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code George Bogdanich 644 N. Clark St. Chicago, IL 60610	Purpose of Disbursement Communications Consultant Fee	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7/10/90	1,400.00
	<input type="checkbox"/> Other (specify)	8/1/90	1,145.00
		8/31/90	1,000.00
I. Full Name, Mailing Address and ZIP Code (Same as above)	Purpose of Disbursement Reimbursement: Mileage, telephone, FAX	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8/6/90	105.00
	<input type="checkbox"/> Other (specify)	8/10/90	338.39
		9/21/90	261.00

SUBTOTAL of Disbursements This Page (optional)

11,412.21

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Car Phone Co. 9254 159th Orland Park, IL	Purpose of Disbursement Beeper Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/1/90 Amount of Each Disbursement This Period 150.00
B. Full Name, Mailing Address and ZIP Code U.S. Sprint PO Box 650338 Dallas, TX 75265	Purpose of Disbursement Long distance telephone service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/1/90 Amount of Each Disbursement This Period 154.00
C. Full Name, Mailing Address and ZIP Code Woock Insurance Agency Box 10 Lockport, IL 60441	Purpose of Disbursement Insurance-Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/1/90 Amount of Each Disbursement This Period 356.00
D. Full Name, Mailing Address and ZIP Code Edward Baldacci 369 Patricia Dr. Chicago Heights, IL 60411	Purpose of Disbursement Music-Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/2/90 Amount of Each Disbursement This Period 100.00
E. Full Name, Mailing Address and ZIP Code Lloyd Betourney & Assoc. 134 N. LaSalle St. Chicago, IL 60602	Purpose of Disbursement Media Consultant Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/1/90 Amount of Each Disbursement This Period 8,000.00
F. Full Name, Mailing Address and ZIP Code Prestwick Country Club 601 Prestwick Dr. Frankfort, IL 60423	Purpose of Disbursement Refreshments-Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/6/90 Amount of Each Disbursement This Period 2,080.21
G. Full Name, Mailing Address and ZIP Code Lockport Area Development Commission 222 E. 9th St. Lockport, IL 60441	Purpose of Disbursement Tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/6/90 Amount of Each Disbursement This Period 100.00
H. Full Name, Mailing Address and ZIP Code Lunde & Burger 1101 King St. Alexandria, VA 22314	Purpose of Disbursement Campaign Consultants-Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/7/90 8/30/90 9/25/90 Amount of Each Disbursement This Period 2,500.00 2,500.00 2,500.00
I. Full Name, Mailing Address and ZIP Code (Same as above)	Purpose of Disbursement Travel, Reimbursement of expenses: Telephone, postage, supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/7/90 8/30/90 9/25/90 Amount of Each Disbursement This Period 840.46 103.06 47.96

SUBTOTAL of Disbursements This Page (optional)

19,631.74

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Manhattan Fun Day Parade Manhattan, IL 60442	Purpose of Disbursement Parade entry fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/10/90	Amount of Each Disbursement This Period 10.00
B. Full Name, Mailing Address and ZIP Code Shorewood Crossroads Festival Shorewood, IL 60436	Purpose of Disbursement Parade fee & booth Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/10/90 8/15/90	Amount of Each Disbursement This Period 25.00 10.00
C. Full Name, Mailing Address and ZIP Code Sheffield Press 2040 164th Pl. Hammond, IN 46320	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/10/90	Amount of Each Disbursement This Period 1,775.00
D. Full Name, Mailing Address and ZIP Code Frankfort Today Newspaper Frankfort, IL 60423	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/15/90	Amount of Each Disbursement This Period 142.50
E. Full Name, Mailing Address and ZIP Code Irie Catering 5115 S. Millard Chicago, IL 60632	Purpose of Disbursement Refreshments-Fundraisers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/10/90 9/25/90	Amount of Each Disbursement This Period 897.00 509.61
F. Full Name, Mailing Address and ZIP Code Wilhelmi Beverages, Inc. I-80 & Larkin Joliet, IL 60436	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/17/90	Amount of Each Disbursement This Period 26.00
G. Full Name, Mailing Address and ZIP Code First National Bank of Lockport 800 S. State St. Lockport, IL 60441	Purpose of Disbursement Fee-letter of credit Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/20/90	Amount of Each Disbursement This Period 30.00
H. Full Name, Mailing Address and ZIP Code Rich Thews 4338 W. 63rd St. Chicago, IL 60629	Purpose of Disbursement Phone Equipment & Installation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/24/90	Amount of Each Disbursement This Period 650.00
I. Full Name, Mailing Address and ZIP Code Village of Ford Heights Ford Heights, IL	Purpose of Disbursement Booth Rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/24/90	Amount of Each Disbursement This Period 100.00

SUBTOTAL of Disbursements This Page (optional)

4,177.11

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SCHEDULE B

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Easter Seal Rehabilitation Center 212 Barney Drive Joliet, IL 60435	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/27/90	Amount of Each Disbursement This Period 50.00
B. Full Name, Mailing Address and ZIP Code Mike Voss 353 Niagra Park Forest, IL 60466	Purpose of Disbursement Photographs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/28/90 9/26/90	Amount of Each Disbursement This Period 51.00 90.00
C. Full Name, Mailing Address and ZIP Code Phoenix Metal Fabrications, Inc. 375 W. 83rd St. Burr Ridge, IL 60521	Purpose of Disbursement Wire for yard signs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/28/90	Amount of Each Disbursement This Period 1,845.75
D. Full Name, Mailing Address and ZIP Code Camera House 114 N. Larkin Ave. Joliet, IL 60435	Purpose of Disbursement Photographs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/24/90 8/30/90 9/13/90	Amount of Each Disbursement This Period 13.71 26.93 71.94
E. Full Name, Mailing Address and ZIP Code J & L Printing 311 Illinois St. Park Forest, IL 60466	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/30/90	Amount of Each Disbursement This Period 47.51
F. Full Name, Mailing Address and ZIP Code United Hellenic Voters of America 525 W. Lake St. Addison, IL 60101	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/30/90	Amount of Each Disbursement This Period 60.00
G. Full Name, Mailing Address and ZIP Code Kevin Conlon Rich Township The Centre, Park Forest, IL 60466	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/31/90	Amount of Each Disbursement This Period 750.00
H. Full Name, Mailing Address and ZIP Code The Labor Record 2345 Glenwood Ave. Joliet, IL 60435	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/31/90	Amount of Each Disbursement This Period 95.00
I. Full Name, Mailing Address and ZIP Code Beth A. Coglianese 807 Violet Lane Matteson, IL 60443	Purpose of Disbursement Contract Employee: Office, Clerical Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/31/90	Amount of Each Disbursement This Period 708.00

SUBTOTAL of Disbursements This Page (optional)

3809.84

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code William Sabo 800 S. State St. Lockport, IL 60441	Purpose of Disbursement Refreshments Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/6/90	Amount of Each Disbursement This Period 479.43
B. Full Name, Mailing Address and ZIP Code BWH Enterprises 905 Lilac Ln. Joliet, IL 60435	Purpose of Disbursement Campaign Rainettes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/6/90	Amount of Each Disbursement This Period 639.31
C. Full Name, Mailing Address and ZIP Code Behnke Photographers 20500 S. LaGrange Frankfort, IL 60423	Purpose of Disbursement Photographs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/90	Amount of Each Disbursement This Period 241.56
D. Full Name, Mailing Address and ZIP Code Chef Klaus 42 Kansas St. Frankfort, IL 60423	Purpose of Disbursement Food Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/10/90	Amount of Each Disbursement This Period 225.00 in-kind receipt
E. Full Name, Mailing Address and ZIP Code Jim Pascal 23 Oak St. Frankfort, IL 60423	Purpose of Disbursement Pop Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/10/90	Amount of Each Disbursement This Period 25.00 in-kind receipt
F. Full Name, Mailing Address and ZIP Code George Mahoney 2230 Oneida Joliet, IL 60435	Purpose of Disbursement Food Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/23/90	Amount of Each Disbursement This Period 128.50 in-kind receipt
G. Full Name, Mailing Address and ZIP Code Joseph Fitzgerald 3510 Bankview Ln. Joliet, IL 60435	Purpose of Disbursement Food Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/23/90	Amount of Each Disbursement This Period 128.50 in-kind receipt
H. Full Name, Mailing Address and ZIP Code Sol & Marilyn Tannenbaum 2620 Oakwood Dr. Olympia Fields, IL 60461	Purpose of Disbursement Refreshments Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/16/90	Amount of Each Disbursement This Period 250.00 in-kind receipt
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

2,117.30

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Personal Service Co. 1127 S. Grand East, PO Box 4586 Springfield, IL 62708	Purpose of Disbursement Yard Signs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/11/90	Amount of Each Disbursement This Period 3,106.00
B. Full Name, Mailing Address and ZIP Code St. Mary's Church PO Box 2 Mokena, IL 60448	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/12/90	Amount of Each Disbursement This Period 50.00
C. Full Name, Mailing Address and ZIP Code Economy Service Stations 160 N. Halsted St. Chicago Heights, IL 60411	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/13/90	Amount of Each Disbursement This Period 200.00
D. Full Name, Mailing Address and ZIP Code Elmer & Son Locksmith 3001 Chicago Rd. Steger, IL 60475	Purpose of Disbursement Locks & keys, headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/18/90	Amount of Each Disbursement This Period 87.55
E. Full Name, Mailing Address and ZIP Code Lloyd Betourney & Assoc. 134 N. LaSalle St. Chicago, IL 60602	Purpose of Disbursement Production costs Radio Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/21/90	Amount of Each Disbursement This Period 3,000.00
F. Full Name, Mailing Address and ZIP Code Richard Day Research, Inc. 1599 Maple St. PO Box 5090 Evanston, IL 60201	Purpose of Disbursement Polling Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/21/90	Amount of Each Disbursement This Period 7,000.00
G. Full Name, Mailing Address and ZIP Code Joliet Catholic High School Alumni Assoc. Joliet, IL	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/24/90	Amount of Each Disbursement This Period 25.00
H. Full Name, Mailing Address and ZIP Code VFW 86 Illinois St. Chicago Heights, IL 60411	Purpose of Disbursement Rental of hall Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/26/90	Amount of Each Disbursement This Period 175.00
I. Full Name, Mailing Address and ZIP Code Illinois Democratic Party Merchandise Mart Suite 13126 Chicago, IL	Purpose of Disbursement Labels Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/27/90	Amount of Each Disbursement This Period 2,075.00

SUBTOTAL of Disbursements This Page (optional)

15,718.55

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86,614.45

93040991763

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Committee to Elect Ken Reiss, State Representative PO Box 168 Frankfort, IL 60423	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/5/90	Amount of Each Disbursement This P. 40.00
B. Full Name, Mailing Address and ZIP Code Friends of Leni, 2nd Ward Picnic 621 Maristee Ave. Calumet City, IL 60409	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/5/90	Amount of Each Disbursement This P. 20.00
C. Full Name, Mailing Address and ZIP Code Aurora Township Democrats c/o 212 Briar Lan. No. Aurora, IL 60542	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/9/90	Amount of Each Disbursement This P. 500.00
D. Full Name, Mailing Address and ZIP Code Township Officials Kane County c/o 5 N 263 Fabris Rd. Maple Park, IL 60150	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/17/90	Amount of Each Disbursement This P. 24.00
E. Full Name, Mailing Address and ZIP Code Plainfield Township Democrat Party c/o 1601 Naperville Rd. Plainfield, IL 60544	Purpose of Disbursement Contribution to Local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/7/90	Amount of Each Disbursement This P. 50.00
F. Full Name, Mailing Address and ZIP Code Pat Martin f/State Representative PO Box 515 Manteno, IL 60950	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/14/90	Amount of Each Disbursement This P. 10.00
G. Full Name, Mailing Address and ZIP Code Will County Democrat Central Comm. 625 Washington St. Lockport, IL 60441	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/14/90	Amount of Each Disbursement This P. 160.00
H. Full Name, Mailing Address and ZIP Code Committee to elect Marvin French to County Board 29 Cass St. Joliet, IL 60432	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/24/90	Amount of Each Disbursement This P. 30.00
I. Full Name, Mailing Address and ZIP Code Thornton Twp. Reg. Democrat Organiz. 201 Pulaski Rd. Calumet City, IL 60409	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/27/90 8/30/90	Amount of Each Disbursement This P. 350.00 8.00

