

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Indiana Democratic Congressional Victory Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		286404.72
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	231720.52									
(c) Total Receipts (from Line 19)	437765.04	2486287.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	669485.56	2772691.82								
7. Total Disbursements (from Line 31)	406816.49	2510022.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	262669.07	262669.07								
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)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Indiana Democratic Congressional Victory Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	18650.00	164970.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	865.69	25922.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19515.69	190892.41
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	21000.00	59800.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	40515.69	250692.41
12. Transfers From Affiliated/Other Party Committees	137000.00	306288.61
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	100872.05	520454.80
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	515.85	11511.25
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	158861.45	1397340.03
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	158861.45	1397340.03
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	437765.04	2486287.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	278903.59	1088947.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	5956.93	116928.57
(ii) Non-Federal Share.....	22409.37	458006.75
(b) Other Federal Operating Expenditures.....	32163.99	459001.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	60530.29	1033936.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	143000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	25000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	120215.08	841891.21
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	226071.12	466194.71
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	226071.12	466194.71
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	406816.49	2510022.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	384407.12	2052016.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	40515.69	250692.41
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40515.69	250692.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	38120.92	575930.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	100872.05	520454.80
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-62751.13	55475.28

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Michael B. O'Connor	Date of Receipt MM / DD / YYYY 09 / 07 / 2006
	Mailing Address 543 N Audubon Rd	Transaction ID: C131826
	City State Zip Code Indianapolis IN 46219-5836	Amount of Each Receipt this Period 800.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Bose Public Affairs	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

B.	Full Name (Last, First, Middle Initial) Roger Paradiack	Date of Receipt MM / DD / YYYY 09 / 19 / 2006
	Mailing Address 4181 S Summit Ln	Transaction ID: C71128
	City State Zip Code Columbus IN 47201-8955	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Paradiack Lawfirm	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Lisa Murray	Date of Receipt MM / DD / YYYY 09 / 14 / 2006
	Mailing Address Unknown	Transaction ID: C44753
	City State Zip Code Unknown AA 99999	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Kevin Charles Murray

Mailing Address 990 Ellenberger Parkway West Dr

City State Zip Code
Indianapolis IN 46219-4439

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Locke Reynolds Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2006

Transaction ID: C217538

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Herbert Simon

Mailing Address 8765 Pine Ridge Dr

City State Zip Code
Indianapolis IN 46260-1778

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Simon DeBartolo Group Chairman

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: C89499

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Philp D. Beer, II

Mailing Address 380 E 226th St

City State Zip Code
Sheridan IN 46069-9731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
USI Consultants, Inc Engineer/Surveyor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: C219602

Amount of Each Receipt this Period

2100.00

SUBTOTAL of Receipts This Page (optional)

13100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial) Betsy Clark		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 1500 Middle Ridge Dr		Transaction ID: C71130
City	State	Zip Code
Willow Spring	NC	27592-7858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer KCI Technologies	Occupation Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B.

Full Name (Last, First, Middle Initial) Ted Lucas		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 1125 Constitution Dr		Transaction ID: C33697
City	State	Zip Code
Edinburgh	IN	46124-9249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	18650.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
IBEW Educational Committee

Mailing Address 900 Seventh St, NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 30 / 2006
Transaction ID: C68570
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
American Federation of Teachers COPE

Mailing Address 555 New Jersey Ave NW

City State Zip Code
Washington DC 20001-2029

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 16 / 2006
Transaction ID: C94449
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Dr Ste 222

City State Zip Code
McLean VA 22101-3705

FEC ID number of contributing federal political committee. **C** C00305318

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 30 / 2006
Transaction ID: C75020
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► 11000.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Assoc.

Mailing Address 1325 Massachusetts Ave NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: C84727

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
UAW V CAP

Mailing Address 8000 E Jefferson Ave

City Detroit State MI Zip Code 48214-3963

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 6

Transaction ID: C73982

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	21000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Democratic National Committee		Date of Receipt
	Mailing Address 430 S Capitol St SE		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Washington	DC	20003-4024
	FEC ID number of contributing federal political committee. C C00010603		Transaction ID: C55269
Name of Employer		Occupation	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 ▼ <input type="text" value="177938.61"/>	<input type="text" value="20000.00"/>

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee		Date of Receipt
	Mailing Address 430 S Capitol St SE		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Washington	DC	20003-4024
	FEC ID number of contributing federal political committee. C C00000935		Transaction ID: C39294
Name of Employer		Occupation	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 ▼ <input type="text" value="106000.00"/>	<input type="text" value="106000.00"/>

C.	Full Name (Last, First, Middle Initial) ASDC - Dollars for Democrats		Date of Receipt
	Mailing Address 430 S Capitol St SE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Washington	DC	20003-4024
	FEC ID number of contributing federal political committee. C C00402404		Transaction ID: C174595
Name of Employer		Occupation	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 ▼ <input type="text" value="21000.00"/>	<input type="text" value="10000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="136000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) ASDC - Dollars for Democrats		Date of Receipt
	Mailing Address 430 S Capitol St SE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Washington	DC	20003-4024
	FEC ID number of contributing federal political committee.		<input type="text" value="C00402404"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="21000.00"/>	
			Transaction ID: C174596
			Amount of Each Receipt this Period <input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="137000.00"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 13 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
Marion County Democratic Central Cmte
Mailing Address 603 E Washington St
City Indianapolis State IN Zip Code 46204-2695
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 135362.00
Date of Receipt 09 / 11 / 2006
Transaction ID: C64976
Amount of Each Receipt this Period 11314.29
Offset for Payroll on Line 29

B. Full Name (Last, First, Middle Initial)
Julia Carson for Congress
Mailing Address 302 N East St
City Indianapolis State IN Zip Code 46202-3611
FEC ID number of contributing federal political committee. **C** C00311969
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 52631.35
Date of Receipt 09 / 11 / 2006
Transaction ID: C215079
Amount of Each Receipt this Period 7395.83
Offset for Payroll on Line 29

C. Full Name (Last, First, Middle Initial)
Marion County Democratic Central Cmte
Mailing Address 603 E Washington St
City Indianapolis State IN Zip Code 46204-2695
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 135362.00
Date of Receipt 09 / 02 / 2006
Transaction ID: C64978
Amount of Each Receipt this Period 15404.00
Offset for payroll on Line 15

SUBTOTAL of Receipts This Page (optional) ► 34114.12
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 14 / 93
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)
Tom Hayhurst for Congress Committee

Mailing Address PO Box 400058

City State Zip Code
Fort Wayne IN 46804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 32087.61

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 1 / 2 0 0 6

Transaction ID: C213825

Amount of Each Receipt this Period 7421.58

Offset for Payroll on Line 29

B.

Full Name (Last, First, Middle Initial)
Hoosiers for Hill

Mailing Address PO Box 1071

City State Zip Code
Seymour IN 47274-1071

FEC ID number of contributing federal political committee. **C** C00411835

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 63561.15

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 1 / 2 0 0 6

Transaction ID: C49495

Amount of Each Receipt this Period 9364.38

Offset for Payroll on Line 29

C.

