

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 INDIANA FARM BUREAU INC ELECT PAC INC

ADDRESS (number and street) P.O. Box 1290 Check if different than previously reported. (ACC) INDIANAPOLIS IN 46206

2. FEC IDENTIFICATION NUMBER C C00169722 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20 (M2) through Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 / 01 / 2012 through 09 / 30 / 2012

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 Elaine Rueff

Signature of Treasurer Elaine Rueff [Electronically Filed] Date 10 / 04 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**INDIANA FARM BUREAU INC ELECT PAC INC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="257825.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="242001.57"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6956.05"/>	<input type="text" value="18594.27"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="248957.62"/>	<input type="text" value="276419.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="78701.58"/>	<input type="text" value="106163.84"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="170256.04"/>	<input type="text" value="170256.04"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**INDIANA FARM BUREAU INC ELECT PAC INC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	6807.17	18139.47
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6807.17	18139.47
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6807.17	18139.47
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	148.88	454.80
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	6956.05	18594.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6956.05	18594.27

**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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4201.58	11113.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4201.58	11113.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	38500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	39500.00	56550.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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 .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	78701.58	106163.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78701.58	106163.84

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	6807.17	18139.47
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6807.17	18139.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	4201.58	11113.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	4201.58	11113.84

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

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

FOR LINE NUMBER: PAGE 6 OF 32  
(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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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 PAC INC**

**A. Farm Bureau Bank**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17300 Henderson Pass  
City Indianapolis State IN Zip Code 46202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**454.80**

Date of Receipt  
**09 / 30 / 2012**  
**Transaction ID : SA17.5322**  
Amount of Each Receipt this Period  
**148.88**  
interest - Jul-Sep 2012

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>148.88</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>148.88</b>

**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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Aramark**

Mailing Address 11834 Tapp Dr

City Indianapolis State IN Zip Code 46229

Purpose of Disbursement meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2012

Transaction ID : SB21B.5235

Amount of Each Disbursement this Period

191.94

Full Name (Last, First, Middle Initial)

**B. Glen Bode**

Mailing Address 1011 Arthur Street

City Rochester State IN Zip Code 46975

Purpose of Disbursement mileage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2012

Transaction ID : SB21B.5220

Amount of Each Disbursement this Period

140.00

Full Name (Last, First, Middle Initial)

**C. Tom Byers**

Mailing Address 10413 W 800 S

City Brookston State IN Zip Code 47923

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2012

Transaction ID : SB21B.5221

Amount of Each Disbursement this Period

135.00

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

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

466.94

**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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Cass County Farm Bureau Inc.**

Mailing Address 1730 West Market Street

City Logansport State IN Zip Code 46947-6507

Purpose of Disbursement  
meeting expense reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : SB21B.5230**

Amount of Each Disbursement this Period

379.58

Full Name (Last, First, Middle Initial)

**B. Citizens for Crider**

Mailing Address 716 N 800 East

City Greenfield State IN Zip Code 46140

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : SB21B.5234**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mel Egolf**

Mailing Address 0578 E US 33-57

City Churubusco State IN Zip Code 46723

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2012

**Transaction ID : SB21B.5222**

Amount of Each Disbursement this Period

225.00

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

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

904.58



**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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Elaine Gillis**

Mailing Address 11665 E. 1300 North

City Dunkirk State IN Zip Code 47336

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2012

**Transaction ID : SB21B.5223**

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

**B. John Hardin Jr**

Mailing Address 4881 W. 200 North

City Danville State IN Zip Code 46122

Purpose of Disbursement  
mileage

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2012

**Transaction ID : SB21B.5224**

Amount of Each Disbursement this Period

111.00

Full Name (Last, First, Middle Initial)

**C. Indiana Agricultural Law Found**

Mailing Address PO Box 1290

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
mileage for committee member donated to foundation

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2012

**Transaction ID : SB21B.5231**

Amount of Each Disbursement this Period

100.00

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

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

371.00

**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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Indiana Farm Bureau, Inc.**

Mailing Address P.O. Box 1290

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : SB21B.5237**

Amount of Each Disbursement this Period

130.91

Full Name (Last, First, Middle Initial)