SUBTOTAL of Disbursements This Page (optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Steczo Citizens Committee f/State Representative PO Box 203 Oak Forest, IL 60452	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/28/90	Amount of Each Disbursement This Period 100.00
B. Full Name, Mailing Address and ZIP Code Bloom Twp. Democratic Organization 1517 Halsted St. Chicago Heights, IL 60411	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/6/90	Amount of Each Disbursement This Period 250.00
C. Full Name, Mailing Address and ZIP Code Citizens f/Richard Stringham f/County Board c/o 207 E 127th St. Lemont, IL 60439	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/13/90	Amount of Each Disbursement This Period 40.00
D. Full Name, Mailing Address and ZIP Code Citizens for Desiderio for School Superintendent 1417 N. Prairie Joliet, IL 60435	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/21/90	Amount of Each Disbursement This Period 30.00
E. Full Name, Mailing Address and ZIP Code IL Public Action Fund 1 Quincy Ct. Chicago, IL 60604	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/1/90	Amount of Each Disbursement This Period 125.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,737.00

93040991765

EXHIBIT B

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF THE PERSON OR ENTITY REPORTING THE VIOLATION	2. FEC IDENTIFICATION NUMBER
A. NAME OF THE PERSON OR ENTITY REPORTING THE VIOLATION	124036
C. NAME OF THE PERSON OR ENTITY REPORTING THE VIOLATION	3. IS THIS REPORT AN AMENDMENT?
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report ☒ Twelfth day report preceding General
(Type of Election)
☐ July 15 Quarterly Report election on 11/6/90 in the State of Illinois
☐ October 15 Quarterly Report ☐ Thirtieth day report following the General Election on _____
in the State of _____
☐ January 31 Year end report
☐ July 31 Mid-Year Report (Non-election Year Only) ☐ Termination Report
- This report contains activity for ☐ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period <u>10/1/90</u> through <u>10/17/90</u>		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(e))	18,504.00	321,862.90
(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))	18,504.00	321,862.90
7. Net Operating Expenditures			
(a)	Total Operating Expenditures (from Line 17)	132,225.84	282,410.24
(b)	Total Offsets to Operating Expenditures (from Line 14)	94.98	178.67
(c)	Net Operating Expenditures (subtract Line 7(b) from 7(a))	132,130.86	282,231.57
8. Cash on Hand at Close of Reporting Period (from Line 27)		66,482.34	
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)		15,500.00	

For further information contact:
Federal Election Comm
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9510

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
James B. Harvey

Signature of Treasurer _____

Signature of Treasurer
James B. Gearing

Date _____

10/22/90

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

FEC FORM :

1992 11 22

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

Name of Committee (in full) SANGMEISTER FOR CONGRESS		Report Covering the Period From 10/1/90 To 10 17 90	
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)		2,135.00	
(ii) Unitemized		3,619.00	
(iii) Total of contributions from individuals		5,754.00	77,824.00
(b) Political Party Committees		2,000.00	12,000.00
(c) Other Political Committees (such as PACs)		10,750.00	232,038.90
(d) The Candidate		0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		18,504.00	321,862.90
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	3,000.00
(c) TOTAL LOANS (add 13(a) and (b))		0.00	3,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		94.98	178.67
15. OTHER RECEIPTS (Dividends, Interest, etc.)		0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		18,598.98	325,041.57
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		132,225.84	282,410.07
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		220.00	6,880.47
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		132,445.84	289,290.54
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$	180,329.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$	18,598.98
25. SUBTOTAL (add Line 23 and Line 24)		\$	198,928.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$	132,445.84
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$	66,482.34

93040991767

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 02
FOR LINE 10000

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

NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Theodore Jarz 2455 Glenwood Ave. Joliet, IL 60435</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Self-employed</p> <p>Occupation</p> <p>Lawyer</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>10/5/90</p> <p>Amount of Each Receipt this Period</p> <p>150.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Richard T. Buck 2455 Glenwood Ave. Joliet, IL 60435</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Self-employed</p> <p>Occupation</p> <p>Lawyer</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>10/5/90</p> <p>Amount of Each Receipt this Period</p> <p>150.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Max Zollner 705 Prestige Dr. Joliet, IL 60435</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Self-employed</p> <p>Occupation</p> <p>Lawyer</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>10/3/90</p> <p>Amount of Each Receipt this Period</p> <p>150.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Charles E. Waterman 17319 Vollbrecht Dr. So. Holland, IL 60473</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>South Holland Bank</p> <p>Occupation</p> <p>Chairman & CEO</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>10/13/90</p> <p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Ronald J. Grotovsky 11753 W. 195th St. Mokena, IL 60448</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Self-employed</p> <p>Occupation</p> <p>Novelty Company</p> <p>Aggregate Year-to-Date > \$ 290.00</p>	<p>Date (month, day, year)</p> <p>10/16/90</p> <p>Amount of Each Receipt this Period</p> <p>290.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Charles Adelman 625 Washington Lockport, IL 60441</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Self-employed</p> <p>Occupation</p> <p>Automotive Repairs</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year)</p> <p>10/15/90</p> <p>Amount of Each Receipt this Period</p> <p>150.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Mary Lou Dolan 647 Johnson Frankfort, IL 60423</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Groszek Realty</p> <p>Occupation</p> <p>Salesperson</p> <p>Aggregate Year-to-Date > \$ 225.00</p>	<p>Date (month, day, year)</p> <p>10/15/90</p> <p>Amount of Each Receipt this Period</p> <p>225.00</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

93040991768

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary Page

PAGE 02
FOR LINE 1000

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

NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Donald Schofield 519 Aberdeen Frankfort, IL 60423	Name of Employer Panduit Corp.	Date (month, day, year) 10/15/90	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		Aggregate Year-to-Date > \$ 200.00
B. Full Name, Mailing Address and ZIP Code Scott & Bert Behnke (Contributor) 20500 LaGrange Rd. Frankfort, IL 60423	Name of Employer Self-employed	Date (month, day, year) 10/12/90	Amount of Each Receipt this Period 420.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Photographers		Aggregate Year-to-Date > \$ 420.00
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)

TOTAL This Period (last page this line number only)

2,105.

93040991769

SCHEDULE A

ITEMIZED RECEIPTS

 separate schedule for
each category of the
Detailed Summary Page

 PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code

 ICWU Voluntary LTVE
1655 W. Market St.
Akron, Ohio 44313

Name of Employer

 Date (month,
day, year)

10/1/90

 Amount of Each
Receipt this Period

500.00

Occupation

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code

 Firefighters Interested in Registration & Education PAC
International Association of Firefighters
1750 New York Ave., N.W.
Washington, D.C. 20006-5301

Name of Employer

 Date (month,
day, year)

10/1/90

 Amount of Each
Receipt this Period

500.00

Occupation

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code

 American Federation of Government Employees PAC
80 F Street, N.W.
Washington, D.C. 20001

Name of Employer

 Date (month,
day, year)

10/1/90

 Amount of Each
Receipt this Period

250.00

Occupation

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 250.00

D. Full Name, Mailing Address and ZIP Code

 American Airlines PAC
1101 17th St., N.W.
Washington, D.C. 20036

Name of Employer

 Date (month,
day, year)

10/3/90

 Amount of Each
Receipt this Period

500.00

Occupation

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code

 United Steelworkers of America
Political Action Fund
5 Gateway Center
Pittsburgh, PA 15222

Name of Employer

 Date (month,
day, year)

10/9/90

 Amount of Each
Receipt this Period

2,000.00

Occupation

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 5,000.00

F. Full Name, Mailing Address and ZIP Code

 United Mine Workers of America International Union
COMPAC Voluntary Fund
900 15th St., N.W.
Washington, D.C. 20005

Name of Employer

 Date (month,
day, year)

10/9/90

 Amount of Each
Receipt this Period

2,000.00

Occupation

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 3,350.00

G. Full Name, Mailing Address and ZIP Code

 West Publishing PAC
P.O. Box 64526
St. Paul, MN 55164-0526

Name of Employer

 Date (month,
day, year)

10/12/90

 Amount of Each
Receipt this Period

1,000.00

Occupation

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

93040991770

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 102
FOR LINE NUMBER 1107

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)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code MAYPAC 611 Olive St. St. Louis, MO 63101	Name of Employer Occupation	Date (month, day, year) 10/12/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code American Bankers Association BANKPAC 1120 Connecticut Ave., N.W. Washington, D.C. 20036	Name of Employer Occupation	Date (month, day, year) 10/12/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code The Glen Anderson Campaign Committee 1817 W. Lomita Blvd. Lomita, CA 90717	Name of Employer Occupation	Date (month, day, year) 10/12/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Martin Olav Sabo for Congress Volunteers 2425 E. Franklin, No. 301 Minneapolis, MN 55406	Name of Employer Occupation	Date (month, day, year) 10/12/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code 	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code 	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code 	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

10,750.00

93040991771

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 02

FOR LINE 11, 12, 13

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code National Committee for an Effective Congress 507 Capitol Court, N.E. Washington, D.C. 20002		Name of Employer	Date (month, day, year) 10/15/90	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 4,500.00	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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)

TOTAL This Period (last page this line number only)

2,000.00

93040991772

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

<p>A. Full Name, Mailing Address and ZIP Code Mary Beth Albright 2432 Walsh Way, Apt. 1D Joliet, IL 60435</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Reimbursement: Personal telephone calls Occupation</p>	<p>Date (month, day, year) 10/1/90 10/2/90</p>	<p>Amount of Each Receipt this Period 35.00 35.00</p>
<p>Aggregate Year-to-Date > \$</p>			
<p>B. 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>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>			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94.98

93040991773

SCHEDULE A

EMPT
ITEMIZED RECEIPTS

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

PAGE 24
FOR LINE 1111'S
N/A

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NAME OF COMMITTEE (in Full)
SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code

James B. Harvey
2455 Glenwood Ave.
Joliet, IL 60435

Name of Employer

Self employed

Date (month,
day, year)

10/1/90

thru

10/17/90

Amount of Each
Receipt this Period

50.00

Exempt Legal
Acct. service

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Occupation

Lawyer

Aggregate Year-to-Date > \$ 800.00

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

93040991774

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 02
FOR LINE NUMBER

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

NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code David Donahue 2501 W. 119th St. Blue Island, IL	Purpose of Disbursement Campaign Consultant Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90	Amount of Each Disbursement This Period 0.00
B. Full Name, Mailing Address and ZIP Code Lea Norbut 14862 W. 143rd St. Lockport, IL 60441	Purpose of Disbursement Contract employee Office Clerk Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90 10/12/90	Amount of Each Disbursement This Period 200.00 628.00
C. Full Name, Mailing Address and ZIP Code George Bogdanich 644 N. Clark St. Chicago, IL 60610	Purpose of Disbursement Communications Consultant Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code (Same as above)	Purpose of Disbursement Reimbursement: Mileage, telephone, FAX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90	Amount of Each Disbursement This Period 81.08
E. Full Name, Mailing Address and ZIP Code Whiteco Metrocom 1770 West 41st Ave. Gary, IN 46408	Purpose of Disbursement Outdoor Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90	Amount of Each Disbursement This Period 424.84
F. Full Name, Mailing Address and ZIP Code Postmaster Joliet, IL	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90 10/9/90 10/11/90	Amount of Each Disbursement This Period 8.75 200.00 8.75
G. Full Name, Mailing Address and ZIP Code (Same as above)	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/12/90 10/17/90	Amount of Each Disbursement This Period 7.00 11,100.00
H. Full Name, Mailing Address and ZIP Code Village of Mokena Mokena, IL 60448	Purpose of Disbursement Yard Sign Deposit Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90	Amount of Each Disbursement This Period 50.00
I. Full Name, Mailing Address and ZIP Code Village of Frankfort Frankfort, IL 60423	Purpose of Disbursement Yard Sign Deposit Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90	Amount of Each Disbursement This Period 100.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