Full Name (Last, First, Middle Initial)
Evan Bayh Committee

Mailing Address 1099 N Meridian St

City State Zip Code
Indianapolis IN 46204-1030

FEC ID number of contributing federal political committee. **C** C00306860

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 33064.93

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 1 / 2 0 0 6

Transaction ID: C82663

Amount of Each Receipt this Period 7664.27

Offset for Payroll on Line 29

SUBTOTAL of Receipts This Page (optional) ► 24450.23

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 93
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
Donnelly for Congress Committee

Mailing Address PO Box 1961

City State Zip Code
South Bend IN 46634-1961

FEC ID number of contributing federal political committee. **C** C00393652

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 48025.78

Date of Receipt: 09 / 28 / 2006
Transaction ID: C17751607

Amount of Each Receipt this Period: 12675.48

Offset for Payroll on Line 29

B. Full Name (Last, First, Middle Initial)
Ellsworth for Congress Committee

Mailing Address PO Box 62

City State Zip Code
Evansville IN 47701

FEC ID number of contributing federal political committee. **C** C00412346

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 149577.46

Date of Receipt: 09 / 12 / 2006
Transaction ID: C46805

Amount of Each Receipt this Period: 24599.56

Offset for payroll on Line 29

C. Full Name (Last, First, Middle Initial)
Marion County Democratic Central Cmte

Mailing Address 603 E Washington St

City State Zip Code
Indianapolis IN 46204-2695

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 135362.00

Date of Receipt: 09 / 11 / 2006
Transaction ID: C64983

Amount of Each Receipt this Period: 5032.66

Offset for Payroll on Line 29

SUBTOTAL of Receipts This Page (optional) ► 42307.70

TOTAL This Period (last page this line number only) ► 100872.05

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 93
(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
						<input checked="" type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)
Old National Bank

Mailing Address PO Box 718

City State Zip Code
Evansville IN 47705-0718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5148.75

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 0 6

Transaction ID: C17751821

Amount of Each Receipt this Period
515.85

SUBTOTAL of Receipts This Page (optional)	▶	515.85
TOTAL This Period (last page this line number only)	▶	515.85

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: D7136 Date of Disbursement
	Mailing Address Cincinnati Commerce Ctr	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes	<input type="text" value="9908.53"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: D7137 Date of Disbursement
	Mailing Address Cincinnati Commerce Ctr	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes	<input type="text" value="177.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: D7173 Date of Disbursement
	Mailing Address Cincinnati Commerce Ctr	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes	<input type="text" value="10647.67"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="20733.70"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 18 / 93

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development</p> <p>Mailing Address 10 N Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204-2201</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7138</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="325.61"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development</p> <p>Mailing Address 10 N Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204-2201</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7175</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="299.59"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development</p> <p>Mailing Address 10 N Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204-2201</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D242434</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.70"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 93

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
Indiana Dept of Workforce Development

Mailing Address 10 N Senate Ave

City Indianapolis State IN Zip Code 46204-2201

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D242462

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

42.71

B. Full Name (Last, First, Middle Initial)
Andrew Homan

Mailing Address 419 Highland Ave

City New Albany State IN Zip Code 47150-5227

Purpose of Disbursement
salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D279841

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

550.00

C. Full Name (Last, First, Middle Initial)
Andrew Homan

Mailing Address 419 Highland Ave

City New Albany State IN Zip Code 47150-5227

Purpose of Disbursement
salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D279843

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1250.00

SUBTOTAL of Disbursements This Page (optional) ▶

1842.71

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Verizon North	Transaction ID: D7105 Date of Disbursement
	Mailing Address PO Box 920041	<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
	City Dallas State TX Zip Code 75392-0041	Amount of Each Disbursement this Period
	Purpose of Disbursement phones	<input type="text" value="470.90"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D279812 Date of Disbursement
	Mailing Address 101 W Washington St	<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement merchant fee	<input type="text" value="10.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Old National Bank	Transaction ID: D279836 Date of Disbursement
	Mailing Address PO Box 718	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period
	Purpose of Disbursement merchant fee	<input type="text" value="150.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="630.90"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Old National Bank	Transaction ID: D279837 Date of Disbursement																			
	Mailing Address PO Box 718	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	2		2	0	0	6												
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period																			
	Purpose of Disbursement merchant fee	<table border="1"><tr><td>30.00</td></tr></table>	30.00																		
30.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Old National Bank	Transaction ID: D334331 Date of Disbursement																			
	Mailing Address PO Box 718	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	6		2	0	0	6												
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Merchant fee	<table border="1"><tr><td>1460.58</td></tr></table>	1460.58																		
1460.58																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Old National Bank	Transaction ID: D334333 Date of Disbursement																			
	Mailing Address PO Box 718	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	6												
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Fee	<table border="1"><tr><td>14.97</td></tr></table>	14.97																		
14.97																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1505.55</td></tr></table>	1505.55
1505.55		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Old National Bank	Transaction ID: D354910 Date of Disbursement
	Mailing Address PO Box 718	<input type="text" value="09"/> <input type="text" value="11"/> / <input type="text" value="2006"/>
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="47.04"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Old National Bank	Transaction ID: D354911 Date of Disbursement
	Mailing Address PO Box 718	<input type="text" value="09"/> <input type="text" value="05"/> / <input type="text" value="2006"/>
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges	<input type="text" value="16.76"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Old National Bank	Transaction ID: D358350 Date of Disbursement
	Mailing Address PO Box 718	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="2006"/>
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="5.60"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="69.40"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 23 / 93

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A. Full Name (Last, First, Middle Initial) David Joseph</p> <p>Mailing Address 5812 Beatle Dr</p> <p>City Indianapolis State IN Zip Code 46216-2131</p> <p>Purpose of Disbursement travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7140</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="399.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Lauren Smith</p> <p>Mailing Address 329 W Tipton St</p> <p>City Seymour State IN Zip Code 47274-2347</p> <p>Purpose of Disbursement health insurance reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7142</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="363.78"/></p>
<p>C. Full Name (Last, First, Middle Initial) Indiana Department of Revenue</p> <p>Mailing Address 100 North Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7139</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1428.77"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2191.55"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 24 / 93

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A. Full Name (Last, First, Middle Initial) Indiana Department of Revenue</p> <p>Mailing Address 100 North Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7174</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1536.22"/></p>
<p>B. Full Name (Last, First, Middle Initial) Indiana Department of Revenue</p> <p>Mailing Address 100 North Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D240935</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="36.66"/></p>
<p>C. Full Name (Last, First, Middle Initial) Indiana Department of Revenue</p> <p>Mailing Address 100 North Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D240936</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1450.62"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D241123 Date of Disbursement
	Mailing Address 100 North Senate Ave	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes	<input type="text" value="1472.12"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D241124 Date of Disbursement
	Mailing Address 100 North Senate Ave	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes	<input type="text" value="36.66"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1508.78"/>
TOTAL This Period (last page this line number only)	<input type="text" value="32158.99"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A. Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris</p> <p>Mailing Address 11129 Peppermill Ln</p> <p>City Fishers State IN Zip Code 46037-9082</p> <p>Purpose of Disbursement peterson payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D239155 Date of Disbursement 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 2761.38</p>
<p>B. Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris</p> <p>Mailing Address 11129 Peppermill Ln</p> <p>City Fishers State IN Zip Code 46037-9082</p> <p>Purpose of Disbursement marion co. payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D239653 Date of Disbursement 09 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 2761.38</p>
<p>C. Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address Cincinnati Commerce Ctr</p> <p>City Cincinnati State OH Zip Code 45999</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D240053 Date of Disbursement 09 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 9401.30</p>

SUBTOTAL of Disbursements This Page (optional) ▶

14924.06

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address Cincinnati Commerce Ctr City Cincinnati State OH Zip Code 45999 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D240054 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6	Amount of Each Disbursement this Period 177.50
B.	Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address Cincinnati Commerce Ctr City Cincinnati State OH Zip Code 45999 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D239012 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	Amount of Each Disbursement this Period 9479.23
C.	Full Name (Last, First, Middle Initial) Ms. Melissa A. Lear Mailing Address 627 SE Riverside Dr Apt D City Evansville State IN Zip Code 47713-1150 Purpose of Disbursement carson payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7120 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	Amount of Each Disbursement this Period 1315.65

SUBTOTAL of Disbursements This Page (optional)	10972.38
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A. Full Name (Last, First, Middle Initial) Ms. Melissa A. Lear</p> <p>Mailing Address 627 SE Riverside Dr Apt D</p> <p>City Evansville State IN Zip Code 47713-1150</p> <p>Purpose of Disbursement carson payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7167 Date of Disbursement 09 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 1315.65</p>
<p>B. Full Name (Last, First, Middle Initial) Indiana Democratic State Committee</p> <p>Mailing Address 1 N Capitol Ave Ste 200</p> <p>City Indianapolis State IN Zip Code 46204-2223</p> <p>Purpose of Disbursement Transfer to NF for Cash Flow</p> <p>Candidate Name Indiana Democratic State Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D354864 Date of Disbursement 09 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 7300.00</p>
<p>C. Full Name (Last, First, Middle Initial) Indiana Democratic State Committee</p> <p>Mailing Address 1 N Capitol Ave Ste 200</p> <p>City Indianapolis State IN Zip Code 46204-2223</p> <p>Purpose of Disbursement Transfer to NF for Cash Flow</p> <p>Candidate Name Indiana Democratic State Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D354865 Date of Disbursement 09 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 6636.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15251.65