**B. Indiana Farm Bureau, Inc.**

Mailing Address P.O. Box 1290

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
IN business entity report

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2012

**Transaction ID : SB21B.5242**

Amount of Each Disbursement this Period

7.14

Full Name (Last, First, Middle Initial)

**C. Indiana Farm Bureau, Inc.**

Mailing Address P.O. Box 1290

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
reimburse district committee meetings

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2012

**Transaction ID : SB21B.5248**

Amount of Each Disbursement this Period

525.76

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

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

663.81

**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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Indiana Farm Bureau, Inc.**

Mailing Address P.O. Box 1290

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement district committee meetings

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

Transaction ID : SB21B.5274

Amount of Each Disbursement this Period

362.39

Full Name (Last, First, Middle Initial)

**B. James Lucas**

Mailing Address 2756 N 300 West

City Freetown State IN Zip Code 47235

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2012

Transaction ID : SB21B.5225

Amount of Each Disbursement this Period

195.00

Full Name (Last, First, Middle Initial)

**C. Chris Miller**

Mailing Address 2305 Quarry Road NW

City Corydon State IN Zip Code 47112-6951

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

Transaction ID : SB21B.5215

Amount of Each Disbursement this Period

176.68

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

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

734.07

**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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Brad Ponsler**

Mailing Address 3765 North 295 West

City North Vernon State IN Zip Code 47265

Purpose of Disbursement  
meeting expense reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : SB21B.5217**

Amount of Each Disbursement this Period

268.70

Full Name (Last, First, Middle Initial)

**B. Mark Seib**

Mailing Address P.O. Box 374

City Poseyville State IN Zip Code 47633

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2012

**Transaction ID : SB21B.5226**

Amount of Each Disbursement this Period

303.00

Full Name (Last, First, Middle Initial)

**C. Philip Springstun**

Mailing Address 899 East Tennyson Road

City Boonville State IN Zip Code 47601-8035

Purpose of Disbursement  
meeting expense reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : SB21B.5219**

Amount of Each Disbursement this Period

135.44

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

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

707.14

**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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. United Farm Family Mutual Ins.**

Mailing Address 225 S. East Street

City Indianapolis State IN Zip Code 46202-4056

Purpose of Disbursement  
postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2012

**Transaction ID : SB21B.5232**

Amount of Each Disbursement this Period

154.63

Full Name (Last, First, Middle Initial)

**B. Fred Walker**

Mailing Address 2459 E. 300 North

City Hartford City State IN Zip Code 47348

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2012

**Transaction ID : SB21B.5227**

Amount of Each Disbursement this Period

145.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

299.63

4147.17

**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 checked="" 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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. BUCSHON FOR CONGRESS**

Mailing Address PO BOX 250

City NEWBURGH State IN Zip Code 47629

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.5321

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SUSAN BROOKS**

Mailing Address 9333 N MERIDIAN STREET  
SUITE 230

City INDIANAPOLIS State IN Zip Code 46260

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	2

Transaction ID : SB23.5239

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SUSAN BROOKS**

Mailing Address 9333 N MERIDIAN STREET  
SUITE 230

City INDIANAPOLIS State IN Zip Code 46260

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	2

Transaction ID : SB23.5243

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 checked="" 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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TODD YOUNG, INC.**

Mailing Address PO BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012

Transaction ID : SB23.5269

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. HOOSIERS FOR ROKITA, INC.**

Mailing Address 7643 EAST U.S. 36

City AVON State IN Zip Code 46123

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012

Transaction ID : SB23.5262

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. LUKE MESSER FOR CONGRESS**

Mailing Address P.O. BOX 917

City SHELBYVILLE State IN Zip Code 46176

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2012

Transaction ID : SB23.5245

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

**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 checked="" 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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. STUTZMAN FOR CONGRESS**

Mailing Address 0250 W 600 N

City State Zip Code  
HOWE IN 46746

Purpose of Disbursement

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

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

Transaction ID : SB23.5319

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. WALORSKI FOR CONGRESS INC**

Mailing Address PO BOX 954

City State Zip Code  
MISHAWAKA IN 46546

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	2

Transaction ID : SB23.5265

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

10000.00

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

35000.00



**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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Bill Davis for State Rep. Comm**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2012

Mailing Address District 33  
210 Williamson Dr

**Transaction ID : SB29.5279**

City Portland State IN Zip Code 47371

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Bill Friend for State Rep.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2012