93040991775

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 02
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Mary Beth Albright 2432 Walshway Joliet, IL 60435	Purpose of Disbursement Fundraising Consultant Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90 10/15/90	Amount of Each Disbursement This Per 750.00 750.00
B. Full Name, Mailing Address and ZIP Code (Same as above)	Purpose of Disbursement Reimbursement: Mileage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90	Amount of Each Disbursement This Per 249.47
C. Full Name, Mailing Address and ZIP Code U.S. Sprint PO Box 650338 Dallas, TX 75265	Purpose of Disbursement Long distance telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90 10/4/90	Amount of Each Disbursement This Per 279.82 167.73
D. Full Name, Mailing Address and ZIP Code McGrath Office Equipment PO Box 932 Joliet, IL 60435	Purpose of Disbursement Office supplies, rental of FAX & copier Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90 10/5/90	Amount of Each Disbursement This Per 70.00 172.24
E. Full Name, Mailing Address and ZIP Code Imperial Electronics 1312 W. Jefferson St. Joliet, IL 60435	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90	Amount of Each Disbursement This Per 1,000.00
F. Full Name, Mailing Address and ZIP Code Walshway Apartments PO Box 3353 Joliet, IL 60434	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90	Amount of Each Disbursement This Per 375.00
G. Full Name, Mailing Address and ZIP Code The Camera House 114 N. Larkin Ave. Joliet, IL 60435	Purpose of Disbursement Photographs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/90	Amount of Each Disbursement This Per 57.40
H. Full Name, Mailing Address and ZIP Code C & M Mailing Service, Inc. 9913 So. 78th Ave. Hickory Hills, IL 60457	Purpose of Disbursement Mail House: Labeling Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/2/90 10/16/90	Amount of Each Disbursement This Per 3,300.00 1,700.00
I. Full Name, Mailing Address and ZIP Code Marilyn McManimen 125 White St. Frankfort, IL 60423	Purpose of Disbursement Contract Employee: Office Clerk Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/2/90 10/6/90	Amount of Each Disbursement This Per 507.50 542.50

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

93040991776

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Lloyd Betourney & Associates 134 N. LaSalle St. Chicago, IL 60602	Purpose of Disbursement Radio Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/2/90	Amount of Each Disbursement This Period 65,000.00
B. Full Name, Mailing Address and ZIP Code (Same as above)	Purpose of Disbursement Production costs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/16/90	Amount of Each Disbursement This Period 1,800.00
C. Full Name, Mailing Address and ZIP Code Illinois Bell Telephone Co. 225 W. Randolph St. Chicago, IL 60606	Purpose of Disbursement Telephone service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/3/90 10/16/90	Amount of Each Disbursement This Period 355.16 239.62
D. Full Name, Mailing Address and ZIP Code Kevin Conlon Rich Township The Centre Park Forest, IL 60466	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/4/90	Amount of Each Disbursement This Period 250.00
E. Full Name, Mailing Address and ZIP Code Flossmoor Country Club PO Box 9 Flossmoor, IL 60422-0009	Purpose of Disbursement Refreshments f/fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/5/90	Amount of Each Disbursement This Period 358.37
F. Full Name, Mailing Address and ZIP Code Josco Office Supply 101 N. Reed St. Joliet, IL 60435	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/5/90	Amount of Each Disbursement This Period 8.04
G. Full Name, Mailing Address and ZIP Code Beth Coglianese 807 Violet Lane Matteson, IL 60443	Purpose of Disbursement Contract Employee: Clerical Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/9/90	Amount of Each Disbursement This Period 800.00
H. Full Name, Mailing Address and ZIP Code Illinois Democratic Party Merchandise Mart Suite 13126 Chicago, IL	Purpose of Disbursement Labels Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/11/90	Amount of Each Disbursement This Period 2,500.00
I. Full Name, Mailing Address and ZIP Code The Clinton Group 1350 Connecticut Ave., N.W. Ste. 407 Washington, D.C. 20036	Purpose of Disbursement Telephone bank Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/11/90	Amount of Each Disbursement This Period 17,600.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

93040991777

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

 PAGE 7 OF 11
FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Ottberg & Associates 1401 Oakton St. DesPlaines, IL 60018	Purpose of Disbursement Layout & Design Brochures Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/12/90	Amount of Each Disbursement This Period 747.50
B. Full Name, Mailing Address and ZIP Code Litho PrintCo. Inc. 423 N. Chicago St. Joliet, IL 60432	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/12/90 10/16/90	Amount of Each Disbursement This Period 6,000.00 6,384.40
C. Full Name, Mailing Address and ZIP Code Georgieanne Dorsey 1295 Arthur St. Calumet City, IL 60409	Purpose of Disbursement Contract campaign employee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/12/90	Amount of Each Disbursement This Period 150.00
D. Full Name, Mailing Address and ZIP Code Ed Solden 11530 N. Brightway Mokena, IL 60448	Purpose of Disbursement Contract campaign employee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/15/90	Amount of Each Disbursement This Period 237.50
E. Full Name, Mailing Address and ZIP Code Lunde & Burger 1101 King St., Suite 601 Alexandria, VA 22314	Purpose of Disbursement Consultants Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/16/90	Amount of Each Disbursement This Period 2,500.00
F. Full Name, Mailing Address and ZIP Code (Same as above)	Purpose of Disbursement Reimbursement Telephone, postage, FAX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/16/90	Amount of Each Disbursement This Period 139.87
G. Full Name, Mailing Address and ZIP Code Scott & Bert Behnke 20500 LaGrange Rd. Frankfort, IL 60423	Purpose of Disbursement Portrait Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/12/90	Amount of Each Disbursement This Period 420.00 In Kind Receipt
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

132,225.84

93040991778

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 32
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Committee to Elect Marvin French 29 Cass St. Joliet, IL 60432	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/17/90	Amount of Each Disbursement This Page 20.00
B. Full Name, Mailing Address and ZIP Code Margie Woods for County Board 561 Dover Joliet, IL 60432	Purpose of Disbursement Contribution to local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/15/90	Amount of Each Disbursement This Page 20.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

50.00

93040991779

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1
LINE NUMBER 124036
(Use separate schedules for each numbered line)

Name of Committee (in Full) SANGMEISTER FOR CONGRESS		124036	
A. Full Name, Mailing Address and ZIP Code of Loan Source George E. Sangmeister Rt. 4, Box 87 Mokena, IL 60448 1988 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Elections		Original Amount of Loan 5,000.00 Personal Funds	Cumulative Payments To Date 0.00 Balance Outstanding Class of This Period 5,000.00
Terms: Date Incurred <u>11/14/87</u> Date Due <u>N/A</u> Interest Rate <u> </u> % (april) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code 		Name of Employer Occupation Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code 		Name of Employer Occupation Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code 		Name of Employer Occupation Amount Guaranteed Outstanding: \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source DSG Campaign Fund 499 S. Capitol #113 Washington, D.C. 20003		Original Amount of Loan 3,000.00	Cumulative Payments To Date 0.00 Balance Outstanding Class of This Period 3,000.00
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>9/28/90</u> Date Due <u>N/A</u> Interest Rate <u>0</u> % (april) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code 		Name of Employer Occupation Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code 		Name of Employer Occupation Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code 		Name of Employer Occupation Amount Guaranteed Outstanding: \$	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			8,000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Schedule D.			

93040991780

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 1
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
SANGMEISTER FOR CONGRESS 124036				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Emma Bechler 656 N. Broadway St. Joliet, IL 60435	6,000.00	0.00	0.00	6,000.00
Nature of Debt (Purpose): Administrative, Secretarial, Bookkeeping				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Lunde & Burger, Inc. 1101 King St., Suite 601 Alexandria, VA 22314	2,500.00	0.00	2,500.00	0.00
Nature of Debt (Purpose): Consultants				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Mary Beth Albright 2432 Walsh Way Joliet, IL 60435	3,000.00	0.00	1,500.00	1,500.00
Nature of Debt (Purpose): Fundraising Consultant				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				7,500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).				8,000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				15,500.00

93040991781

EXHIBIT B

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

000019253 12/70 0-1470 F 433 JAMES B. HARVEY CAMPAIGNER FOR CONGRESS ST 4 BOX 7 MCKINNA IL 62444	2. FEC IDENTIFICATION NUMBER 124036
	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
<input checked="" type="checkbox"/> July 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	
<input type="checkbox"/> January 31 Year End Report	
<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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/90</u> through <u>6/30/90</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	78,200.00	162,775.90
(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))	78,200.00	162,775.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	38,162.19	63,569.75
(b) Total Offsets to Operating Expenditures (from Line 14)	30.25	30.25
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	38,131.94	63,539.50
8. Cash on Hand at Close of Reporting Period (from Line 27)	125,697.68	For further information contact: Federal Election Commis 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
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)	28,500.00	

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

James B. Harvey

Signature of Treasurer

James B. Harvey

Date

7/12/90

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

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FEC FORM

(revised 4-8)

93040991782

DETAILED SUMMARY PAGE

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

Name of Committee (in full) Sargmeister for Congress		124036		Report Covering the Period: From: 4/1/90 To: 6/30/91	
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)		18,980.00			
(ii) Unitemized		5,170.00			
(iii) Total of contributions from individuals		24,150.00	27,687.00		
(b) Political Party Committees		2,500.00	10,000.00		
(c) Other Political Committees (such as PACs)		51,550.00	125,088.90		
(d) The Candidate		0.00	0.00		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		78,200.00	162,775.90		
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.)		30.25	30.25		
15. OTHER RECEIPTS (Dividends, Interest, etc.)		0.00	0.00		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		78,230.25	162,806.15		
II. DISBURSEMENTS					
17. OPERATING EXPENDITURES		38,162.19	63,569.78		
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		1,995.00	4,270.00		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		40,157.19	67,839.78		

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	87,624.62
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	78,230.25
25. SUBTOTAL (add Line 23 and Line 24)	\$	165,854.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	40,157.19
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	125,697.68

93040991783

SCHEDULE A

ITEMIZED RECEIPTS

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

 PAGE 1
FOR LINE 11
11(2)(1)

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (in \$)
Robert L. Jackman RR1 E. Francis Rd., Box 394 Mokena, IL 60448	Self-Employed	4/25/90	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Contractor		
	Aggregate Year-to-Date	> \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (in \$)
Bernard Hujda 1280 Woodside Dr. New Lenox, IL 60451	Self-Employed	4/25/90	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, Frankfort Drywall		
	Aggregate Year-to-Date	> \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (in \$)
Ray Rotolo 512 Burlington LaGrange, IL 60525	Self-Employed	4/25/90	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Construction-Real Estate		
	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 (in \$)
Carlo D'Amico 2643 W. 63rd St. Chicago, IL 60629	Self-Employed	4/25/90	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Sales Management-Insurance		
	Aggregate Year-to-Date	> \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (in \$)
Kappy Jo Wells 1133 5th Ave. New York, NY 10128	Self-employed	5/16/90	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sculptor		
	Aggregate Year-to-Date	> \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (in \$)
James M. Houlihan 179 W. Washington St. Chicago, IL 60602	Self Employed	6/21/90	750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lawyer		
	Aggregate Year-to-Date	> \$ 750.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (in \$)
Thomas J. Murphy 179 W. Washington, Rm. 535 Chicago, IL 60602	Self Employed	6/21/90	750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lawyer		
	Aggregate Year-to-Date	> \$ 750.00	