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Indiana Democratic State Committee	Transaction ID: D354909 Date of Disbursement
	Mailing Address 1 N Capitol Ave Ste 200	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204-2223	Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer to NF for Cash Flow	<input type="text" value="3554.00"/>
	Candidate Name Indiana Democratic State Committee	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Mr. Terry Burns	Transaction ID: D7127 Date of Disbursement
	Mailing Address 9432 Champton Dr	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46256-1063	Amount of Each Disbursement this Period
	Purpose of Disbursement marion co. payroll	<input type="text" value="1841.38"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Mr. Terry Burns	Transaction ID: D7144 Date of Disbursement
	Mailing Address 9432 Champton Dr	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46256-1063	Amount of Each Disbursement this Period
	Purpose of Disbursement marion co. payroll	<input type="text" value="1841.38"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7236.76"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Ms. Leatrice Webb-Parks <hr/> Mailing Address 5443 Milroy Rd <hr/> City Indianapolis State IN Zip Code 46216-2087 <hr/> Purpose of Disbursement marion co. payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7109 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 906.55
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Ms. Leatrice Webb-Parks <hr/> Mailing Address 5443 Milroy Rd <hr/> City Indianapolis State IN Zip Code 46216-2087 <hr/> Purpose of Disbursement marion co. payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7155 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 906.55
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Ms. Monica Lee Swintz <hr/> Mailing Address 3920 Noth Pennsylvania <hr/> City Indianapolis State IN Zip Code 46205 <hr/> Purpose of Disbursement bayh payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7147 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 1270.40
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

3083.50

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A. Full Name (Last, First, Middle Initial) Ms. Monica Lee Swintz</p> <p>Mailing Address 3920 Noth Pennsylvania</p> <p>City Indianapolis State IN Zip Code 46205</p> <p>Purpose of Disbursement bayh payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7230</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1270.40"/></p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Joel Riethmiller</p> <p>Mailing Address 506 N Indiana Ave</p> <p>City Bloomington State IN Zip Code 47408-3620</p> <p>Purpose of Disbursement hill payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7126</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="783.85"/></p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Joel Riethmiller</p> <p>Mailing Address 506 N Indiana Ave</p> <p>City Bloomington State IN Zip Code 47408-3620</p> <p>Purpose of Disbursement hill payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7143</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="783.85"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2838.10"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Martin Mooradian	Transaction ID: D7122 Date of Disbursement 09 / 15 / 2006
	Mailing Address 122 Chanel Ter Apt 202	Amount of Each Disbursement this Period 1671.79
	City Falls Church State VA Zip Code 22046-4106	
	Purpose of Disbursement ellsworth payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Martin Mooradian	Transaction ID: D7169 Date of Disbursement 09 / 30 / 2006
	Mailing Address 122 Chanel Ter Apt 202	Amount of Each Disbursement this Period 1671.79
	City Falls Church State VA Zip Code 22046-4106	
	Purpose of Disbursement ellsworth payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr Jeremy Howser	Transaction ID: D7114 Date of Disbursement 09 / 15 / 2006
	Mailing Address 1214 Hatfield Dr	Amount of Each Disbursement this Period 2090.92
	City Evansville State IN Zip Code 47714-0715	
	Purpose of Disbursement ellsworth payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5434.50
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mrs. Abigail F. Curran <hr/> Mailing Address 7930 Carrleigh Pkwy <hr/> City Springfield State VA Zip Code 22152-1216 <hr/> Purpose of Disbursement hill payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7112 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 1552.08
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mrs. Abigail F. Curran <hr/> Mailing Address 7930 Carrleigh Pkwy <hr/> City Springfield State VA Zip Code 22152-1216 <hr/> Purpose of Disbursement hill payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7158 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 1552.08
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Laura Kirtley <hr/> Mailing Address 1001 Corregidor Cir <hr/> City Evansville State IN Zip Code 47714-3213 <hr/> Purpose of Disbursement ellsworth payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7117 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 988.66
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4092.82

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Laura Kirtley <hr/> Mailing Address 1001 Corregidor Cir <hr/> City Evansville State IN Zip Code 47714-3213 <hr/> Purpose of Disbursement ellsworth payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7165 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
	Amount of Each Disbursement this Period 988.66
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Kathie Nee <hr/> Mailing Address 18011 Cleveland Rd <hr/> City South Bend State IN Zip Code 46637-5064 <hr/> Purpose of Disbursement donnelly payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7124 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
	Amount of Each Disbursement this Period 2047.33
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Kathie Nee <hr/> Mailing Address 18011 Cleveland Rd <hr/> City South Bend State IN Zip Code 46637-5064 <hr/> Purpose of Disbursement donnelly payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7171 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
	Amount of Each Disbursement this Period 2047.33
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5083.32

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A. Full Name (Last, First, Middle Initial) Mr Peter Clerkin</p> <p>Mailing Address 209 Three Rivers E</p> <p>City Fort Wayne State IN Zip Code 46802-1313</p> <p>Purpose of Disbursement hayhurst payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7110 Date of Disbursement 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 1375.87</p>
<p>B. Full Name (Last, First, Middle Initial) Mr Peter Clerkin</p> <p>Mailing Address 209 Three Rivers E</p> <p>City Fort Wayne State IN Zip Code 46802-1313</p> <p>Purpose of Disbursement hayhurst payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7156 Date of Disbursement 09 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 1375.87</p>
<p>C. Full Name (Last, First, Middle Initial) Benjamin Kalish</p> <p>Mailing Address 2019 Coachmans Trl</p> <p>City South Bend State IN Zip Code 46637-4923</p> <p>Purpose of Disbursement donnelly payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7115 Date of Disbursement 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 1172.45</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3924.19

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Carrie L Solomon Mailing Address 803 Canterbury Dr City Evansville State IN Zip Code 47715-4231 Purpose of Disbursement ellsworth payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7129 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	Amount of Each Disbursement this Period 943.76
B.	Full Name (Last, First, Middle Initial) Mr. Andrew Blair Lattanner Mailing Address 51223 Hunting Ridge Trl N City Granger State IN Zip Code 46530-6564 Purpose of Disbursement donnelly payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7118 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	Amount of Each Disbursement this Period 991.00
C.	Full Name (Last, First, Middle Initial) Mr. Andrew Blair Lattanner Mailing Address 51223 Hunting Ridge Trl N City Granger State IN Zip Code 46530-6564 Purpose of Disbursement donnelly payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7166 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6	Amount of Each Disbursement this Period 991.00

SUBTOTAL of Disbursements This Page (optional)	2925.76
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Elliott J Magers <hr/> Mailing Address 7370 N 850 East <hr/> City Brownsburg State IN Zip Code 46112 <hr/> Purpose of Disbursement hill payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7121 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
	Amount of Each Disbursement this Period 707.57
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Elliott J Magers <hr/> Mailing Address 7370 N 850 East <hr/> City Brownsburg State IN Zip Code 46112 <hr/> Purpose of Disbursement hill payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7168 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
	Amount of Each Disbursement this Period 707.57
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) George Guido <hr/> Mailing Address 4610 Williamsburg Ct <hr/> City Fort Wayne State IN Zip Code 46804-4009 <hr/> Purpose of Disbursement hayhurst payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7113 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
	Amount of Each Disbursement this Period 966.22
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2381.36
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A. Full Name (Last, First, Middle Initial) George Guido</p> <p>Mailing Address 4610 Williamsburg Ct</p> <p>City Fort Wayne State IN Zip Code 46804-4009</p> <p>Purpose of Disbursement hayhurst payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7160 Date of Disbursement 09 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 966.22</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Andrew S Cullen</p> <p>Mailing Address 821 N Main St</p> <p>City Bicknell State IN Zip Code 47512-1319</p> <p>Purpose of Disbursement bayh payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7111 Date of Disbursement 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 995.36</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Andrew S Cullen</p> <p>Mailing Address 821 N Main St</p> <p>City Bicknell State IN Zip Code 47512-1319</p> <p>Purpose of Disbursement bayh payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7157 Date of Disbursement 09 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 995.36</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2956.94