Mailing Address 3127 W. 1500 North

**Transaction ID : SB29.5255**

City Macy State IN Zip Code 46951

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Bob Heaton for State Rep. Comm**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2012

Mailing Address PO Box 9629

**Transaction ID : SB29.5291**

City Terre Haute State IN Zip Code 47808

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

2000.00
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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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial) <b>A. Broden for State Senate</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2012
Mailing Address 201 W. North Shore Drive		<b>Transaction ID : SB29.5284</b>
City South Bend	State IN	
Zip Code 46617	Purpose of Disbursement	Amount of Each Disbursement this Period 500.00
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Charbonneau for Senate</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2012
Mailing Address P.O. Box 30		<b>Transaction ID : SB29.5285</b>
City Valparaiso	State IN	
Zip Code 46384	Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Citizens for Wolkins Committee</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2012
Mailing Address 1528 N. 175 East		<b>Transaction ID : SB29.5267</b>
City Warsaw	State IN	
Zip Code 46582	Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial) <b>A. Comm. to Elect Cherrish Pryor</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2012
Mailing Address 4667 Falcon Run Way		<b>Transaction ID : SB29.5314</b>
City Indianapolis	State IN	
Zip Code 46254	Purpose of Disbursement	Amount of Each Disbursement this Period 300.00
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Comm. to Elect Dan Leonard</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2012
Mailing Address 6274 N. Goshen Road		<b>Transaction ID : SB29.5297</b>
City Huntington	State IN	
Zip Code 46750	Purpose of Disbursement	Amount of Each Disbursement this Period 500.00
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Comm. to Elect Jim Baird</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2012
Mailing Address 2718 N 550 West		<b>Transaction ID : SB29.5283</b>
City Greencastle	State IN	
Zip Code 46135	Purpose of Disbursement	Amount of Each Disbursement this Period 500.00
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1300.00
<b>TOTAL</b> 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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Comm. to Elect Matt Uebelhor**

Mailing Address 2245 W 150 South

City Bloomfield State IN Zip Code 47424

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2012

**Transaction ID : SB29.5278**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Comm. to Elect Randy Head**

Mailing Address 5003 Waterbury Ct.

City Logansport State IN Zip Code 46947

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2012

**Transaction ID : SB29.5290**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Comm. to Elect Sean Eberhart**

Mailing Address 1744 E. Michigan Rd.

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012

**Transaction ID : SB29.5254**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Comm. to Elect Terri Austin**

Mailing Address 1030 W. Riverview Drive

City Anderson State IN Zip Code 46011

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB29.5281**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Comm. to Elect Tom Dermody**

Mailing Address 615 W. Maple Lane

City La Porte State IN Zip Code 46350

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : SB29.5253**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Brian Bosma**

Mailing Address P.O. Box 44054

City Indianapolis State IN Zip Code 46244

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : SB29.5252**

Amount of Each Disbursement this Period

1500.00

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

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

3000.00

**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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Jim Arnold</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2012
Mailing Address State Senator 5698 W. Johnson Rd.		<b>Transaction ID : SB29.5251</b>
City La Porte	State IN	
Zip Code 46350	Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Comm to Elect Kevin Mahan</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2012
Mailing Address State Representative 305 E. Fairlane Dr		<b>Transaction ID : SB29.5276</b>
City Hartford City	State IN	
Zip Code 47348	Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. David Long for State Senate</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2012
Mailing Address 7100 W. Jefferson Blvd.		<b>Transaction ID : SB29.5299</b>
City Fort Wayne	State IN	
Zip Code 46863	Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Ed Clere for State Repres.**

Mailing Address 1701 DePauw Avenue

City State Zip Code  
New Albany IN 47150

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5287**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Elect Luke Kenley**

Mailing Address P.O. Box 809

City State Zip Code  
Noblesville IN 46061

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5295**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Friends of Don Lehe**

Mailing Address 10644 S. 100 East

City State Zip Code  
Brookston IN 47923

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5258**

Amount of Each Disbursement this Period

**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 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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Friends of Douglas Gutwein**