SUBTOTAL of Receipts This Page (optional)

2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
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Detailed Summary Page

PAGE 14

FOR 11/1/90

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code William Laughridge 6439 Big Bear Ct. Indian Head Park, IL	Name of Employer New Lenox State Bank	Date (month, day, year) 6/30/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banking	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Charles Adelman 625 Washington St. Lockport, IL 60441	Name of Employer Self-Employed	Date (month, day, year) 6/24/90	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Auto Repair	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Frank Turk, Sr. 212 N. Chicago St. Joliet, IL 60431	Name of Employer	Date (month, day, year) 6/21/90	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code Ray Wook PO Box 10 Lockport, IL 60441	Name of Employer Self Employed	Date (month, day, year) 6/20/90	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Broker	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Sally Wook PO Box 10 Lockport, IL 60441	Name of Employer Self Employed	Date (month, day, year) 6/20/90	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lawyer	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Kenneth Urbanik 1106 Wilcox St. Joliet, IL 60435	Name of Employer	Date (month, day, year) 6/18/90	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	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
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)

2,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 3
FOR LINE 11 (2)

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Mrs. Richard Kohl 115 N. May St. Joliet, IL 60435 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation Housewife Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 6/29/90 Amount of Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code William Sabo 11th & Washington Sts., Lockport, IL 60441 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer First National Bank of Lockport Occupation Banker Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 6/29/90 Amount of Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Roderick F. Baker, Jr. 2775 S. Washington St. Naperville, IL 60565 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Car Dealer Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/18/90 6/24/90 Amount of Receipt this Period 50.00 200.00
D. Full Name, Mailing Address and ZIP Code Sheldon Hauck 125 W. Maple St. New Lenox, IL 60451 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/30/90 Amount of Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Ron Johnndrone 332 Kensington Ave. Chicago, IL 60628 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Suburban Printery Occupation Owner Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/28/90 Amount of Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Everett Hauck 410 Rollingwood Ln. Joliet, IL 60435 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer New Lenox State Bank Occupation Chairman of Board Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 6/30/90 Amount of Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Jane Hauck 410 Rollingwood Ln. Joliet, IL 60435 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 6/30/90 Amount of Receipt this Period 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 schedules
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Detailed Summary Page

PAGE 1
FOR LINE NO. 11, 12, 13

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Charles Hauck 410 Rollingwood Ln. Joliet, IL 60435		Name of Employer Self Employed	Date (month, day, year) 6/30/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Real Estate Develop.		
		Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Mary Ann Hauck 410 Rollingwood Ln. Joliet, IL 60435		Name of Employer Square One	Date (month, day, year) 6/30/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Secretary		
		Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Richard Hauck 410 Rollingwood Ln. Joliet, IL 60435		Name of Employer Ritz-Carlton	Date (month, day, year) 6/30/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Hotel Management		
		Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Ronald Kokal 615 Butternut Tr. Frankfort, IL 60423		Name of Employer New Lenox State Bank	Date (month, day, year) 6/30/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Banker		
		Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Cindy Kokal 615 Butternut Tr. Frankfort, IL 60423		Name of Employer	Date (month, day, year) 6/30/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Housewife		
		Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Mary Kozar 319 Carol Rd. New Lenox, IL 60451		Name of Employer New Lenox State Bank	Date (month, day, year) 6/30/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Banking		
		Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Cheryl Laughridge 6439 Big Bear Ct. Indian Head Park, IL		Name of Employer Kraft Co.	Date (month, day, year) 6/30/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Computer Op.		
		Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

7,000.00

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category on the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
Note: The following 15 contributions earmarked through PeacePac, 100 Maryland Avenue, N.E., Washington, D.C. 20002			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
Terry M.W. Ehrich R.R.3, Box 4185 South Stream Road Bennington, VT 05201-9529		4/9/90	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Earmarked see above
Aggregate Year-to-Date > \$ 100.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
Eugene A. Foster Jane B. Foster 44 Clarendon Street Boston, MA 02116		4/9/90	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Earmarked see above
Aggregate Year-to-Date > \$ 25.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
Robert L. Kenngott 8 Highview Terrace Pleasantville, NY 10570		4/9/90	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Earmarked see above
Aggregate Year-to-Date > \$ 10.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
Arnold P. Grunwald Grete M. Grunwald 18135 Martin Avenue Homewood, IL 60430		4/9/90	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Earmarked see above
Aggregate Year-to-Date > \$ 50.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
Huntington Terrell 106 R.R.2 Hamilton, NY 13346		4/9/90	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Earmarked see above
Aggregate Year-to-Date > \$ 35.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
Milton Rosenblitt Margot Rosenblitt 41 West 83rd Street New York, NY 10024		4/9/90	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Earmarked see above
Aggregate Year-to-Date > \$ 35.00			

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 See separate schedule
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Detailed Summary Page

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11(2)

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Henry J. Vandenberg, Jr. M.D. 15818 Windmill Pointe Drive Grosse Pointe Park, MI 48230 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) 4/14/90 Amount of Receipt \$10.00 Earmarked See above
B. Full Name, Mailing Address and ZIP Code Edith Griffin Robert W. Griffin Valley Road Mason, NH 03048 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 20.00	Date (month, day, year) 4/26/90 Amount of Receipt \$20.00 Earmarked see above
C. Full Name, Mailing Address and ZIP Code Margaret de Neufville Box 326, Thomas Road Mendham, NJ 07945 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 4/26/90 Amount of Receipt \$100.00 Earmarked see above
D. Full Name, Mailing Address and ZIP Code Charlotte J. Sawyers Alvin R. Sawyers 6075 NW Union Chapel Road Parkville, MO 64152 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 4/26/90 Amount of Receipt \$25.00 Earmarked see above
E. Full Name, Mailing Address and ZIP Code Earl A. Radley Bernice H. Radley 875 E. Church Street Deland, FL 32724 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) 6/14/90 Amount of Receipt \$10.00 Earmarked see above
F. Full Name, Mailing Address and ZIP Code Raymond Mostek Irene Mostek 615 Rochdale Circle Lombard, IL 60148 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) 6/14/90 Amount of Receipt \$10.00 Earmarked see above
G. Full Name, Mailing Address and ZIP Code Morris Mashen 7350 Malvern Avenue Philadelphia, PA 19151 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) 6/14/90 Amount of Receipt \$10.00 Earmarked see above

SUBTOTAL of Receipts This Page (optional)

185.00

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SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedules
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Detailed Summary Page

 7 9
11/2/90

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NAME OF COMMITTEE (in full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Nahum H. Lewis 2 Birch Hill Road Loudonville, NY 12211	Name of Employer Occupation	Date (month, day, year) 6/22/90	Amount of Each Receipt in this Period \$15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 15.00		
B. Full Name, Mailing Address and ZIP Code James J. Blumenkranz Joan H. Blumenkranz 7312 Woodrow Wilson Drive Los Angeles, CA 90046	Name of Employer Occupation	Date (month, day, year) 6/22/90	Amount of Each Receipt in this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 25.00		
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt in this Period
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt in this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt in this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt in this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt in this Period
Aggregate Year-to-Date > \$			

JBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code McKeown, Fitzgerald, Zollner, Buck, Hutchison & Ruttle 2455 Glenwood Avenue Joliet, IL 60435	Name of Employer Law Partnership (see attribution below)	Date (month, day, year) 6/24/90	Amount of Receipt 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Joseph Fitzgerald 3510 Bankview Joliet, IL 60435	Name of Employer Self employed (McKeown, et al law firm)	Date (month, day, year)	Amount of Receipt 100.00 ME
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 100.00		
C. Full Name, Mailing Address and ZIP Code Max Zollner 705 Prestige Joliet, IL 60435	Name of Employer Self employed (McKeown, et al law firm)	Date (month, day, year)	Amount of Receipt 100.00 ME
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 100.00		
D. Full Name, Mailing Address and ZIP Code Richard T. Buck 1420 Woodbridge Rd. Joliet, IL 60435	Name of Employer Self employed (McKeown, et al law firm)	Date (month, day, year)	Amount of Receipt 100.00 ME
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 100.00		
E. Full Name, Mailing Address and ZIP Code Douglas Hutchison 956 Buell Ave. Joliet, IL 60435	Name of Employer Self employed (McKeown, et al law firm)	Date (month, day, year)	Amount of Receipt 100.00 ME
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 100.00		
F. Full Name, Mailing Address and ZIP Code David Ruttle 3209 Indianwood Joliet, IL 60435	Name of Employer Self employed (McKeown, et al law firm)	Date (month, day, year)	Amount of Receipt 100.00 ME
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 100.00		
G. Full Name, Mailing Address and ZIP Code Theodore Jarz 125 Zapata Minooka, IL 60447	Name of Employer Self employed (McKeown, et al law firm)	Date (month, day, year)	Amount of Receipt 100.00 ME
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 100.00		

UBTOTAL of Receipts This Page (optional) 1,000.00

OTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the detailed Summary Page

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

NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Douglas McKeown 440 San Carlos Minooka, IL 60447</p>	<p>Name of Employer</p> <p>Self employed (McKeown et al law firm)</p>	<p>Date (month, day, year)</p>	<p>Amount of each Receipt</p> <p>100.00 ME</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Occupation</p> <p>Attorney</p>		
	<p>Aggregate Year-to-Date > \$ 100.00</p>		
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Timothy Rathbun 1216 Taylor Joliet, IL 60435</p>	<p>Name of Employer</p> <p>Self employed (McKeown et al law firm)</p>	<p>Date (month, day, year)</p>	<p>Amount of each Receipt</p> <p>100.00 ME</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Occupation</p> <p>Attorney</p>		
	<p>Aggregate Year-to-Date > \$ 100.00</p>		
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Kenneth Grey 632 Locust Frankfort, IL 60423</p>	<p>Name of Employer</p> <p>Self employed (McKeown et al law firm)</p>	<p>Date (month, day, year)</p>	<p>Amount of each Receipt</p> <p>100.00 ME</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Occupation</p> <p>Attorney</p>		
	<p>Aggregate Year-to-Date > \$ 100.00</p>		
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>James Harvey San Carlos Rd. Minooka, IL 60447</p>	<p>Name of Employer</p> <p>Self Employed (McKeown et al law firm)</p>	<p>Date (month, day, year)</p>	<p>Amount of each Receipt</p> <p>100.00 ME</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Occupation</p> <p>Attorney</p>		
	<p>Aggregate Year-to-Date > \$ 100.00</p>		
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of each Receipt</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation</p>		
	<p>Aggregate Year-to-Date > \$</p>		
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of each Receipt</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation</p>		
	<p>Aggregate Year-to-Date > \$</p>		
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of each Receipt</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation</p>		
	<p>Aggregate Year-to-Date > \$</p>		

JB TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

18,980.00

93040991792

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

<p>A. Full Name, Mailing Address and ZIP Code Democratic Party of Illinois (Federal) 1007 No. Seventh St. Springfield, IL 62702</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,500.00</p>	<p>Date (month, day, year) 6/26/90</p> <p>Amount of Each Receipt this Period 2,500.00</p>
<p>B. 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>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</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>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</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>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)

2,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedules
for each category of the
Detailed Summary Page