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Meagan Sims	Transaction ID: D7128 Date of Disbursement 09 / 15 / 2006
	Mailing Address 1428 N County Road 175 W	Amount of Each Disbursement this Period 779.04
	City Greencastle State IN Zip Code 46135-9294	
	Purpose of Disbursement carson payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Meagan Sims	Transaction ID: D7145 Date of Disbursement 09 / 30 / 2006
	Mailing Address 1428 N County Road 175 W	Amount of Each Disbursement this Period 779.04
	City Greencastle State IN Zip Code 46135-9294	
	Purpose of Disbursement carson payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Trent Deckard	Transaction ID: D238182 Date of Disbursement 09 / 30 / 2006
	Mailing Address 2609 S Southern Ridge Ct	Amount of Each Disbursement this Period 1024.71
	City Bloomington State IN Zip Code 47403-3415	
	Purpose of Disbursement house payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2582.79
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mr. Trent Deckard <hr/> Mailing Address 2609 S Southern Ridge Ct <hr/> City Bloomington State IN Zip Code 47403-3415 <hr/> Purpose of Disbursement house payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D238255 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 1024.71
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mr Nicholas Grawcock <hr/> Mailing Address 5954 Dewey Ave <hr/> City Indianapolis State IN Zip Code 46219-7209 <hr/> Purpose of Disbursement marion co. payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7119 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 784.80
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mr Nicholas Grawcock <hr/> Mailing Address 5954 Dewey Ave <hr/> City Indianapolis State IN Zip Code 46219-7209 <hr/> Purpose of Disbursement marion co. payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7149 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 784.80
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2594.31

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)
Matthew Weisman

Transaction ID: D7130
Date of Disbursement

Mailing Address 3114 Green River Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	6

City State Zip Code
Evansville IN 47715

Amount of Each Disbursement this Period

1969.74

Purpose of Disbursement
ellsworth payroll
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Matthew Weisman

Transaction ID: D7148
Date of Disbursement

Mailing Address 3114 Green River Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

City State Zip Code
Evansville IN 47715

Amount of Each Disbursement this Period

1969.74

Purpose of Disbursement
ellsworth payroll
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Ms. Angela M. Nussmeyer

Transaction ID: D238440
Date of Disbursement

Mailing Address 1022 N Downey Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	6

City State Zip Code
Indianapolis IN 46219-3005

Amount of Each Disbursement this Period

1271.03

Purpose of Disbursement
senate payroll
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

5210.51

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A. Full Name (Last, First, Middle Initial) Ms. Angela M. Nussmeyer</p> <p>Mailing Address 1022 N Downey Ave</p> <p>City Indianapolis State IN Zip Code 46219-3005</p> <p>Purpose of Disbursement senate payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D238450 Date of Disbursement 09 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 1271.03</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Derek J. Sublette</p> <p>Mailing Address 540 N Oriental St</p> <p>City Indianapolis State IN Zip Code 46202-3559</p> <p>Purpose of Disbursement pearson payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D237970 Date of Disbursement 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 1297.78</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Derek J. Sublette</p> <p>Mailing Address 540 N Oriental St</p> <p>City Indianapolis State IN Zip Code 46202-3559</p> <p>Purpose of Disbursement pearson payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D237979 Date of Disbursement 09 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 1297.78</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3866.59

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Mrs. Michele Miller	Transaction ID: D238709 Date of Disbursement 09 / 15 / 2006
	Mailing Address 11342 Fairweather Pl	Amount of Each Disbursement this Period 1176.79
	City Indianapolis State IN Zip Code 46229-4982	
	Purpose of Disbursement peterson payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mrs. Michele Miller	Transaction ID: D239112 Date of Disbursement 09 / 30 / 2006
	Mailing Address 11342 Fairweather Pl	Amount of Each Disbursement this Period 1176.79
	City Indianapolis State IN Zip Code 46229-4982	
	Purpose of Disbursement peterson payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr Timothy Moriarty	Transaction ID: D238159 Date of Disbursement 09 / 30 / 2006
	Mailing Address 8722 Knickerbocker Way Apt 4E	Amount of Each Disbursement this Period 637.34
	City Indianapolis State IN Zip Code 46240-2183	
	Purpose of Disbursement kennedy payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2990.92
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Mr. Tim Moriarty	Transaction ID: D242169 Date of Disbursement 09 / 15 / 2006
	Mailing Address 129 Catherine Dr	
	City Carmel State IN Zip Code 46032-1421	Amount of Each Disbursement this Period 637.34
	Purpose of Disbursement kennedy payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Mary Morgan	Transaction ID: D242691 Date of Disbursement 09 / 15 / 2006
	Mailing Address 19070 Edinburgh Dr	
	City South Bend State IN Zip Code 46614	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement senate field staff	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms Karina E. Straub	Transaction ID: D242771 Date of Disbursement 09 / 30 / 2006
	Mailing Address 1451 Central Ave Apt 107	
	City Indianapolis State IN Zip Code 46202	Amount of Each Disbursement this Period 1119.59
	Purpose of Disbursement kennedy payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	2006.93
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A. Full Name (Last, First, Middle Initial) Ms Karina E. Straub</p> <p>Mailing Address 1451 Central Ave Apt 107</p> <p>City Indianapolis State IN Zip Code 46202</p> <p>Purpose of Disbursement kennedy payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D242772</p> <p>Date of Disbursement 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 1119.59</p>
<p>B. Full Name (Last, First, Middle Initial) Ms. Jennifer L. Grawcock</p> <p>Mailing Address 5954 Dewey Ave</p> <p>City Indianapolis State IN Zip Code 46219</p> <p>Purpose of Disbursement marion co. payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7249</p> <p>Date of Disbursement 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 1427.54</p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Jennifer L. Grawcock</p> <p>Mailing Address 5954 Dewey Ave</p> <p>City Indianapolis State IN Zip Code 46219</p> <p>Purpose of Disbursement marion co. payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7159</p> <p>Date of Disbursement 09 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 1427.54</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3974.67

