

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Indiana Democratic Congressional Victory Committee

ADDRESS (number and street) One North Capitol Suite 200  
 Check if different than previously reported. (ACC)  
Indianapolis IN 46204

2. **FEC IDENTIFICATION NUMBER** C00108613  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 06 01 2005 through 06 30 2005

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 Mrs Linda M Buzinec

Signature of Treasurer Electronically Filed by Mrs Linda M Buzinec Date 10 09 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Indiana Democratic Congressional Victory Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		191846.25
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	222680.45									
(c) Total Receipts (from Line 19) .....	189958.55	830969.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	412639.00	1022815.42								
7. Total Disbursements (from Line 31) .....	112184.75	722361.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	300454.25	300454.25								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	15675.00	44300.00
(i) Itemized (use Schedule A) .....	10460.00	63262.41
(ii) Unitemized .....	26135.00	107562.41
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	11150.00	27389.20
(c) Other Political Committees (such as PACs) .....	37285.00	134951.61
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	11855.89
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) .....	3365.15	37832.64
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	80123.02	235908.72
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	69185.38	410420.31
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	69185.38	410420.31
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	189958.55	830969.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	120773.17	420548.86

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	5304.81	39200.34
(ii) Non-Federal Share.....	19956.22	147754.14
(b) Other Federal Operating Expenditures.....	25211.28	259433.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	50472.31	446388.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
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	639.33
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.....	51712.44	248615.07
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 .....	0.00	16718.40
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	16718.40
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	112184.75	722361.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92228.53	574607.03

**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 .....	37285.00	134951.61
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37285.00	134951.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30516.09	298634.23
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	3365.15	37832.64
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	27150.94	260801.59

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 56  
(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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Richard A. Rampone</p> <p>Mailing Address 2023 Lawrence Ave</p> <p>City State Zip Code Indianapolis IN 46227-8629</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Earth Tech, Inc Occupation Vice President</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 21 / 2005</span></p> <p><b>Transaction ID:</b> C79936</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) John Eller Kupke</p> <p>Mailing Address 19 E 52nd St</p> <p>City State Zip Code Indianapolis IN 46205-1024</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer HNTB Corporation Occupation engineer</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 09 / 2005</span></p> <p><b>Transaction ID:</b> C26828</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Rodney L. Reid</p> <p>Mailing Address 4211 McKean Ln</p> <p>City State Zip Code Indianapolis IN 46250-4221</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer RLR Associates, Inc Occupation Designer</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 02 / 2005</span></p> <p><b>Transaction ID:</b> C224350</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1800.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# 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 7 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input 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

<b>A.</b>	Full Name (Last, First, Middle Initial) George A. Buskirk, Jr.		Date of Receipt
	Mailing Address 2150 S 950 E		<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 06 / 01 / 2005
	City	State	Zip Code
	Zionsville	IN	46077-9546
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C97498
Name of Employer Stewart & Irwin		Occupation Attorney	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"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Roland T. Salman		Date of Receipt
	Mailing Address 12471 Doe Ln		<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 06 / 02 / 2005
	City	State	Zip Code
	Indianapolis	IN	46236-8780
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C54906
Name of Employer RW Armstrong		Occupation Engineer	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"/> 3000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dean W. Boerste		Date of Receipt
	Mailing Address 3755 Oxford Ln		<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 06 / 14 / 2005
	City	State	Zip Code
	Tell City	IN	47586-8359
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C132090
Name of Employer Bernardin, Lochmueller, A		Occupation principal market director	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"/> 3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 7000.00
<b>TOTAL</b> 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 8 / 56  
(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)  
John Dickerson

Mailing Address 5454 Leone Dr

City Indianapolis State IN Zip Code 46226-1748

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

Name of Employer ARC of Indiana Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 09 / 2005

**Transaction ID: C105461**

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ibrahim Y. Swidan

Mailing Address 8650 Jaffa Court West Dr Apt 32

City Indianapolis State IN Zip Code 46260-5337

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

Name of Employer Janssen Spaans Occupation engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 01 / 2005

**Transaction ID: C53603**

Amount of Each Receipt this Period 600.00

**C.** Full Name (Last, First, Middle Initial)  
Patrick W. Robbins

Mailing Address 405 Shandell Dr

City Bedford State IN Zip Code 47421-9661

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

Name of Employer Lawrence County Occupation Judge

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2005

**Transaction ID: C131217**

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**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 9 / 56  
(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)  
Edward P. Martin

Mailing Address 650 Davis Ct

City Indianapolis State IN Zip Code 46234-7521

FEC ID number of contributing federal political committee. C

Name of Employer RW Beck Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 01 / 2005

**Transaction ID:** C92536

Amount of Each Receipt this Period 450.00

**B.**

Full Name (Last, First, Middle Initial)  
Kathy M. Hall

Mailing Address 4947 W Cedar Creek Pl

City New Palestine State IN Zip Code 46163-8707

FEC ID number of contributing federal political committee. C

Name of Employer USI Consultants, Inc Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 09 / 2005