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

NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Plasterers' & Cement Masons Action Committee 1125 17th St., NW. Washington, D.C. 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 4/16/90 Amount Received 300.00
B. Full Name, Mailing Address and ZIP Code Ironworkers Political Action League 1750 New York Ave., N.W. Washington, D.C. 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$3,000.00	Date (month, day, year) 4/16/90 Amount Received 3,000.00
C. Full Name, Mailing Address and ZIP Code Responsible Citizens Political League 3 Research Place Rockville, Maryland 20850 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$1,200.00	Date (month, day, year) 4/27/90 6/6/90 Amount Received 350.00 500.00
D. Full Name, Mailing Address and ZIP Code United Mine Workers of America International Union Compac Voluntary Fund 900 15th St., N.W. Washington, D.C. 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,350.00	Date (month, day, year) 4/23/90 5/16/90 Amount Received 350.00 1,000.00
E. Full Name, Mailing Address and ZIP Code Dealers Election Action Committee of the National Automobile Dealers Assoc. 8400 Westpark Dr. McLean, VA 22102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 3,350.00	Date (month, day, year) 4/4/90 6/19/90 Amount Received 350.00 3,000.00
F. Full Name, Mailing Address and ZIP Code Amalgamated Transit Union COPE ACCOUNT Voluntary Fund 5025 Wisconsin Ave., N.W. Washington, D.C. 20016 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 4/17/90 Amount Received 1,000.00
G. Full Name, Mailing Address and ZIP Code Pork PAC PO Box 10383 Des Moines, IA 50306 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 5/7/90 Amount Received 350.00

SUBTOTAL of Receipts This Page (optional)

10,200.00

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
FOR LINE 11(b)
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 similar purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
NOTE: The following contribution earmarked through Democratic Congressional Campaign Committee:			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Friends of Luken 6456 Grand Vista Ave. Cincinnati, OH 45312		5/11/90	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Earmarked See above
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 in this Period
National Beer Wholesalers Assoc. Political Action Committee 5205 Leesburg Pike, Ste. 505 Falls Church, VA 22041		5/11/90	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 in this Period
IBPAT- Political Action Together Int'l Brotherhood of Painters & Allied Trades 1750 New York Ave., N.W. Washington, D.C. 20006		5/11/90	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			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
ACTWU-Amalgamated Clothing & Textile Workers PAC 815 16th St., N.W. Washington, D.C. 20006		5/16/90	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 350.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in 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 in this Period
Sierra Club Political Committee 730 Polk St. San Francisco, CA 94109		6/26/90	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 350.00			

SUBTOTAL of Receipts This Page (optional)

2,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

IT **0** ZED RECEIPTS

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

PAGE 3 6
FOR LINE NUMBERS
11 (C)

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Graphic Communication Int'l Union Politifal Action Fund-Voluntary Funds Account 1900 L Street., N.W. Washington, D.C. 20036	Name of Employer Occupation	Date (month, day, year) 5/30/90	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code IL District Council No. 1 of the International Union Bricklayers & Allied Craftsmen (Federal Acct.) 133 S. Ashland Blvd., Rm. 110 Chicago, IL 60607-2411	Name of Employer Occupation	Date (month, day, year) 5/25/90	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code American Insurance Assoc. Political Action Committee 1130 Connecticut Ave., N.W., Ste. 1000 Washington, D.C. 20036	Name of Employer Occupation	Date (month, day, year) 6/8/90	Amount of Each Receipt this Period 350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
D. Full Name, Mailing Address and ZIP Code ATLA PAC Association of Trial Lawyers of America 1050 31st St., N.W. Washington, D.C. 20007	Name of Employer Occupation	Date (month, day, year) 6/13/90	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
E. Full Name, Mailing Address and ZIP Code American Federation of Teachers COPE No. 2 555 New Jersey Ave., N.W. Washington, D.C. 20001	Name of Employer 2 Occupation	Date (month, day, year) 6/21/90	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 10,000.00		
F. Full Name, Mailing Address and ZIP Code Carpenters' Legislative Improvement Committee 101 Constitution Ave. N.W. Washington, D.C. 20001	Name of Employer Occupation	Date (month, day, year) 6/21/90	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 8,500.00		
G. Full Name, Mailing Address and ZIP Code MACC PAC P.O. Box 32196 Pikesville, MD. 21208	Name of Employer Occupation	Date (month, day, year) 6/21/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

17,100.00

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

4
FOR LINE NUMBER
11(2)

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code National Assoc. of Social Workers PACE CMA Tax-Exempt Fund 7981 Eastern Ave. Silver Spring, MD 20910	Name of Employer Occupation	Date (month, day, year) 6/21/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code I.L.G.W.U. Campaign Committee 1710 Broadway New York, NY 10019	Name of Employer Occupation	Date (month, day, year) 6/14/90	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
C. Full Name, Mailing Address and ZIP Code Drive Political Fund 25 Louisiana Ave., N.W. Washington, D.C. 20001	Name of Employer Occupation	Date (month, day, year) 6/21/90	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 10,000.00		
D. Full Name, Mailing Address and ZIP Code First Midwest Bancorp, Inc. Government Affairs Fund 50 W. Jefferson St. Joliet, IL 60431	Name of Employer Occupation	Date (month, day, year) 6/24/90	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100.00		
E. Full Name, Mailing Address and ZIP Code Mid-Am Dairyment ADEPT 3253 E. Chestnut Expressway Springfield, MD 65802	Name of Employer Occupation	Date (month, day, year) 6/21/90	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Turner Broadcasting System PAC Inc. One CNN Center Box 105366 Atlanta, GA 30348-5366	Name of Employer Occupation	Date (month, day, year) 6/21/90	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Effective Government Committee 80 F Street, N.W. 8th Floor Washington, D.C. 20001	Name of Employer Occupation	Date (month, day, year) 6/28/90	Amount of Each Receipt this Period 3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,000.00		

SUBTOTAL of Receipts This Page (optional)

10,350.00

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
FOR LINE NUMBERS 11 (C)

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code

National Committee to Preserve Social Security and Medicare - PAC
2000 K St., N.W., Ste. 800
Washington, D.C. 20006

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

6/28/90

Amount of Each Receipt this Period

1,000.00

Occupation

Aggregate Year-to-Date > \$ 1,700.00

B. Full Name, Mailing Address and ZIP Code

Committee on Political Education AFL-CIO
815 16th St., N.W.
Washington, D.C. 20006

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

6/27/90

Amount of Each Receipt this Period

2,500.00

Occupation

Aggregate Year-to-Date > \$ 2,500.00

C. Full Name, Mailing Address and ZIP Code

United Steelworkers of America
Political Action Fund
Five Gateway Center
Pittsburgh, PA 15222

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

6/29/90

Amount of Each Receipt this Period

2,000.00

Occupation

Aggregate Year-to-Date > \$ 3,000.00

D. Full Name, Mailing Address and ZIP Code

Committee on Letter Carriers Political Education
Nat'l. Assoc. of Letter Carriers AFL-CIO
100 Indiana Ave., N.W.
Washington, D.C. 20001

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

6/30/90

Amount of Each Receipt this Period

2,500.00

Occupation

Aggregate Year-to-Date > \$ 6,500.00

E. Full Name, Mailing Address and ZIP Code

MCI- PAC
1133 19th St., N.W.
Washington, D.C. 20036

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

6/20/90

Amount of Each Receipt this Period

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code

Communications Workers of America
COPE-PCC
1925 K St., N.W.
Washington, D.C. 20006

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

6/27/90

Amount of Each Receipt this Period

1,000.00

Occupation

Aggregate Year-to-Date > \$ 1,000.00

G. Full Name, Mailing Address and ZIP Code

G.V. Montgomery for Congress Committee
P.O. Box 5252
Meridian, MS 39301

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

6/21/90

Amount of Each Receipt this Period

200.00

Occupation

Aggregate Year-to-Date > \$ 200.00

SUBTOTAL of Receipts This Page (optional)

9,700.00

TOTAL This Period (last page this line number only)

93040991798

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE 11B

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Hoyer for Congress 6108 Silver Rd. District Heights, MD 20747	Name of Employer Occupation	Date (month, day, year) 6/27/90	Amount of Each Receipt in this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
B. Full Name, Mailing Address and ZIP Code Dunn for Senate Committee 57 N. Ottawa St., Ste. 612 Joliet, IL 60431	Name of Employer Composed of Funds permissable under Act	Date (month, day, year) 6/25/90	Amount of Each Receipt in this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt in this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt in this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt in this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt in this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt in this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 1,500.00

TOTAL This Period (last page this line number only) 51,550.00

93040991799

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary Page

24-13

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Simon & Schuster, Prentice Hall, Inc. P.O. Box 800 Englewood, N.J. 07631	Name of Employer Refund of overpayment	Date (month, day, year) 5/23/90	Amount of Receipt 30.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

30.25

93040991800

SCHEDULE A

ITEMIZED RECEIPTS
EXEMPT

Use separate schedule for each category on the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code James B. Harvey 2455 Glenwood Ave. Joliet, IL 60435	Name of Employer Self-Employed	Date (month, day, year) 4/1/90 thru 6/30/90	Amount of Receipt 150.00 Exempt legal acct. serv.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lawyer	Aggregate Year-to-Date > \$ 550.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt
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 Receipt
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 Receipt
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 Receipt
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 Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

150.00

93040991801

SCHEDULE B

ITEMIZED DISBURSEMENTS

 Unincorporated 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)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Public Storage 2626 W. Jefferson St. Joliet, IL 60436	Purpose of Disbursement Store campaign materials Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>GEN EXPENSE</u>	Date (month, day, year) 4/24/90	Amount of Each Disbursement This Period 83.00
B. Full Name, Mailing Address and ZIP Code National Democratic Club 30 Ivy St., S.E. Washington, D.C. 20003	Purpose of Disbursement Refreshments: Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/30/90	Amount of Each Disbursement This Period 1,259.92
C. Full Name, Mailing Address and ZIP Code LARC P.O. Box 77 Lansing, IL 60438	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/10/90	Amount of Each Disbursement This Period 35.00
D. Full Name, Mailing Address and ZIP Code El Centro Pan Americano 325 E. Galena Blvd. Aurora, IL 60505	Purpose of Disbursement Ad & Tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/18/90 5/30/90	Amount of Each Disbursement This Period 50.00 60.00
E. Full Name, Mailing Address and ZIP Code Illinois Bell Telephone Co. 212 W. Washington Chicago, IL 60606	Purpose of Disbursement Deposit & Installation of telephones Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/24/90	Amount of Each Disbursement This Period 1,200.00
F. Full Name, Mailing Address and ZIP Code Richard Day Research, Inc. 1599 Maple St., P.O. Box 5090 Evanston, IL 60201-5090	Purpose of Disbursement Polling Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/24/90	Amount of Each Disbursement This Period 9,000.00
G. Full Name, Mailing Address and ZIP Code Frankfort Today Frankfort, IL 60423	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/25/90	Amount of Each Disbursement This Period 75.00
H. Full Name, Mailing Address and ZIP Code United Puerto Rican Parade Committee P.O. Box 2802 Aurora, IL 60507	Purpose of Disbursement Tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/30/90	Amount of Each Disbursement This Period 40.00
I. Full Name, Mailing Address and ZIP Code Sherwin Williams 118 N. Larkin Ave. Joliet, IL 60435	Purpose of Disbursement Paint f/Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/31/90	Amount of Each Disbursement This Period 10.71

SUBTOTAL of Disbursements This Page (optional)