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Ms Kristen L Self	Transaction ID: D242995 Date of Disbursement 09 / 30 / 2006
	Mailing Address 8813 Sunbow Dr	
	City Indianapolis State IN Zip Code 46231	Amount of Each Disbursement this Period 1532.29
	Purpose of Disbursement house payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms Kristen L Self	Transaction ID: D242996 Date of Disbursement 09 / 15 / 2006
	Mailing Address 8813 Sunbow Dr	
	City Indianapolis State IN Zip Code 46231	Amount of Each Disbursement this Period 1532.29
	Purpose of Disbursement house payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Myla Eldridge	Transaction ID: D243574 Date of Disbursement 09 / 30 / 2006
	Mailing Address 2017 W 63rd St	
	City Indianapolis State IN Zip Code 46260	Amount of Each Disbursement this Period 1142.01
	Purpose of Disbursement kennedy payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4206.59
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Ms. Myla Eldridge	Transaction ID: D243575 Date of Disbursement 09 / 15 / 2006
	Mailing Address 2017 W 63rd St	Amount of Each Disbursement this Period 1142.01
	City Indianapolis State IN Zip Code 46260	
	Purpose of Disbursement kennedy payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms Amy Jacobson	Transaction ID: D243647 Date of Disbursement 09 / 30 / 2006
	Mailing Address 5109 Tuscany Ln	Amount of Each Disbursement this Period 693.48
	City Indianapolis State IN Zip Code 46254	
	Purpose of Disbursement senate payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms Amy Jacobson	Transaction ID: D243648 Date of Disbursement 09 / 15 / 2006
	Mailing Address 5109 Tuscany Ln	Amount of Each Disbursement this Period 693.48
	City Indianapolis State IN Zip Code 46254	
	Purpose of Disbursement senate payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2528.97
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Mrs. Barbara Ziemer	Transaction ID: D243835 Date of Disbursement 09 / 30 / 2006
	Mailing Address 804 Kingswood Dr	Amount of Each Disbursement this Period 682.92
	City Evansville State IN Zip Code 47715	
	Purpose of Disbursement weinzapfel payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mrs. Barbara Ziemer	Transaction ID: D243836 Date of Disbursement 09 / 15 / 2006
	Mailing Address 804 Kingswood Dr	Amount of Each Disbursement this Period 682.92
	City Evansville State IN Zip Code 47715	
	Purpose of Disbursement weinzapfel payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Timothy J. Jeffers	Transaction ID: D241743 Date of Disbursement 09 / 30 / 2006
	Mailing Address 6854 Chorleywood Cir	Amount of Each Disbursement this Period 2626.54
	City Indianapolis State IN Zip Code 46259-5501	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3992.38
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Mr. Timothy J. Jeffers		Transaction ID: D241747	
	Mailing Address 6854 Chorleywood Cir		Date of Disbursement 09 / 15 / 2006	
	City Indianapolis	State IN	Zip Code 46259-5501	Amount of Each Disbursement this Period 2626.54
	Purpose of Disbursement payroll		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

SUBTOTAL of Disbursements This Page (optional) ►

2626.54

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

120215.08

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network LLC</p> <p>Mailing Address 54 Regent St</p> <p>City Cambridge State MA Zip Code 02140-2112</p> <p>Purpose of Disbursement voter file maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7209</p> <p>Date of Disbursement 09 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mr. Daniel J Parker</p> <p>Mailing Address 7458 Rooses Way</p> <p>City Indianapolis State IN Zip Code 46217-5484</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8032</p> <p>Date of Disbursement 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 2828.29</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mr. Daniel J Parker</p> <p>Mailing Address 7458 Rooses Way</p> <p>City Indianapolis State IN Zip Code 46217-5484</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8033</p> <p>Date of Disbursement 09 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 2828.29</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9656.58

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Ms Elizabeth Palmquist	Transaction ID: D238418 Date of Disbursement 09 / 30 / 2006
	Mailing Address 705 Dogwood Rd	
	City Jeffersonville State IN Zip Code 47130-5417	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms Elizabeth Palmquist	Transaction ID: D238420 Date of Disbursement 09 / 15 / 2006
	Mailing Address 705 Dogwood Rd	
	City Jeffersonville State IN Zip Code 47130-5417	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Groundswell Communications	Transaction ID: D7229 Date of Disbursement 09 / 30 / 2006
	Mailing Address 101 N Union St Suite 305	
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 93600.00
	Purpose of Disbursement ID Phone Calls Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	95100.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Pitney Bowes Purchase Power	Transaction ID: D7187 Date of Disbursement 09 / 01 / 2006
	Mailing Address PO Box 856042	Amount of Each Disbursement this Period 4723.53
	City Louisville State KY Zip Code 40285-6042	
	Purpose of Disbursement postage meter Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Jennifer D. Hill	Transaction ID: D7205 Date of Disbursement 09 / 15 / 2006
	Mailing Address 1128 E 56th St	Amount of Each Disbursement this Period 1718.50
	City Indianapolis State IN Zip Code 46220-3222	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Jennifer D. Hill	Transaction ID: D7225 Date of Disbursement 09 / 30 / 2006
	Mailing Address 1128 E 56th St	Amount of Each Disbursement this Period 1718.50
	City Indianapolis State IN Zip Code 46220-3222	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8160.53
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Strategic Services	Transaction ID: D7215 Date of Disbursement 09 / 25 / 2006
	Mailing Address 6495 English Ivy Ct	Amount of Each Disbursement this Period 4158.00
	City Springfield State VA Zip Code 22152-2846	
	Purpose of Disbursement Polling	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Peter D Hart Research	Transaction ID: D7092 Date of Disbursement 09 / 01 / 2006
	Mailing Address 1724 Connecticut Ave NW	Amount of Each Disbursement this Period 8400.00
	City Washington State DC Zip Code 20009-1103	
	Purpose of Disbursement state survey	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Peter D Hart Research	Transaction ID: D7203 Date of Disbursement 09 / 11 / 2006
	Mailing Address 1724 Connecticut Ave NW	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20009-1103	
	Purpose of Disbursement survey	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	17558.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Kathryn Murphy	Transaction ID: D7116 Date of Disbursement 09 / 15 / 2006
	Mailing Address 5477 Village Green Ct Apt B	Amount of Each Disbursement this Period 825.00
	City Terre Haute State IN Zip Code 47803-4279	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathryn Murphy	Transaction ID: D7163 Date of Disbursement 09 / 30 / 2006
	Mailing Address 5477 Village Green Ct Apt B	Amount of Each Disbursement this Period 825.00
	City Terre Haute State IN Zip Code 47803-4279	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Brian Connell	Transaction ID: D7134 Date of Disbursement 09 / 15 / 2006
	Mailing Address 1290 Hatfield Drive Apt. 1140	Amount of Each Disbursement this Period 825.00
	City Evansville State IN Zip Code 47714	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	2475.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Brian Connell	Transaction ID: D7153 Date of Disbursement 09 / 30 / 2006
	Mailing Address 1290 Hatfield Drive Apt. 1140	Amount of Each Disbursement this Period 825.00
	City Evansville State IN Zip Code 47714	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Andrew Smith	Transaction ID: D7123 Date of Disbursement 09 / 15 / 2006
	Mailing Address 460 E Meade Dr	Amount of Each Disbursement this Period 825.00
	City Evansville State IN Zip Code 47715-3706	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Andrew Smith	Transaction ID: D7170 Date of Disbursement 09 / 30 / 2006
	Mailing Address 460 E Meade Dr	Amount of Each Disbursement this Period 825.00
	City Evansville State IN Zip Code 47715-3706	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	2475.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Dustin Blythe	Transaction ID: D7132 Date of Disbursement 09 / 15 / 2006
	Mailing Address 1732 1/2 Lincolnway E	
	City Mishawaka State IN Zip Code 46544-3116	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dustin Blythe	Transaction ID: D7151 Date of Disbursement 09 / 30 / 2006
	Mailing Address 1732 1/2 Lincolnway E	
	City Mishawaka State IN Zip Code 46544-3116	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Maria Angelica Aguayo	Transaction ID: D7131 Date of Disbursement 09 / 15 / 2006
	Mailing Address 3040 East County Rd 200 North	
	City North Vernon State IN Zip Code 47265	Amount of Each Disbursement this Period 550.00
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2050.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Maria Angelica Aguayo	Transaction ID: D7150
	Mailing Address 3040 East County Rd 200 North	Date of Disbursement MM / DD / YYYY 09 / 30 / 2006
	City North Vernon State IN Zip Code 47265	Amount of Each Disbursement this Period 550.00
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John Yaggi	Transaction ID: D7125
	Mailing Address 2528 Walnut Pike Drive	Date of Disbursement MM / DD / YYYY 09 / 14 / 2006
	City Bloomington State IN Zip Code 47401	Amount of Each Disbursement this Period 900.00
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Yaggi	Transaction ID: D7172
	Mailing Address 2528 Walnut Pike Drive	Date of Disbursement MM / DD / YYYY 09 / 29 / 2006
	City Bloomington State IN Zip Code 47401	Amount of Each Disbursement this Period 900.00
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2350.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) John Yaggi	Transaction ID: D279838 Date of Disbursement 09 / 15 / 2006
	Mailing Address 2528 Walnut Pike Drive	
	City Bloomington State IN Zip Code 47401	Amount of Each Disbursement this Period 900.00
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Phillippe Carroll	Transaction ID: D7133 Date of Disbursement 09 / 15 / 2006
	Mailing Address 6109 Waterside Dr	
	City Fort Wayne State IN Zip Code 46814-3267	Amount of Each Disbursement this Period 116.67
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Phillippe Carroll	Transaction ID: D7021 Date of Disbursement 09 / 05 / 2006
	Mailing Address 6109 Waterside Dr	
	City Fort Wayne State IN Zip Code 46814-3267	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1266.67
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Ourso Beychok Johnson	Transaction ID: D7250 Date of Disbursement 09 / 01 / 2006
	Mailing Address 352 Napoleon St	
	City Baton Rouge State LA Zip Code 70802-5939	Amount of Each Disbursement this Period 35750.00
	Purpose of Disbursement direct mail	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ourso Beychok Johnson	Transaction ID: D7251 Date of Disbursement 09 / 25 / 2006
	Mailing Address 352 Napoleon St	
	City Baton Rouge State LA Zip Code 70802-5939	Amount of Each Disbursement this Period 25000.00
	Purpose of Disbursement Generic mailing	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jonathon Hall	Transaction ID: D7108 Date of Disbursement 09 / 15 / 2006
	Mailing Address 7807 Hidden River Trce	
	City Charlestown State IN Zip Code 47111-8711	Amount of Each Disbursement this Period 623.34
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	61373.34
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Jonathon Hall	Transaction ID: D7154 Date of Disbursement 09 / 30 / 2006
	Mailing Address 7807 Hidden River Trce	Amount of Each Disbursement this Period 550.00
	City Charlestown State IN Zip Code 47111-8711	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Joseph A. Smith	Transaction ID: D242703 Date of Disbursement 09 / 30 / 2006
	Mailing Address 10544 Stillwood Ln	Amount of Each Disbursement this Period 750.00
	City Indianapolis State IN Zip Code 46239	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Joseph A. Smith	Transaction ID: D242704 Date of Disbursement 09 / 15 / 2006
	Mailing Address 10544 Stillwood Ln	Amount of Each Disbursement this Period 750.00
	City Indianapolis State IN Zip Code 46239	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2050.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Ms. Julie Fernatt <hr/> Mailing Address 190 Carmelview Dr <hr/> City Carmel State IN Zip Code 46032 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D242713 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ms. Julie Fernatt <hr/> Mailing Address 190 Carmelview Dr <hr/> City Carmel State IN Zip Code 46032 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D242714 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ms. Julie Fernatt <hr/> Mailing Address 190 Carmelview Dr <hr/> City Carmel State IN Zip Code 46032 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D242715 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mr. Scott Liggett <hr/> Mailing Address 1113 Climbing Rose Ln <hr/> City Mishawaka State IN Zip Code 46544 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D242732 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
	Amount of Each Disbursement this Period 250.00
	Category/Type
	(Empty box for Category/Type)
B. Full Name (Last, First, Middle Initial) Mr. Scott Liggett <hr/> Mailing Address 1113 Climbing Rose Ln <hr/> City Mishawaka State IN Zip Code 46544 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D242733 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
	Amount of Each Disbursement this Period 750.00
	Category/Type
	(Empty box for Category/Type)
C. Full Name (Last, First, Middle Initial) Ms Nerrissa Phillips-Murray <hr/> Mailing Address 4851 Lakeshore Pl Apt 2812 <hr/> City Indianapolis State IN Zip Code 46250 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D242696 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
	Amount of Each Disbursement this Period 500.00
	Category/Type
	(Empty box for Category/Type)

