

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)
Victory in Illinois
 ADDRESS (number and street) Check if different than previously reported
430 South Capitol St., S.E.
 CITY, STATE and ZIP CODE
Washington, D.C. 20003

RECEIVED
 SECRETARY OF THE SENATE
 98 APR 20 PM 2:51

2. RECEIVED DELIVERED
 IDENTIFICATION NUMBER
C00327468
 3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) 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)
 Termination Report

Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____

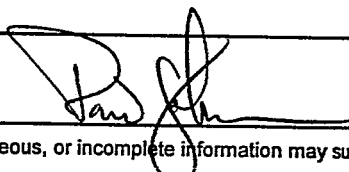
Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY

5. Covering Period	COLUMN A	COLUMN B
<u>March 1</u> through <u>March 31</u>	This Period	Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 10,304.73
(b) Cash on Hand at Beginning of Reporting Period	\$ -0-	
(c) Total Receipts (from line 19)	\$ 4,000.00	\$ 160,473.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4,000.00	\$ 170,778.44
7. Total Disbursements (from Line 30)	\$ 4,000.00	\$ 170,778.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ -0-	\$ -0-
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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

Type or Print Name of Treasurer
Paul A. Johnson
 Signature of Treasurer  Date
04/20/98

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

--	--	--	--	--	--	--	--	--	--

FEC FORM 3)
 (revised 9/93)

98020093650

98020093650

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE
Victory in Illinois

REPORT COVERING PERIOD
FROM 03/01/98 TO 03/31/98

	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A).....	1,000.00	125,000.00
ii. Unitemized.....	0.00	0.00
iii. Total.....	1,000.00	125,000.00
b. Political Party Committees.....		
c. Other Political Committees (such as PACs).....	3,000.00	32,481.00
d. Total Contributions.....(add a ii, b and c) >	4,000.00	157,481.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees...		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	2,992.71
19. Total Receipts.....(add 11d, 12, 13,14 15, 16, 17, and 18) >	4,000.00	160,473.71
20. Total Federal Receipts.....(subtract line 18 from line 19) >	4,000.00	157,481.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	14,037.12
ii. Non-Federal Share.....	0.00	6,070.34
b. Other Federal Operating Expenditures.....	2,425.66	2,425.66
c. Total Operating Expenditures.....(add a i, a ii, and b) >	2,425.66	22,533.12
22. Transfers to Affiliated/Other Party Committees.....	1,574.34	148,245.32
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 44a(d)) (use Schedule F)		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
a. Individuals/Person Other Than Political Committees.....		
b. Political Party Committees.....		
c. Other Political Committees (such as PACs).....		
d. Total Contribution Refund.....(add a, b and c) >	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,000.00	170,778.44
31. Total Federal Disbursements.....(subtract line 21 a ii from line 30) >	4,000.00	164,708.10
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	4,000.00	157,481.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,000.00	157,481.00
35. Total Federal Operating Expenditures.....(add 21 ai and 21 b) >	2,425.66	16,462.78
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	2,425.66	16,462.78

7 8 0 2 0 0 9 3 6 5 1

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)
 Victory in Illinois

FEC ID No. C00327468

98020093652

A. Full Name, Mailing Address and ZIP Code Challinor, Joan 3117 Hawthorne St., N.W. Washington, D.C. 20008	Name of Employer Retired	Date (month, day, year) 03/16/98	Amount of Each Receipt this Period 1,000.00
	Occupation		
	Aggregate Year-To-Date \$ 1,000.00		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

SCHEDULE H2
(effective 1/1/91)

ALLOCATION RATIOS

NAME OF COMMITTEE

Victory in Illinois

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

7
3
0
2
0
0
9
3
6
5
4

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL
IL3 3/10/98 ACTIVITY IS: . <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	100.00	0.00
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input type="checkbox"/> NEW <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input type="checkbox"/> NEW <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input type="checkbox"/> NEW <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input type="checkbox"/> NEW <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input type="checkbox"/> NEW <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input type="checkbox"/> NEW <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule PAGE OF
for each category of the 1 1
Detailed Summary Page FOR LINE NUMBER
21b

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

NAME OF COMMITTEE (In Full) FEC ID No. C00327468
Victory in Illinois

9 8 0 2 0 0 9 3 6 5 5

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David Hath Cox Photography 5730 Arlington Blvd. Arlington, VA 22204	Photography Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/18/98	600.00
The Carlton Hotel 923 16th & K St., N.W. Washington, D.C. 20006	Catering/Facilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/25/98	1,825.66
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 Period
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 Period
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 Period
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) 2,425.66

TOTAL This Period (last page this line number only) 2,425.66

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page
 PAGE 1 OF 1
 FOR LINE NUMBER 22

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

NAME OF COMMITTEE (In Full)

Victory in Illinois

FEC ID No. C00327468

7 8 0 2 0 0 9 3 6 5 6

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carol Moseley-Braun For Senate, Inc. 816 S. Wabash St., Ste. 806 Chicago, IL 60605	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/98	1,574.34
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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 Period
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 Period
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 Period
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)	1,574.34
TOTAL This Period (last page this line number only)	1,574.34

GARY L. SISCO
SECRETARY

PAMELA S. GAYN
SUPERINTENDENT
HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: 202-224-6322

United States Senate

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 4/20/98
Date of Receipt

INSIDE MAIL _____
Date of Receipt

**RECEIVED FROM THE HOUSE OFFICE OF RECORDS
& REGISTRATIONS** _____
Date of Receipt

**RECEIVED FROM THE FEDERAL ELECTION
COMMISSION** _____
Date of Receipt

FIRST CLASS MAIL _____
Postmarked

REGISTERED/CERTIFIED MAIL _____
Postmarked

NO POSTMARK

POSTMARK ILLEGIBLE

OTHER (Specify): _____

Postmark and/or Date of Receipt

R.D. 4/20/98
Preparer Date Prepared

98020093657

98020093657