**Transaction ID:** C54365

Amount of Each Receipt this Period 1200.00

**C.**

Full Name (Last, First, Middle Initial)  
Sarah S. Riordan

Mailing Address 525 E 15th St

City Indianapolis State IN Zip Code 46202-2633

FEC ID number of contributing federal political committee. C

Name of Employer Bose McKinney Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 06 / 01 / 2005

**Transaction ID:** C63845

Amount of Each Receipt this Period 375.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2025.00

**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 / 56
	(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) Kipper V. Tew		Date of Receipt MM / DD / YYYY 06 / 09 / 2005
Mailing Address 5734 Rolling Pines Ct		<b>Transaction ID:</b> C129151
City Indianapolis	State IN	Zip Code 46220-5438
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 600.00	
Name of Employer Krieg DeVault	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Adam J. Kapacinskas		Date of Receipt MM / DD / YYYY 06 / 02 / 2005
Mailing Address 1739 Riverside Dr		<b>Transaction ID:</b> C32590
City South Bend	State IN	Zip Code 46616-1659
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 3000.00	
Name of Employer Notre Dame	Occupation student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15675.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 56

(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)  
Indiana Health Care PAC

Mailing Address 1 N Capitol Ave  
Ste 1115

City State Zip Code  
Indianapolis IN 46204-2028

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 09 / 2005

Transaction ID: C139386

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
Friends of Indiana Hospital

Mailing Address 1 American Sq Fl 19

City State Zip Code  
Indianapolis IN 46282

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 21 / 2005

Transaction ID: C122347

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MWH Political Action Committee

Mailing Address 380 Interlocken Crescent  
Suite 200

City State Zip Code  
Broomfield CO 80021

FEC ID number of contributing federal political committee. **C** C00242370

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  
06 / 21 / 2005

Transaction ID: C37765

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6150.00

**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 12 / 56	
	(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"/> 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)  
Plumbers & Steamfitters #157

Mailing Address 8801 E Milner Ave

City	State	Zip Code
Terre Haute	IN	47803-9796

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
0	6	/	2	1	/	2	0	0	5

Transaction ID: C34000

Amount of Each Receipt this Period

5000.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11150.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 56  
(check only one)

11a  11b  11c  12  
 13  14  15  16  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)  
Julia Carson for Congress

Mailing Address 302 N East St

City State Zip Code  
Indianapolis IN 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 ▼  
17102.24

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

Transaction ID: C215056

Amount of Each Receipt this Period  
3365.15

Offset for payroll on Line 29

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3365.15
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3365.15

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 56
	(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) Hoosier Trust Company		Date of Receipt
Mailing Address 9202 N Meridian St Ste 110		<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 06 / 30 / 2005
City	State	Zip Code
Indianapolis	IN	46260-1810
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> C226729
C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 278.02
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 278.02	
<input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Auditor of State of Indiana		Date of Receipt
Mailing Address 200 W Washington St		<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 06 / 09 / 2005
City	State	Zip Code
Indianapolis	IN	46204
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> C166979
C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 79845.00
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 235050.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 80123.02
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 80123.02

**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 15 / 56

<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) Anthem BCBS IN GROUP	Transaction ID: D5811
	Mailing Address PO Box 105113	Date of Disbursement 06 / 28 / 2005
	City Atlanta State GA Zip Code 30348-5113	Amount of Each Disbursement this Period 483.78
	Purpose of Disbursement life insurance 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) Anthem BCBS IN GROUP	Transaction ID: D5812
	Mailing Address PO Box 105113	Date of Disbursement 06 / 28 / 2005
	City Atlanta State GA Zip Code 30348-5113	Amount of Each Disbursement this Period 8539.26
	Purpose of Disbursement life insurance 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: D5804
	Mailing Address Cincinnati Commerce Ctr	Date of Disbursement 06 / 10 / 2005
	City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period 3241.94
	Purpose of Disbursement payroll taxes 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12264.98</b>
<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)

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<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  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: D5809 Date of Disbursement 06 / 24 / 2005	Amount of Each Disbursement this Period 1651.75
B.	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  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: D5806 Date of Disbursement 06 / 10 / 2005	Amount of Each Disbursement this Period 121.50
C.	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  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: D242476 Date of Disbursement 06 / 10 / 2005	Amount of Each Disbursement this Period 33.65

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1806.90
<b>TOTAL</b> 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 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: D242477  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	5

Amount of Each Disbursement this Period

33.65
-------

**B.** Full Name (Last, First, Middle Initial)  
Jewett Printing

Mailing Address 101 W Ohio St  
Ste 2000

City Indianapolis State IN Zip Code 46204-4204

Purpose of Disbursement  
printing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5807  
Date of Disbursement

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

Amount of Each Disbursement this Period

326.00
--------

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel J Parker

Mailing Address 7458 Rooses Way

City Indianapolis State IN Zip Code 46217-5484

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D241682  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	5