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Ms Nerrissa Phillips-Murray	Transaction ID: D242697 Date of Disbursement 09 / 15 / 2006
	Mailing Address 4851 Lakeshore Pl Apt 2812	Amount of Each Disbursement this Period 500.00
	City Indianapolis State IN Zip Code 46250	
	Purpose of Disbursement field staff	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Ms. Katherine Carlson	Transaction ID: D243698 Date of Disbursement 09 / 15 / 2006
	Mailing Address 1235 N Delaware St Apt 206	Amount of Each Disbursement this Period 750.00
	City Indianapolis State IN Zip Code 46202	
	Purpose of Disbursement field staff	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Ms. Katherine Carlson	Transaction ID: D243699 Date of Disbursement 09 / 05 / 2006
	Mailing Address 1235 N Delaware St Apt 206	Amount of Each Disbursement this Period 750.00
	City Indianapolis State IN Zip Code 46202	
	Purpose of Disbursement field staff	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mrs. Amy Clinton-Corbett <hr/> Mailing Address 1420 Shining Armor Ln <hr/> City West Lafayette State IN Zip Code 47906 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243708 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mrs. Amy Clinton-Corbett <hr/> Mailing Address 1420 Shining Armor Ln <hr/> City West Lafayette State IN Zip Code 47906 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243709 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
	Amount of Each Disbursement this Period 600.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mrs. Amy Clinton-Corbett <hr/> Mailing Address 1420 Shining Armor Ln <hr/> City West Lafayette State IN Zip Code 47906 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243710 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2100.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Ms. Sara Foor <hr/> Mailing Address 1615 Knox Dr <hr/> City New Haven State IN Zip Code 46774 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243723 Date of Disbursement MM / DD / YYYY 09 / 30 / 2006
	Amount of Each Disbursement this Period 750.00
	Category/Type
	(Empty box for Category/Type)
B. Full Name (Last, First, Middle Initial) Ms. Sara Foor <hr/> Mailing Address 1615 Knox Dr <hr/> City New Haven State IN Zip Code 46774 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243724 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
	Amount of Each Disbursement this Period 750.00
	Category/Type
	(Empty box for Category/Type)
C. Full Name (Last, First, Middle Initial) Ms. Emily Liddle <hr/> Mailing Address 5547 Winthrop Ave Apt B <hr/> City Indianapolis State IN Zip Code 46220 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243735 Date of Disbursement MM / DD / YYYY 09 / 30 / 2006
	Amount of Each Disbursement this Period 750.00
	Category/Type
	(Empty box for Category/Type)

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A. Full Name (Last, First, Middle Initial) Ms. Emily Liddle</p> <p>Mailing Address 5547 Winthrop Ave Apt B</p> <p>City Indianapolis State IN Zip Code 46220</p> <p>Purpose of Disbursement field staff</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D243736</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Justin Moed</p> <p>Mailing Address 50 N Illinois St Apt 311</p> <p>City Indianapolis State IN Zip Code 46204-2846</p> <p>Purpose of Disbursement field staff</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D243747</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Justin Moed</p> <p>Mailing Address 50 N Illinois St Apt 311</p> <p>City Indianapolis State IN Zip Code 46204-2846</p> <p>Purpose of Disbursement field staff</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D243748</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2250.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Mr. Matthew Mooney <hr/> Mailing Address 1006 Lancashire Ln <hr/> City Pendleton State IN Zip Code 46064 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243761 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6	Amount of Each Disbursement this Period 750.00
B.	Full Name (Last, First, Middle Initial) Mr. Matthew Mooney <hr/> Mailing Address 1006 Lancashire Ln <hr/> City Pendleton State IN Zip Code 46064 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243762 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	Amount of Each Disbursement this Period 750.00
C.	Full Name (Last, First, Middle Initial) Mr. Jared Sloane <hr/> Mailing Address 405 E South St Apt G <hr/> City Washington State IN Zip Code 47501 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243782 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6	Amount of Each Disbursement this Period 750.00