11,813.63

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Alexander Lumber Co. Barney Dr., Joliet, IL 60435	Purpose of Disbursement Materials for Campaign Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/31/90	Amount of Each Disbursement This Period 10.35
B. Full Name, Mailing Address and ZIP Code Camera House East/West 114 N. Larkin Joliet, IL 60435	Purpose of Disbursement Film & development Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/1/90 6/15/90	Amount of Each Disbursement This Period 33.00 33.04
C. Full Name, Mailing Address and ZIP Code West Side Rentals 14 S. Center St. Joliet, IL 60435	Purpose of Disbursement Rent floor polisher for Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/1/90	Amount of Each Disbursement This Period 28.00
D. Full Name, Mailing Address and ZIP Code Mary Beth Albright 2432 Walsh Way Joliet, IL 60435	Purpose of Disbursement Fundraising Consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/1/90 6/15/90	Amount of Each Disbursement This Period 750.00 750.00
E. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Reimbursement: Mileage, parking, misc. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/21/90	Amount of Each Disbursement This Period 128.54
F. Full Name, Mailing Address and ZIP Code Imperial Electronics 1312 W. Jefferson St. Joliet, IL 60435	Purpose of Disbursement Rent: Campaign Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/1/90	Amount of Each Disbursement This Period 2,000.00
G. Full Name, Mailing Address and ZIP Code Carpet King 250 Republic Ave. Joliet, IL 60435	Purpose of Disbursement Carpet: Campaign Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/5/90	Amount of Each Disbursement This Period 310.23
H. Full Name, Mailing Address and ZIP Code Oestrich 102 Mills Rd. Joliet, IL 60433	Purpose of Disbursement Locks f/Campaign Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/5/90	Amount of Each Disbursement This Period 69.50
I. Full Name, Mailing Address and ZIP Code McGrath Office Equipment 710 W. Jefferson Joliet, IL 60435	Purpose of Disbursement Rent: FAX & Copy Machine Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/5/90	Amount of Each Disbursement This Period 155.00

TOTAL of Disbursements This Page (optional)

4,268.83

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 3 OF 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code UPS Moen Ave. Rockdale, IL 60436	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/5/90	Amount of Each Disbursement This Period 1.64
B. Full Name, Mailing Address and ZIP Code Walsh Way Apartments P.O. Box 3353 Joliet, IL 60434	Purpose of Disbursement Deposit & Rent: Fundrais. Consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/5/90	Amount of Each Disbursement This Period 750.00
C. Full Name, Mailing Address and ZIP Code BWH Enterprises 905 Lilac Ln. Joliet, IL 60435	Purpose of Disbursement Buttons, Labels, Bumper Stickers f/Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/7/90 6/13/90 6/13/90	Amount of Each Disbursement This Period 851.82 283.82 429.71
D. Full Name, Mailing Address and ZIP Code Kiwanis Club of Frankfort PO Box 49 Frankfort, IL 60423	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/13/90	Amount of Each Disbursement This Period 60.00
E. Full Name, Mailing Address and ZIP Code Culligan Water 1111 E. Washington St. Joliet, IL 60433	Purpose of Disbursement Water service for campaign Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/13/90	Amount of Each Disbursement This Period 45.52
F. Full Name, Mailing Address and ZIP Code Knight Security Alarms, Inc. 113 Ford Dr., PO Box 333 New Lenox, IL 60451	Purpose of Disbursement Security service for Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/13/90	Amount of Each Disbursement This Period 48.00
G. Full Name, Mailing Address and ZIP Code Joliet Herald News 300 Caterpillar Dr. Joliet, IL 60436	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/21/90	Amount of Each Disbursement This Period 113.96
H. Full Name, Mailing Address and ZIP Code Marilyn McManimen 125 White St. Frankfort, IL 60423	Purpose of Disbursement Reimbursement: office supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/18/90	Amount of Each Disbursement This Period 8.47
I. Full Name, Mailing Address and ZIP Code Knight Security Alarms, Inc. 113 Ford Dr. PO Box 333 New Lenox, IL 60451	Purpose of Disbursement Burglar Alarm Keys Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/20/90	Amount of Each Disbursement This Period 25.56

SUBTOTAL of Disbursements This Page (optional)

2,618.50

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 4 OF 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Lynda Jennings 4213 McClintock Rd. Joliet, IL	Purpose of Disbursement Reimbursement: Frames Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 5/20/90	Amount of Each Disbursement This Period 4.79
B. Full Name, Mailing Address and ZIP Code Kurt Sangmeister 1029 Southgate Rd. New Lenox, IL 60451	Purpose of Disbursement Reimbursement: Tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 6/1/90	Amount of Each Disbursement This Period 40.00
C. Full Name, Mailing Address and ZIP Code Sauk Village Chamber of Commerce 2600 Sauk Trail Sauk Village, IL 60411	Purpose of Disbursement Ticket Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 6/1/90	Amount of Each Disbursement This Period 25.00
D. Full Name, Mailing Address and ZIP Code Lee Babcock 422 Whitney Joliet, IL 60435	Purpose of Disbursement Reimbursement: Cleaning supplies f/Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 6/1/90	Amount of Each Disbursement This Period 23.57
E. Full Name, Mailing Address and ZIP Code Emma Bechler 656 N. Broadway St. Joliet, IL 60435	Purpose of Disbursement Reimburse: Typewriter, Phones, Answer Machine f/Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 6/5/90	Amount of Each Disbursement This Period 297.47
F. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Reimburse: Carpet Layer & supplies f/Headquarters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 6/13/90	Amount of Each Disbursement This Period 122.87
G. Full Name, Mailing Address and ZIP Code Black Pride, Inc. PO Box 535 Joliet, IL 60434	Purpose of Disbursement Ad & Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 6/7/90	Amount of Each Disbursement This Period 125.00
H. Full Name, Mailing Address and ZIP Code Microfocus Systems 933 N. Kermore St. Suite 314 Arlington, VA 22201	Purpose of Disbursement Computer & Printer Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 6/13/90	Amount of Each Disbursement This Period 3,207.20
I. Full Name, Mailing Address and ZIP Code George E. Sangmeister Box 87, Rt. 4 Mokena, IL 60448	Purpose of Disbursement Reimburse: Misc. campaign expense, gas, parking, etc. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 6/15/90	Amount of Each Disbursement This Period 25.00

TOTAL of Disbursements This Page (optional) 3,870.90

ALL 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)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Patrick Media Group 4000 S. Morgan St. Chicago, IL 60609	Purpose of Disbursement Outdoor Poster Displays Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/5/90	Amount of Each Disbursement This Period 3,903.75
B. Full Name, Mailing Address and ZIP Code Quality Quickprint Jefferson & Joliet Sts. Joliet, IL 60431	Purpose of Disbursement Rubber Stamps Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/6/90 6/29/90	Amount of Each Disbursement This Period 17.80 17.80
C. Full Name, Mailing Address and ZIP Code Postmaster Joliet, IL	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/11/90 6/5/90 6/12/90	Amount of Each Disbursement This Period 4.30 125.00 75.00
D. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/15/90 6/20/90 6/21/90	Amount of Each Disbursement This Period 50.00 100.00 8.75
E. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/29/90	Amount of Each Disbursement This Period 250.00
F. Full Name, Mailing Address and ZIP Code Lunde & Burger 1101 King St., Ste. 601 Alexandria, VA 22314	Purpose of Disbursement Consultant Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/17/90 5/24/90 6/22/90	Amount of Each Disbursement This Period 2,500.00 2,500.00 2,500.00
G. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Reimbursement: Costs Advanced Postage, phone, misc. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/17/90 5/24/90 6/22/90	Amount of Each Disbursement This Period 730.04 247.48 81.08
H. Full Name, Mailing Address and ZIP Code Whiteco Metrocom 405 N. Wabash, Ste. 4304 Chicago, IL 60611	Purpose of Disbursement Poster Displays Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/18/90	Amount of Each Disbursement This Period 2,400.00
I. Full Name, Mailing Address and ZIP Code NSIAL/APFU c/o Emily Lofton P.O. Box 7006 North Suburban, IL 60199	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/23/90	Amount of Each Disbursement This Period 25.00

SUBTOTAL of Disbursements This Page (optional)

15,536.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (in Full)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Reimburse: Mileage,	Date (month, day, year) 6/15/90	Amount of Each Disbursement This Period 15.00
Robert Bechler 656 N. Broadway St. Joliet, IL 60435	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Checks	Date (month, day, year) 4/30/90	Amount of Each Disbursement This Period 39.33
First Midwest Bank Joliet, IL 60431	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

54.33

TOTAL This Period (last page this line number only)

38,162.19

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

 PAGE 1 OF 1
FOR LINE NUMBER 21

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)

SANGMEISTER FOR CONGRESS

124036

A. Full Name, Mailing Address and ZIP Code Committee to Elect Dick Budde Will County Board 1600 Glenwood Joliet, IL 60435	Purpose of Disbursement Contribution to Local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/30/90	Amount of Each Disbursement This Period 35.00
B. Full Name, Mailing Address and ZIP Code Citizens for Progress 39 E. Cass St. Joliet, IL 60432	Purpose of Disbursement Contribution to Local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/30/90	Amount of Each Disbursement This Period 250.00
C. Full Name, Mailing Address and ZIP Code Citizens for John Strobbe PO Box 6-R Romeoville, IL 60441	Purpose of Disbursement Contribution to Local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/1/90	Amount of Each Disbursement This Period 100.00
D. Full Name, Mailing Address and ZIP Code Mayor Stefaniak Golf Outing 619 Superior Calumet City, IL 60409	Purpose of Disbursement Contribution to Local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/5/90	Amount of Each Disbursement This Period 240.00
E. Full Name, Mailing Address and ZIP Code IL State Democratic Ethnic Council 5838 S. Archer Ave. Chicago, IL 60638	Purpose of Disbursement Membership Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/14/90	Amount of Each Disbursement This Period 100.00
F. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/18/90	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Lombard Democratic Club 663 Rockdale Circle Lombard, IL 60148	Purpose of Disbursement Contribution to Local Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/21/90	Amount of Each Disbursement This Period 5.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 1,230.00

TOTAL This Period (last page this line number only) 1,230.00

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER 124036
(Use separate schedules
for each numbered line)

Name of Committee (in full) SANGMEISTER FOR CONGRESS		124036	
A. Full Name, Mailing Address and ZIP Code of Loan Source George E. Sangmeister Rt. 4, Box 87 Mokena, IL 60448 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Elections		Original Amount of Loan 5,000.00 Personal Funds	Cumulative Payment To Date 0.00 Balance Outstanding at Close of This Period 5,000.00
Terms: Date Incurred <u>11/14/87</u> Date Due <u>N/A</u> Interest Rate <u> </u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Balance Outstanding at Close of This Period
Terms: Date Incurred <u> </u> Date Due <u> </u> Interest Rate <u> </u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			5,000.00
Carry outstanding balance only to LINE 3, Schedule D, this line. If no Schedule D, carry forward to appropriate line of Summary			

93040991809

Name of Committee (in Full) SANGMEISTER FOR CONGRESS		124036	
A. Full Name, Mailing Address and ZIP Code of Loan Source George E. Sangmeister Rt. 4, Box 87 Mokena, IL 60448 1988 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Elections		Original Amount of Loan 5,000.00 Personal Funds	Cumulative Payment To Date 0.00 Balance Outstanding at Close of This Period 5,000.00
Terms: Date Incurred <u>11/14/87</u> Date Due <u>N/A</u> Interest Rate <u> </u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source DSG Campaign Fund 499 S. Capitol #113 Washington, D.C. 20003		Original Amount of Loan 3,000.00	Cumulative Payment To Date 0.00 Balance Outstanding at Close of This Period 3,000.00
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>9/28/90</u> Date Due <u>N/A</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			8,000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary			

93040991810

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 11
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
SANGMEISTER FOR CONGRESS 124036				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Emma Bechler 656 N. Broadway St. Joliet, IL 60435	6,000.00	0.00	0.00	6,000.00
Nature of Debt (Purpose): Administrative, Secretarial Bookkeeping				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Lunde & Burger, Inc. 1101 King St., Suite 601 Alexandria, VA 22314	10,000.00	0.00	7,500.00	2,500.00
Nature of Debt (Purpose): Consultants				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Mary Beth Albright 2432 Walsh Way Joliet, IL 60435	7,500.00	0.00	4,500.00	3,000.00
Nature of Debt (Purpose): Fundraising Consultant				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				11,500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				8,000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				19,500.00

93040991811

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 (or
LINE NUMBER 1)
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
SANGMEISTER FOR CONGRESS 124036				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Enma Bechler 656 N. Broadway St. Joliet, IL 60435	6,000.00	0.00	0.00	6,000.00
Nature of Debt (Purpose): Administrative, Secretarial, Bookkeeping				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Lunde & Burger, Inc. 1101 King St., Suite 601 Alexandria, VA	17,500.00	0.00	7,500.00	10,000.00
Nature of Debt (Purpose): Consultants				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Mary Beth Albright 2432 Walsh Way Joliet, IL 60435	0.00	9,000.00	1,500.00	7,500.00
Nature of Debt (Purpose): Fundraising Consultant				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor -				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				23,500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				5,000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				28,500.00

93040991812



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

October 15, 1992

Robert T. Herbolsheimer
102 West Haven Street
New Lenox, Illinois 60451

RE: MUR 3646

Dear Mr. Herbolsheimer:

This letter acknowledges receipt on October 8, 1992, of your complaint alleging possible violations of the Federal Election Campaign Act of 1971, as amended ("the Act"), by Sangmeister for Congress, and James B. Harvey, as treasurer. The respondents will be notified of this complaint within five days.