Mailing Address P.O. Box 341

City Francesville State IN Zip Code 47946

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

Transaction ID : SB29.5317

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Ed Soliday Comm.**

Mailing Address 1904 William Drive

City Valparaiso State IN Zip Code 46385

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

Transaction ID : SB29.5305

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Randy Frye**

Mailing Address 4704 S. US 421

City Greensburg State IN Zip Code 47240

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

Transaction ID : SB29.5256

Amount of Each Disbursement this Period

1000.00

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

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

2000.00



**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"/> 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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Friends of Ron Bacon**

Mailing Address 10300 Meadowlark Hill Rd

City Chandler State IN Zip Code 47610

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5271**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Friends of Suzanne Crouch**

Mailing Address 12345 Browning Road

City Evansville State IN Zip Code 47725

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5288**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Goodin for State Rep. Comm.**

Mailing Address P.O. Box 37

City Crothersville State IN Zip Code 47229

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5257**

Amount of Each Disbursement this Period

**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)

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<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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Hershman for Senate**

Mailing Address P.O. Box 177

City State Zip Code  
Buck Creek IN 47924

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB29.5293**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Hoosiers for Scott Pelath**

Mailing Address 1824 Manhattan St

City State Zip Code  
Michigan City IN 46360

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : SB29.5260**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. House Republican Campaign Comm**

Mailing Address 47 S. Meridian Street

City State Zip Code  
Indianapolis IN 46204

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2012

**Transaction ID : SB29.5312**

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

**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"/> 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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Indiana House Democratic**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2012

Mailing Address Caucus  
One North Capitol

**Transaction ID : SB29.5249**

City Indianapolis State IN Zip Code 46204

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Indiana Senate Democrat Comm**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2012

Mailing Address 115 W. Washington St.  
Ste 11655

**Transaction ID : SB29.5313**

City Indianapolis State IN Zip Code 46204

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Jean Leising for State Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2012

Mailing Address 5268 Stockpile Road

**Transaction ID : SB29.5296**

City Oldenburg State IN Zip Code 47036

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2500.00
---------

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

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

Use separate schedule(s)  
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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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Jud McMillin.com**

Mailing Address 1033 Cliff Street

City Brookville State IN Zip Code 47012

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5301**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Markmessmer.com**

Mailing Address 795 E. Scherle Lane

City Jasper State IN Zip Code 47546

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5280**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Mark Spelbring for State Rep.**

Mailing Address PO Box 42

City Rockville State IN Zip Code 47872

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5241**

Amount of Each Disbursement this Period

Category/  
Type

**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)

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<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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Mark Spelbring for State Rep.**

Mailing Address PO Box 42

City State Zip Code  
Rockville IN 47872

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 04 / 2012

**Transaction ID : SB29.5263**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Niezgodski for State Repres.**

Mailing Address PO Box 3096

City State Zip Code  
South Bend IN 46619

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 17 / 2012

**Transaction ID : SB29.5303**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Rep. Welch Re-Election Comm.**

Mailing Address 2802 St. Remy Circle

City State Zip Code  
Bloomington IN 47401

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 04 / 2012

**Transaction ID : SB29.5266**

Amount of Each Disbursement this Period

2000.00

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

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

4300.00

**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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Steele for Senate Committee**

Mailing Address PO Box 368

City Bedford State IN Zip Code 47421

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5307**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Sue Glick for Senate**

Mailing Address 113 W Spring Street

City Lagrange State IN Zip Code 46761

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5311**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Turner for State Rep.**

Mailing Address 70 Forest Hollow

City Cicero State IN Zip Code 46034

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5309**

Amount of Each Disbursement this Period

**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 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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. Washburne for State Rep.**

Mailing Address PO Box 127

City Inglefield State IN Zip Code 47618

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2012

**Transaction ID : SB29.5316**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Wendy McNamara for State Rep.**

Mailing Address 8971 Waltz Rd.

City Mount Vernon State IN Zip Code 47620

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2012

**Transaction ID : SB29.5247**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Wendy McNamara for State Rep.**

Mailing Address 8971 Waltz Rd.

City Mount Vernon State IN Zip Code 47620

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : SB29.5259**

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

**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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial)

**A. www.SteveDavisson.com**

Mailing Address PO Box 341

City Salem State IN Zip Code 47167

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 05 / 2012

**Transaction ID : SB29.5273**

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

1000.00

39500.00