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Mr. Jared Sloane	Transaction ID: D243783 Date of Disbursement 09 / 15 / 2006
	Mailing Address 405 E South St Apt G	Amount of Each Disbursement this Period 750.00
	City Washington State IN Zip Code 47501	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Megan Giles	Transaction ID: D243794 Date of Disbursement 09 / 30 / 2006
	Mailing Address 3055 N Meridian St Apt 3	Amount of Each Disbursement this Period 1103.00
	City Indianapolis State IN Zip Code 46208	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Megan Giles	Transaction ID: D243795 Date of Disbursement 09 / 15 / 2006
	Mailing Address 3055 N Meridian St Apt 3	Amount of Each Disbursement this Period 1103.00
	City Indianapolis State IN Zip Code 46208	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2956.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mr. Evan Kelsay <hr/> Mailing Address 6208 Welham Rd <hr/> City Indianapolis State IN Zip Code 46220 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243806 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 500.00
	<input type="text"/>
	<input type="text"/>
B. Full Name (Last, First, Middle Initial) Mr. Evan Kelsay <hr/> Mailing Address 6208 Welham Rd <hr/> City Indianapolis State IN Zip Code 46220 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243807 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 500.00
	<input type="text"/>
	<input type="text"/>
C. Full Name (Last, First, Middle Initial) Mr. Michael Kostyo <hr/> Mailing Address 71 Chateau Dr <hr/> City Dyer State IN Zip Code 46311 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243877 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 500.00
	<input type="text"/>
	<input type="text"/>

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Mr. Michael Kostyo	Transaction ID: D243878 Date of Disbursement 09 / 15 / 2006
	Mailing Address 71 Chateau Dr	Amount of Each Disbursement this Period 500.00
	City Dyer State IN Zip Code 46311	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Matthew C. Randall	Transaction ID: D243885 Date of Disbursement 09 / 30 / 2006
	Mailing Address 6811 E Ann St	Amount of Each Disbursement this Period 500.00
	City Camby State IN Zip Code 46113	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Matthew C. Randall	Transaction ID: D243886 Date of Disbursement 09 / 15 / 2006
	Mailing Address 6811 E Ann St	Amount of Each Disbursement this Period 500.00
	City Camby State IN Zip Code 46113	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Ms. Katherine A. Johnson	Transaction ID: D243893 Date of Disbursement 09 / 30 / 2006
	Mailing Address 120 East Brooklyn Count #14	Amount of Each Disbursement this Period 500.00
	City Muncie State IN Zip Code 47303	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Katherine A. Johnson	Transaction ID: D243894 Date of Disbursement 09 / 15 / 2006
	Mailing Address 120 East Brooklyn Count #14	Amount of Each Disbursement this Period 500.00
	City Muncie State IN Zip Code 47303	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	226071.12

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT IDP Non-Federal	DATE OF RECEIPT M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 47200.71
------------------------------------	---	--------------------------------------

BREAKDOWN OF TRANSFER RECEIVED		47200.71
i) Total Administrative		Transaction ID: T1897
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT Indiana Democratic S	DATE OF RECEIPT M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 27582.11
--	---	--------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	27582.11	Transaction ID: T375
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT Indiana Democratic S	DATE OF RECEIPT M M / D D / Y Y Y Y 09 / 11 / 2006	TOTAL AMOUNT TRANSFERRED 11208.33
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BREAKDOWN OF TRANSFER RECEIVED		11208.33
i) Total Administrative		Transaction ID: T376
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 Indiana Democratic
 S

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 9 / 1 2 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

13868.38

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

13868.38

Transaction ID: T377

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____

Transaction ID:

b) _____

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a) _____

Transaction ID:

b) _____

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT Indiana Democratic S	DATE OF RECEIPT M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 45536.02
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	45536.02	Transaction ID: T378
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT Indiana Democratic S	DATE OF RECEIPT M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 13465.90
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	13465.90	Transaction ID: T379
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	158861.45
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	158861.45

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mr. Michael D. Edmondson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1530 E 81st St			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/ Type		
Indianapolis	IN	46240-2716			
Purpose of Disbursement: payroll			Date <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative			Transaction ID: D7208		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
629.95		2369.79		2999.74

B. Full Name (Last, First, Middle Initial) Mr. Michael D. Edmondson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1530 E 81st St			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/ Type		
Indianapolis	IN	46240-2716			
Purpose of Disbursement: payroll			Date <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative			Transaction ID: D7224		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
545.21		2051.03		2596.24

C. Full Name (Last, First, Middle Initial) Sandler & Reiff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 50 E St SE Ste 300			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/ Type		
Washington	DC	20003-2620			
Purpose of Disbursement: retainer			Date <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative			Transaction ID: D7221		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
168.00		632.00		800.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1343.16		5052.82		6395.98

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Anthem Life			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Department L-8111			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/Type		
Columbus	OH	43268-0001			
Purpose of Disbursement: life insurance					
Activity or Event Identifier: Administrative			Date <input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> Transaction ID: D7189		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
122.58		461.12		583.70

B. Full Name (Last, First, Middle Initial) Skyline Club			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1 American Sq Fl 36			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/Type		
Indianapolis	IN	46282			
Purpose of Disbursement: dues					
Activity or Event Identifier: Administrative			Date <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/> Transaction ID: D7214		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.19		113.55		143.74

C. Full Name (Last, First, Middle Initial) Jewett Printing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 101 W Ohio St Ste 2000			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/Type		
Indianapolis	IN	46204-4204			
Purpose of Disbursement: printing					
Activity or Event Identifier: Administrative			Date <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/> Transaction ID: D7213		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
378.00		1422.00		1800.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
530.77		1996.67		2527.44

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Time Warner Cable			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 741855			Allocated Activity or Event Year-To-Date 574935.32		
City Cincinnati	State OH	Zip Code 45274-1855	Date <input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: cable			Transaction ID: D7201		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.86		78.49		99.35

B. Full Name (Last, First, Middle Initial) Coca-Cola Indiana			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 135 S La Salle St Dept 2329			Allocated Activity or Event Year-To-Date 574935.32		
City Chicago	State IL	Zip Code 60674-2329	Date <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: office supplies			Transaction ID: D7216		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.98		109.03		138.01

C. Full Name (Last, First, Middle Initial) Xpedx Store Division			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 18453			Allocated Activity or Event Year-To-Date 574935.32		
City Chicago	State IL	Zip Code 60618-0453	Date <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: office supplies			Transaction ID: D7217		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.43		43.01		54.44

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.27		230.53		291.80

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) IKON Office Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 802558			Allocated Activity or Event Year-To-Date 574935.32		
City Chicago	State IL	Zip Code 60680-2558	Date <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: office equipment			Transaction ID: D7218		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
523.41		1969.04		2492.45

B. Full Name (Last, First, Middle Initial) LexisNexis			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 2314			Allocated Activity or Event Year-To-Date 574935.32		
City Carol Stream	State IL	Zip Code 60132-0001	Date <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: legal press			Transaction ID: D7212		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
110.25		414.75		525.00

C. Full Name (Last, First, Middle Initial) Simple Distributors LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2000 W Carroll Ave Ste 403			Allocated Activity or Event Year-To-Date 574935.32		
City Chicago	State IL	Zip Code 60612-1677	Date <input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: supplies			Transaction ID: D7184		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.28		128.96		163.24

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
667.94		2512.75		3180.69

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Simple Distributors LLC Mailing Address 2000 W Carroll Ave Ste 403 City State Zip Code Chicago IL 60612-1677 Purpose of Disbursement: supplies Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 574935.32 Date MM / DD / YYYY 09 / 01 / 2006 Transaction ID: D7192
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
102.40		385.20		487.60

B. Full Name (Last, First, Middle Initial) Simple Distributors LLC Mailing Address 2000 W Carroll Ave Ste 403 City State Zip Code Chicago IL 60612-1677 Purpose of Disbursement: supplies Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 574935.32 Date MM / DD / YYYY 09 / 01 / 2006 Transaction ID: D7193
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
59.14		222.46		281.60

C. Full Name (Last, First, Middle Initial) Simple Distributors LLC Mailing Address 2000 W Carroll Ave Ste 403 City State Zip Code Chicago IL 60612-1677 Purpose of Disbursement: office supplies Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 574935.32 Date MM / DD / YYYY 09 / 11 / 2006 Transaction ID: D7200
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.28		128.96		163.24

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
195.82		736.62		932.44

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Dell Financial Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 5292			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/ Type		
Carol Stream	IL	60197-5292			
Purpose of Disbursement: computer			Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2006		
Activity or Event Identifier: Administrative			Transaction ID: D7211		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.69		96.62		122.31