You will be notified as soon as the Federal Election Commission takes final action on your complaint. Should you receive any additional information in this matter, please forward it to the Office of the General Counsel. Such information must be sworn to in the same manner as the original complaint. We have numbered this matter MUR 3646. Please refer to this number in all future correspondence. For your information, we have attached a brief description of the Commission's procedures for handling complaints.

Sincerely,

A handwritten signature in cursive script, which appears to read "Anne Weissenborn", is written over the typed name.

Anne Weissenborn
Acting Assistant General Counsel

Enclosure
Procedures

93040991813



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

October 15, 1992

James B. Harvey, Treasurer
Sangmeister for Congress
Route 4, Box 87
Mokena, Illinois 60448

RE: MUR 3646

Dear Mr. Harvey:

The Federal Election Commission received a complaint which indicates that Sangmeister for Congress ("Committee") and you, as treasurer, may have violated the Federal Election Campaign Act of 1971, as amended ("the Act"). A copy of the complaint is enclosed. We have numbered this matter MUR 3646. Please refer to this number in all future correspondence.

Under the Act, you have the opportunity to demonstrate in writing that no action should be taken against the Committee and you, as treasurer, in this matter. Please submit any factual or legal materials which you believe are relevant to the Commission's analysis of this matter. Where appropriate, statements should be submitted under oath. Your response, which should be addressed to the General Counsel's Office, must be submitted within 15 days of receipt of this letter. If no response is received within 15 days, the Commission may take further action based on the available information.

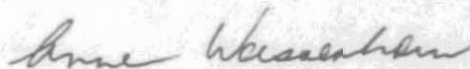
This matter will remain confidential in accordance with 2 U.S.C. § 437g(a)(4)(B) and § 437g(a)(12)(A) unless you notify the Commission in writing that you wish the matter to be made public. If you intend to be represented by counsel in this matter, please advise the Commission by completing the enclosed form stating the name, address and telephone number of such counsel, and authorizing such counsel to receive any notifications and other communications from the Commission.

23040991814

James B. Harvey, Treasurer
Sangmeister for Congress
Page 2

If you have any questions, please contact Jeffrey Long, the staff member assigned to this matter, at (202) 219-3690. For your information, we have enclosed a brief description of the Commission's procedures for handling complaints.

Sincerely,



Anne Weissenborn
Acting Assistant General Counsel

Enclosures

1. Complaint
2. Procedures
3. Designation of Counsel Statement

93040991815



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

February 11, 1993

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

James B. Harvey, Treasurer
Sangmeister for Congress
Route 4, Box 87
Mokena, Illinois 60448

RE: MUR 3646

Dear Mr. Harvey:

The Federal Election Commission received a complaint that alleges that Sangmeister for Congress ("Committee") and you, as treasurer, may have violated the Federal Election Campaign Act of 1971, as amended ("the Act"). On October 15, 1992, the Commission mailed copies of the complaint to the above address. You have not responded to the complaint; therefore, another copy is enclosed. We have numbered this matter MUR 3646. Please refer to this number in all future correspondence.

Under the Act, you have the opportunity to demonstrate in writing that no action should be taken against the Committee and you, as treasurer, in this matter. Please submit any factual or legal materials which you believe are relevant to the Commission's analysis of this matter. Where appropriate, statements should be submitted under oath. Your response, which should be addressed to the General Counsel's Office, must be submitted within 15 days of receipt of this letter. If no response is received within 15 days, the Commission may take further action based on the available information.

This matter will remain confidential in accordance with 2 U.S.C. § 437g(a)(4)(B) and § 437g(a)(12)(A) unless you notify the Commission in writing that you wish the matter to be made public. If you intend to be represented by counsel in this matter, please advise the Commission by completing the enclosed form stating the name, address and telephone number of such counsel, and authorizing such counsel to receive any notifications and other communications from the Commission.

93040991816

James B. Harvey, Treasurer
Sangmeister for Congress
Page 2

If you have any questions, please contact me in the Office of the General Counsel at (202) 219-3690. For your information, we have attached a brief description of the Commission's procedures for handling complaints.

Sincerely,



Jeffrey D. Long
Paralegal Specialist

Enclosures

1. Complaint
2. Procedures
3. Designation of Counsel Statement

93040991817

OAC 8490

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

FEB 26 11 33 AM '93

February 22, 1993

RECEIVED
FEDERAL ELECTION COMMISSION
OFFICE OF THE CLERK
93 FEB 26 PM 2:29

Federal Election Commission
Washington, D.C.

Attention: Jeffrey D. Long
Paralegal Specialist

RE: MUR 3646

Dear Mr. Long:

Per our telephone conversation of this date, enclosed herewith are the Certified Mail Receipts and a copy of the answer which was filed regarding the above referenced matter.

Please note that the answer was filed under MUR 3636 (typographical error) rather than the correct number MUR 3646.

Hopefully this clears up the matter.

Very truly yours,

George E. Sangmeister, M.C.

By: Emma Seckler
Assistant Treasurer

Enclosures: Copy of Answer, MUR 3646
Certified Mail Receipts

93040991818

93040991819

P 993 532 373



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

93 FEB 26 PM 2:29

RECEIVED
FEDERAL ELECTION COMMISSION
OFFICE OF THE
COUNSEL

To: FEC	
Address: 999 E Street NW	
City, State and ZIP Code: Washington DC	
Postage: 20463	\$ 75
Certified Fee:	1.00
Special Delivery Fee:	
Restricted Delivery Fee:	
Return Receipt Showing to Whom & Date Delivered:	1.00
Additional Receipt Showing to Whom, Date, and Addressee's Address:	
TOTAL Postage & Fees:	\$ 2.75
Postmark on Date: FEB 26 1993	

PS Form 3800, June 1991

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Federal Election Commission 999 E. Street NW Washington DC 20463	4. Article Number P 993 532 373
5. Signature — Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X	Always obtain signature of addressee or agent and DATE DELIVERED .
7. Date of Delivery FEB 26 1993	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

93 FEB 26 PM 2:29

BEFORE THE FEDERAL ELECTION COMMISSION
OF THE UNITED STATES

In the matter of:

MJR 3636

Sangmeister for Congress
and James B. Harvey, Treasurer

A N S W E R

Now comes the Sangmeister for Congress Committee and James B. Harvey, Treasurer, and in answer to the Complaint filed herein states as follows:

1. Respondent admits the allegations contained in paragraph 1 of Plaintiff's complaint.
2. Respondent admits the allegations contained in paragraph 2 of Plaintiff's complaint.
3. Respondent admits the allegations contained in paragraph 3 of Plaintiff's complaint.
4. Respondent admits the allegations contained in paragraph 4 of Plaintiffs complaint, but states that such reporting of computer software was unnecessary because the computer was purchased loaded with software. (See Exhibits A and B). (See Affidavit A).
5. Respondent admits the allegations contained in paragraph 5 of Plaintiff's complaint.

WHEREFORE: the Sangmeister for Congress Committee and James B. Harvey, Treasurer, pray the Complaint be dismissed.

James B. Harvey
James B. Harvey, Treasurer

The above statements are true and correct to the best of my knowledge, information and belief.

Subscribed and Sworn before me this 2nd day of November, 1992.

Beverly Fowler

My Commission expires:



9304091820

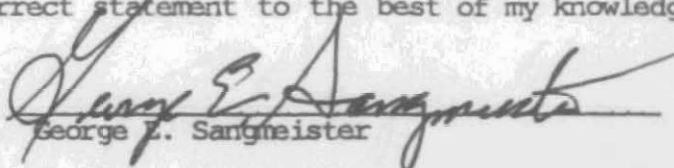
AFFIDAVIT A

George E. Sangmeister being duly sworn on oath states:

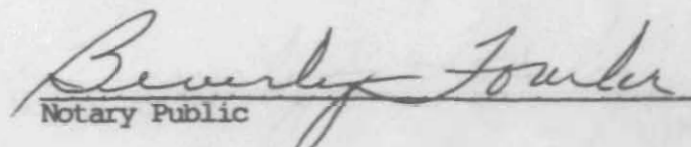
My Campaign Committee, "Sangmeister for Congress", purchased a computer from Microfocus Systems, Inc. on June 13, 1990. MSI Systems sent the computer to Political Publishing Company for software loading. They loaded the PCMS software, returned it to MSI Systems who then shipped the loaded computer to my campaign headquarters in Joliet, Illinois.

I have no knowledge of additional software, other than that purchased with the computer, being used.

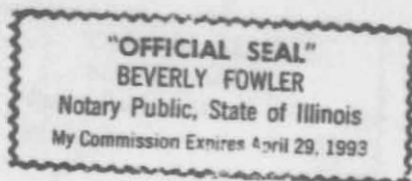
The above is a true and correct statement to the best of my knowledge and belief.


George E. Sangmeister

Subscribed and Sworn to before me this 2nd day of November, 1992.


Notary Public

My Commission Expires:



93040991821

EXHIBIT A

M S I SYSTEMS INC.
933 N. KENMORE ST., SUITE#314
ARLINGTON, VA 22201

October 16, 1992

Honorable George E. Sangmeister
121 Springfield Avenue
Joliet, Illinois 60435

Dear Congressman Sangmeister:

This letter is in response to your inquiry concerning the purchase of a computer from this company in June 1990. As we have not spoken directly, I would like to reiterate to you exactly what I explained to your representative today.

In June 1990, Mary Kay Dawson -- who I believe was your Office Manager at the time -- came to this company to purchase a computer for your campaign. It was my distinct understanding that she had been sent here by Political Publishing Company of Alexandria. We sold her the hardware (see Invoice V0406 attached). As was the normal procedure at that time, we sent the hardware to Political Publishing Company for software loading. They loaded the software and returned the computer to us. Consequently, we shipped the loaded computer to your campaign office in Joliet, Illinois.

Attached, you will find a copy of the shipping invoice(s) that were sent repeatedly to Mary Kay in Rockville, Maryland. As you will note, the date on the invoice is June 26, 1990. We sent many, many invoices to Mary Kay, but she would not respond to them. We telephoned her many, many times, and while she promised to send the payment for the shipping, we did not receive it.

