

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

DEC 9 12 31 PM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

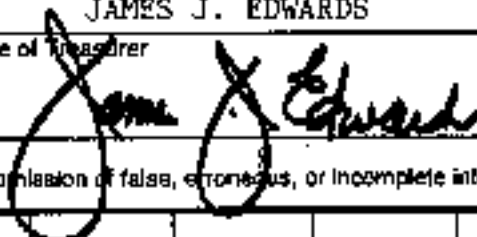
1. NAME OF COMMITTEE (In full) INDIANA FARM BUREAU INC. ELECT POLITICAL ACTION COMMITTEE INC.		2. FEC IDENTIFICATION NUMBER 000169722
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported  225 S. EAST STREET		
CITY, STATE and ZIP CODE  INDIANAPOLIS, INDIANA 46206		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on  
NOV 5 in the State of INDIANA  
POST GENERAL
- (b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>OCT 1, 1996</u> through <u>NOV 25, 1996</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 110,421
(b) Cash on Hand at Beginning of Reporting Period	\$ 110,288	
(c) Total Receipts (from Line 19)	\$ 191	\$ 43,597
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 110,479	\$ 154,018
7. Total Disbursements (from Line 30)	\$ 25,266	\$ 68,805
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 85,213	\$ 85,213
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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

Type or Print Name of Treasurer JAMES J. EDWARDS	Date 12-4-96
Signature of Treasurer 	

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

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <b>INDIANA FARM BUREAU ELECT PAC</b>	REPORT COVERING PERIOD FROM <b>OCT 1, 1996</b> TO <b>NOV 25, 1996</b>	
<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....		41,097
ii. Unitemized .....		41,097
iii. Total .....	(add i and ii) >	
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contributions .....	(add a iii, b and c) >	41,097
12. Transfers From Affiliated/Other Party Committees .....		
13. All Loans Received .....		
14. Loan Repayments Received .....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) .....	INTEREST -191	2,500
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts .....	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	43,597
20. Total Federal Receipts .....	(subtract line 16 from line 19) >	43,597
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share .....		
ii. Non-Federal Share .....		
b. Other Federal Operating Expenditures .....	10,349	24,165
c. Total Operating Expenditures .....	(add a i, a ii, and b) >	24,165
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	10,000	39,600
24. Independent Expenditures (use Schedule E) .....	SEE ATTACHED SCHEDULE E 4,917	4,917
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees .....		123
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contribution Refunds .....	(add a, b and c) >	123
29. Other Disbursements .....		
30. Total Disbursements .....	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	68,805
31. Total Federal Disbursements .....	(subtract line 21 a ii from line 30) >	68,805
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) .....		41,097
33. Total Contribution Refunds (from line 28d) .....		123
34. Net Contributions (other than loans)(subtract line 33 from 32) .....		40,974
35. Total Federal Operating Expenditures .....	(add 21 a i and 21 b) >	24,165
36. Offsets to Operating Expenditures (from line 15) .....		
37. Net Operating Expenditures .....	(subtract line 36 from 35) >	24,165

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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 FARM BUREAU, INC. ELECT POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ST. JAMES RESTAURANT 204 E. ALBION ST. P.O. BOX 530 AVILLA, IN 46710	TRUSTEE MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10-14-96	222.00
B. Full Name, Mailing Address and ZIP Code INDIANA FARM BUREAU INC. 225 SOUTH EAST STREET INDIANAPOLIS, IN 46206	SERVICE FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11-21-96	10,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

10,222.00

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

10,222.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

INDIANA FARM BUREAU, INC. ELECT POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VIRGINIA BLANKENBAKER FOR CONGRESS 425 MASSACHUSETTS AVE. INDIANAPOLIS, IN 46204	campaign expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-17-96	5,000.00
B. Full Name, Mailing Address and ZIP Code SOUDER FOR CONGRESS P.O. BOX 400 GRABILL, IN 46530	CAMPAIGN EXPENSES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-17-96	5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... 10,000.00

TOTAL This Period (last page this line number only) ..... 10,000.00

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full)		Committee ID		
Indiana Farm Bureau Inc., ELECT Political Action Committee, Inc.		C00169722		
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
The Press-Dispatch Box 68 Petersburg, IN 47567	Newspaper Ad	10/28/96	344.61	John Hostettler U.S. House Indiana Dist. 8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Evansville Courier/Press 300 E. Walnut Street Evansville, IN 47713	Newspaper Ad	10/28/96	2,952.00	John Hostettler U.S. House Indiana Dist. 8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Warrick Publishing P.O. Box 71 Bourville, IN 47601	Newspaper Ad	10/28/96	1,620.36	John Hostettler U.S. House Indiana Dist. 8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures .....			\$ 4,916.97	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			\$ _____	
(c) TOTAL Independent Expenditures .....			\$ 4,916.97	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this 28 day of October, 1996

My Commission expires: 11-8-97

*[Signature]*  
NOTARY PUBLIC

*[Signature]* 10-28-96  
Signature Date

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

125-96

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

\_\_\_\_\_  
INDOR DATE OF RECEIPT

*JEB*  
PREPARER

125-96  
DATE PREPARED