B. Full Name (Last, First, Middle Initial) SBC Long Distance			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 660688			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/ Type		
Dallas	TX	75266-0688			
Purpose of Disbursement: long distance			Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2006		
Activity or Event Identifier: Administrative			Transaction ID: D7195		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
289.68		1089.74		1379.42

C. Full Name (Last, First, Middle Initial) The Conference Group			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 254 Chapman Rd , Topkis Building S			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/ Type		
Newark	DE	19702			
Purpose of Disbursement: phones			Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2006		
Activity or Event Identifier: Administrative			Transaction ID: D7194		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
71.01		267.12		338.13

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
386.38		1453.48		1839.86

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
Mrs. Kimberly N Bostic
Mailing Address
6864 W Philadelphia Dr
City **State** **Zip Code**
Mc Cordsville IN 46055-9325
Purpose of Disbursement:
payroll
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
574935.32
Date **MM** / **DD** / **YYYY**
09 / 15 / 2006
Transaction ID: D7204

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
277.46		1043.76		1321.22

B. Full Name (Last, First, Middle Initial)
Mrs. Kimberly N Bostic
Mailing Address
6864 W Philadelphia Dr
City **State** **Zip Code**
Mc Cordsville IN 46055-9325
Purpose of Disbursement:
payroll
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
574935.32
Date **MM** / **DD** / **YYYY**
09 / 30 / 2006
Transaction ID: D7223

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
277.46		1043.76		1321.22

C. Full Name (Last, First, Middle Initial)
Cingular Wireless
Mailing Address
10617 E Washington St
City **State** **Zip Code**
Indianapolis IN 46229-2611
Purpose of Disbursement:
phones
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
574935.32
Date **MM** / **DD** / **YYYY**
09 / 01 / 2006
Transaction ID: D7188

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.66		73.95		93.61

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
574.58		2161.47		2736.05

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
Bucher & Christian Consulting, Inc.

Mailing Address
10 W Market St Suite 300

City	State	Zip Code
Indianapolis	IN	46204

Purpose of Disbursement:
computer

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
574935.32

Date / /
Transaction ID: D7220

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
375.90		1414.10		1790.00

B. Full Name (Last, First, Middle Initial)
Gregory & Appel Insurance

Mailing Address
1402 N. Capitol, Suite 400

City	State	Zip Code
Indianapolis	IN	46202

Purpose of Disbursement:
Liability insurance

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
574935.32

Date / /
Transaction ID: D7199

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.76		44.24		56.00

C. Full Name (Last, First, Middle Initial)
AT & T

Mailing Address
PO Box 660011

City	State	Zip Code
Dallas	TX	75266-0011

Purpose of Disbursement:
phones

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
574935.32

Date / /
Transaction ID: D7210

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
214.52		806.98		1021.50

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
602.18		2265.32		2867.50

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) SBC Internet Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 650396			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/Type		
Dallas	TX	75265-0396			
Purpose of Disbursement: phones			Date <input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative			Transaction ID: D7186		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
125.37		471.65		597.02

B. Full Name (Last, First, Middle Initial) AT&T Capital Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 13160 Collection Center Dr			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/Type		
Chicago	IL	60693-0131			
Purpose of Disbursement: phones			Date <input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative			Transaction ID: D7191		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
113.76		427.95		541.71

C. Full Name (Last, First, Middle Initial) Kelly N Norton			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5547 N Winthrop Unit B			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/Type		
Indianapolis	IN	46220-1944			
Purpose of Disbursement: payroll			Date <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative			Transaction ID: D7207		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
166.49		626.32		792.81

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
405.62		1525.92		1931.54

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Kelly N Norton			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5547 N Winthrop Unit B			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/Type		
Indianapolis	IN	46220-1944			
Purpose of Disbursement: payroll					
Activity or Event Identifier: Administrative			Date <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2006"/> Transaction ID: D7227		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
166.49		626.32		792.81

B. Full Name (Last, First, Middle Initial) Accident Fund			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 77000			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/Type		
Detroit	MI	48277-2000			
Purpose of Disbursement: Liability insurance					
Activity or Event Identifier: Administrative			Date <input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> Transaction ID: D7198		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.45		193.55		245.00

C. Full Name (Last, First, Middle Initial) Princeton Mining Company			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 3088			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Category/Type		
Terre Haute	IN	47803-0088			
Purpose of Disbursement: utilities					
Activity or Event Identifier: Administrative			Date <input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> Transaction ID: D7106		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
260.61		980.41		1241.02

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
478.55		1800.28		2278.83

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Dave Bond			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 329 W Tipton St			Allocated Activity or Event Year-To-Date 574935.32		
City Seymour	State IN	Zip Code 47274-2347	Date M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6		
Purpose of Disbursement: travel reimbursement			Transaction ID: D7107		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
53.17		200.01		253.18

B. Full Name (Last, First, Middle Initial) Dave Bond			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 329 W Tipton St			Allocated Activity or Event Year-To-Date 574935.32		
City Seymour	State IN	Zip Code 47274-2347	Date M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6		
Purpose of Disbursement: travel			Transaction ID: D7141		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.14		124.68		157.82

C. Full Name (Last, First, Middle Initial) DHL Express Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1200 S Pine Island Rd			Allocated Activity or Event Year-To-Date 574935.32		
City Plantation	State FL	Zip Code 33324	Date M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6		
Purpose of Disbursement: delivery service			Transaction ID: D7185		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
39.91		150.13		190.04

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.22		474.82		601.04

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) DHL Express Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1200 S Pine Island Rd			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Date <input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>		
Plantation	FL	33324			
Purpose of Disbursement: delivery service			Transaction ID: D7190		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.09		132.00		167.09

B. Full Name (Last, First, Middle Initial) DHL Express Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1200 S Pine Island Rd			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Date <input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Plantation	FL	33324			
Purpose of Disbursement: delivery service			Transaction ID: D7202		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.27		121.42		153.69

C. Full Name (Last, First, Middle Initial) Harrison Place Apartments			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5812 Beatle Dr			Allocated Activity or Event Year-To-Date 574935.32		
City	State	Zip Code	Date <input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>		
Indianapolis	IN	46216			
Purpose of Disbursement: Rent			Transaction ID: D354908		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
73.50		276.50		350.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
140.86		529.92		670.78

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mark A. Lee			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 402 N Meridian St Apt 208			Allocated Activity or Event Year-To-Date 574935.32		
City Indianapolis	State IN	Zip Code 46204	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: travel			Transaction ID: D7197		
Activity or Event Identifier: Administrative			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.93		56.17		71.10

B. Full Name (Last, First, Middle Initial) Mark A. Lee			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 402 N Meridian St Apt 208			Allocated Activity or Event Year-To-Date 574935.32		
City Indianapolis	State IN	Zip Code 46204	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: payroll			Transaction ID: D7206		
Activity or Event Identifier: Administrative			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
211.23		794.65		1005.88

C. Full Name (Last, First, Middle Initial) Mark A. Lee			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 402 N Meridian St Apt 208			Allocated Activity or Event Year-To-Date 574935.32		
City Indianapolis	State IN	Zip Code 46204	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: travel			Transaction ID: D7219		
Activity or Event Identifier: Administrative			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.19		23.30		29.49

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
232.35		874.12		1106.47

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mark A. Lee			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 402 N Meridian St Apt 208			Allocated Activity or Event Year-To-Date 574935.32		
City Indianapolis	State IN	Zip Code 46204	Category/ Type	Date MM / DD / YYYY 09 / 30 / 2006	
Purpose of Disbursement: payroll				Transaction ID: D7226	
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
211.23		794.65		1005.88

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
211.23		794.65		1005.88

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
5956.93	22409.37	28366.30

Form/Schedule: **F3XA**

Transaction ID:

Please note that the Committee is amending all reports from January 1, 2005, to present as a result of a comprehensive and expansive internal audit in which several financial discrepancies and irregularities were discovered. Please note that from January 1, 2005, through mid 2007, the Committee did not correctly report allocable expenses. This issue has been corrected on these amendments and has been reported correctly since its discovery in 2007. This issue is related to ADR 342. Please note that there are several unauthorized transactions in these reports that are subject to an ongoing criminal matter.