Last week, we received a letter dated October 8, 1992 from David Donahue advising he sent a Cashier's Check for the shipping charges and requesting that we fax him a copy of the invoices. When the check arrived, we faxed the invoices for the computer and for the shipping charges.

Your representative has advised that you will be sending your check for the shipping charges immediately. Upon receipt of your check, we will return Mr. Donahue's payment to him.

I trust this clears up any misunderstanding with regard to your computer.

Sincerely,



Kent Sun
President, M S I Systems, Inc.

POLITICAL PUBLISHING COMPANY

P.O. Box 17274

andria, VA 22302-8574

October 16, 1992

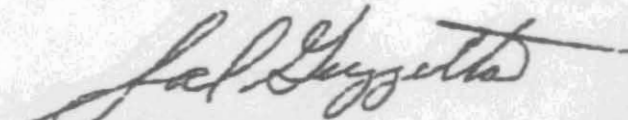
Honorable George E. Sangmeister
121 Springfield Ave.
Joliet, IL 60435

Dear Congressman Sangmeister;

Please be advised that I have read Mr. Sun's letter dated 10/16/92, regarding the installation of our software, PCMS, on your computer system. I agree with him that the software was loaded in this manner.

If you have any additional questions, please do not hesitate to call. Thank you.

Sincerely yours,



Sal Guzzetta
President

EXHIBIT B

DC/Metro (703) 549-7586 • Outside DC/Metro 800-562-6624 • Fax (703) 549-8059

08'0
SUSPENS

06C 9700

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIN COPY ROOM

SANGMEISTER FOR CONGRESS
Rt. 4, Box 87 Mokena, Illinois 60448

AUG 16 2 59 PM '93

August 11, 1993

Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463

RE: MUR 3646

On October 8, 1992, Congressman Sangmeister's opponent, Robert Herbolsheimer filed a complaint with you alleging that in the 1990 election the Sangmeister campaign purchased software for the campaign computer without disclosing it in his report for that period.

Pursuant to law we filed a timely answer with affidavits that clearly show the computer was purchased with the software loaded and the purchase price included both. Exhibit A to our answer by Kent Sun, President of M.S.I. Systems, Inc. (from whom we bought the computer) and Exhibit B from Sal Guzzetta (who loaded the computer) clearly establish this.

This matter is approaching one year and we are requesting that this complaint be dismissed pursuant to the relief prayed for in our answer.

Sincerely,

James B. Harvey
James B. Harvey
Treasurer

Enclosures

93040991824

93 AUG 16 PM 3:30

RECEIVED
FEDERAL ELECTION COMMISSION

BEFORE THE FEDERAL ELECTION COMMISSION
OF THE UNITED STATES

In the matter of:

MJR 3636

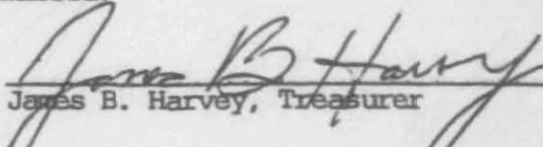
Sangmeister for Congress
and James B. Harvey, Treasurer

A N S W E R

Now comes the Sangmeister for Congress Committee and James B. Harvey, Treasurer, and in answer to the Complaint filed herein states as follows:

1. Respondent admits the allegations contained in paragraph 1 of Plaintiff's complaint.
2. Respondent admits the allegations contained in paragraph 2 of Plaintiff's complaint.
3. Respondent admits the allegations contained in paragraph 3 of Plaintiff's complaint.
4. Respondent admits the allegations contained in paragraph 4 of Plaintiffs complaint, but states that such reporting of computer software was unnecessary because the computer was purchased loaded with software. (See Exhibits A and B). (See Affidavit A).
5. Respondent admits the allegations contained in paragraph 5 of Plaintiff's complaint.

WHEREFORE: the Sangmeister for Congress Committee and James B. Harvey, Treasurer, pray the Complaint be dismissed.


James B. Harvey, Treasurer

The above statements are true and correct to the best of my knowledge, information and belief.

Subscribed and Sworn before me this ____ day of November, 1992.

My Commission expires:

AFFIDAVIT A

George E. Sangmeister being duly sworn on oath states:

My Campaign Committee, "Sangmeister for Congress", purchased a computer from Microfocus Systems, Inc. on June 13, 1990. MSI Systems sent the computer to Political Publishing Company for software loading. They loaded the PCMS software, returned it to MSI Systems who then shipped the loaded computer to my campaign headquarters in Joliet, Illinois.

I have no knowledge of additional software, other than that purchased with the computer, being used.

The above is a true and correct statement to the best of my knowledge and belief.

George E. Sangmeister

Subscribed and Sworn to before me this _____ day of November, 1992.

Notary Public

My Commission Expires: _____

93040991826

EXHIBIT A

M S I SYSTEMS INC.
933 N. KENMORE ST., SUITE#314
ARLINGTON, VA 22201

October 16, 1992

Honorable George E. Sangmeister
121 Springfield Avenue
Joliet, Illinois 60435

Dear Congressman Sangmeister:

This letter is in response to your inquiry concerning the purchase of a computer from this company in June 1990. As we have not spoken directly, I would like to reiterate to you exactly what I explained to your representative today.

In June 1990, Mary Kay Dawson -- who I believe was your Office Manager at the time -- came to this company to purchase a computer for your campaign. It was my distinct understanding that she had been sent here by Political Publishing Company of Alexandria. We sold her the hardware (see Invoice V0406 attached). As was the normal procedure at that time, we sent the hardware to Political Publishing Company for software loading. They loaded the software and returned the computer to us. Consequently, we shipped the loaded computer to your campaign office in Joliet, Illinois.

Attached, you will find a copy of the shipping invoice(s) that were sent repeatedly to Mary Kay in Rockville, Maryland. As you will note, the date on the invoice is June 26, 1990. We sent many, many invoices to Mary Kay, but she would not respond to them. We telephoned her many, many times, and while she promised to send the payment for the shipping, we did not receive it.

Last week, we received a letter dated October 8, 1992 from David Donahue advising he sent a Cashier's Check for the shipping charges and requesting that we fax him a copy of the invoices. When the check arrived, we faxed the invoices for the computer and for the shipping charges.

Your representative has advised that you will be sending your check for the shipping charges immediately. Upon receipt of your check, we will return Mr. Donahue's payment to him.

I trust this clears up any misunderstanding with regard to your computer.

Sincerely,



Kent Sun
President, M S I Systems, Inc.

P.O. Box 17274
Alexandria, VA 22302-8574

Honorable George E. Sangmeister
121 Springfield Ave.
Joliet, IL 60435

Please be advised that I have read Mr. Sun's letter dated 10/16/92, regarding the installation of our software, PCMS, on your computer system. I agree with him that the software was loaded in this manner.

Sincerely yours,

Sal. Guzzetta
President

EXHIBIT B

DC/Metro (703) 549-7586 • Outside DC/Metro 800-562-6624 • Fax (703) 549-8059

0.0
SUBMIT:

MUR # 3646

ADDITIONAL DOCUMENTS WILL BE ADDED TO THIS FILE AS THEY
BECOME AVAILABLE. PLEASE CHECK FOR ADDITIONAL MICROFILM
LOCATIONS.

93040991829



FEDERAL ELECTION COMMISSION
WASHINGTON D.C. 20461

THIS IS THE End of MUR# 3646

DATE FILMED 10/29/93 CAMERA NO. 2

CAMERAMAN MC

93040991830



FEDERAL ELECTION COMMISSION
WASHINGTON DC 20461

☒ Microfilm
☐ Public Records
☐ Press

THE FOLLOWING DOCUMENTATION IS ADDED TO

THE PUBLIC RECORD IN CLOSED MUR 3646.

12/10/93

23043543367

THE READER IS REFERRED TO ADDITIONAL MICROFILM LOCATIONS
FOR THE FOLLOWING DOCUMENTS PERTINENT TO THIS CASE

1. Memo, General Counsel to the Commission, dated September 22, 1992, Subject: Priority System Report.
See Reel 354, pages 1590-94.
2. Memo, General Counsel to the Commission, dated April 14, 1993, Subject: Enforcement Priority System.
See Reel 354, pages 1595-1620.
3. Certification of Commission vote, dated April 28, 1993.
See Reel 354, pages 1621-22.
4. General Counsel's Report, In the Matter of Enforcement Priority, dated December 3, 1993.
See Reel 354, pages 1623-1740.
5. Certification of Commission vote, dated December 9, 1993.
See Reel 354, pages 1741-1746.

23043543368



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

DEC 10 1993

James B. Harvey, Treasurer
Sangmeister for Congress
Route 4, Box 87
Mokena, Illinois 60448

RE: MUR 3646

Dear Mr. Harvey:

On October 15, 1992, the Federal Election Commission notified Sangmeister for Congress ("Committee") and you, as treasurer, of a complaint alleging certain violations of the Federal Election Campaign Act of 1971, as amended. A copy of the complaint was enclosed with that notification.

After considering the circumstances of this matter, the Commission has determined to exercise its prosecutorial discretion and to take no action against the Committee and you, as treasurer. See attached narrative. Accordingly, the Commission closed its file in this matter.

The confidentiality provisions of 2 U.S.C. § 437g(a)(12) no longer apply and this matter is now public. In addition, although the complete file must be placed on the public record within 30 days, this could occur at any time following certification of the Commission's vote. If you wish to submit any factual or legal materials to appear on the public record, please do so as soon as possible. While the file may be placed on the public record prior to receipt of your additional materials, any permissible submissions will be added to the public record when received.

If you have any questions, please contact me at (202) 219-3690.

Sincerely,

Jeffrey D. Long

Attachment
Narrative

Date the Commission voted to close the file: _____

DEC 09 1993

23043543369

MUR 3546
SANGMEISTER FOR CONGRESS

This case was initiated by a complaint alleging that Sangmeister for Congress did not report an in-kind contribution in the form of software loaded onto a computer that the committee purchased. The committee reported that the software was loaded onto the computer at the time of purchase, and that the cost of the software was included in the purchase price.

The events in question had little or no impact on the process. There was no significant issue relative to the other issues pending before the Commission. Moreover, it does not appear that respondent had a serious intent to violate the FECA.

23043543370



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

DEC 10 1993

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Robert T. Herbolsheimer
102 West Haven Street
New Lenox, Illinois 60451

RE: MUR 3646

Dear Mr. Herbolsheimer:

On October 8, 1992, the Federal Election Commission received your complaint alleging certain violations of the Federal Election Campaign Act of 1971, as amended ("the Act").

After considering the circumstances of this matter, the Commission has determined to exercise its prosecutorial discretion and to take no action against Sangmeister for Congress and James B. Harvey, as treasurer. See attached narrative. Accordingly, the Commission closed its file in this matter. This matter will become part of the public record within 30 days.

The Act allows a complainant to seek judicial review of the Commission's dismissal of this action. See 2 U.S.C. § 437g(a)(8).

Sincerely,

Jeffrey D. Long

Attachment
Narrative

Date the Commission voted to close the file:

DEC 09 1993

23043543371

MUR 3646

SANGMEISTER FOR CONGRESS

This case was initiated by a complaint alleging that Sangmeister for Congress did not report an in-kind contribution in the form of software loaded onto a computer that the committee purchased. The committee reported that the software was loaded onto the computer at the time of purchase, and that the cost of the software was included in the purchase price.

The events in question had little or no impact on the process. There was no significant issue relative to the other issues pending before the Commission. Moreover, it does not appear that respondent had a serious intent to violate the FECA.

23043543372