Amount of Each Disbursement this Period

2497.81
---------

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

2857.46
---------

**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)

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<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><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Daniel J Parker</p> <p>Mailing Address 7458 Roosees 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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D241695</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2005"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2497.81"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) National City</p> <p>Mailing Address 101 W Washington St</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement bank fee</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><b>Transaction ID:</b> D237713</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2005"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic</p> <p>Mailing Address 6864 W Philadelphia Dr</p> <p>City Mc Cordsville State IN Zip Code 46055-9325</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D240385</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2005"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1137.80"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3645.61"/>
<b>TOTAL</b> 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)

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<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><b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic</p> <p>Mailing Address 6864 W Philadelphia Dr</p> <p>City Mc Cordsville State IN Zip Code 46055-9325</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D240394</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1137.80"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DHL Express Inc.</p> <p>Mailing Address 1200 S Pine Island Rd</p> <p>City Plantation State FL Zip Code 33324</p> <p>Purpose of Disbursement delivery service</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><b>Transaction ID:</b> D237714</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.46"/></p>
<p><b>C.</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><b>Transaction ID:</b> D5805</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="253.29"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1418.55"/>
<b>TOTAL</b> 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 20 / 56

<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><b>A.</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5810 <b>Date of Disbursement</b> 06 / 24 / 2005</p> <p>Amount of Each Disbursement this Period 34.87</p>
<p><b>B.</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D240930 <b>Date of Disbursement</b> 06 / 24 / 2005</p> <p>Amount of Each Disbursement this Period 762.28</p>
<p><b>C.</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D240931 <b>Date of Disbursement</b> 06 / 10 / 2005</p> <p>Amount of Each Disbursement this Period 932.93</p>

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

1730.08

**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) Mark A. Lee	Transaction ID: D244517 Date of Disbursement 06 / 24 / 2005
	Mailing Address 402 N Meridian St Apt 208	Amount of Each Disbursement this Period 733.35
	City Indianapolis State IN Zip Code 46204	
	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) ▼

B.	Full Name (Last, First, Middle Initial) Mark A. Lee	Transaction ID: D244518 Date of Disbursement 06 / 10 / 2005
	Mailing Address 402 N Meridian St Apt 208	Amount of Each Disbursement this Period 733.35
	City Indianapolis State IN Zip Code 46204	
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1466.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	25190.28

**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 22 / 56

<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 Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)  
Committee to Bring Back Baron

Transaction ID: D5843

Date of Disbursement

Mailing Address PO Box 1071

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	5

City Seymour State IN Zip Code 47274

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement contribution

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

Candidate Name  
Baron Hill

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

B.

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

Transaction ID: D5844

Date of Disbursement

Mailing Address PO Box 62

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

City Evansville State IN Zip Code 47701

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement contribution

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

Candidate Name  
Honorable Brad Ellsworth

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

SUBTOTAL of Disbursements This Page (optional) ..... ►

10000.00
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TOTAL This Period (last page this line number only) ..... ►

10000.00
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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)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Carrie L. Bales <hr/> Mailing Address 706 Hess Ave <hr/> City Evansville State IN Zip Code 47712-5545 <hr/> Purpose of Disbursement weinzapfel 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: D237716 Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2005
	Amount of Each Disbursement this Period 572.33
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Carrie L. Bales <hr/> Mailing Address 706 Hess Ave <hr/> City Evansville State IN Zip Code 47712-5545 <hr/> Purpose of Disbursement weinzapfel 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: D239173 Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2005
	Amount of Each Disbursement this Period 1058.40
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Carrie L. Bales <hr/> Mailing Address 706 Hess Ave <hr/> City Evansville State IN Zip Code 47712-5545 <hr/> Purpose of Disbursement weinzapfel 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: D239179 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2005
	Amount of Each Disbursement this Period 1058.40
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2689.13

**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. Linda K. Harris	Transaction ID: D239647 Date of Disbursement 06 / 24 / 2005
	Mailing Address 11129 Peppermill Ln	
	City Fishers State IN Zip Code 46037-9082	Amount of Each Disbursement this Period 2540.15
	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. Linda K. Harris	Transaction ID: D239651 Date of Disbursement 06 / 10 / 2005
	Mailing Address 11129 Peppermill Ln	
	City Fishers State IN Zip Code 46037-9082	Amount of Each Disbursement this Period 2540.15
	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. Michael D. Edmondson	Transaction ID: D239629 Date of Disbursement 06 / 24 / 2005
	Mailing Address 1530 E 81st St	
	City Indianapolis State IN Zip Code 46240-2716	Amount of Each Disbursement this Period 2558.36
	Purpose of Disbursement 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	7638.66
<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)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Michael D. Edmondson <hr/> Mailing Address 1530 E 81st St <hr/> City Indianapolis State IN Zip Code 46240-2716 <hr/> Purpose of Disbursement 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) ▼	<b>Transaction ID:</b> D239633 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
	Amount of Each Disbursement this Period 2558.36
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service <hr/> Mailing Address Cincinnati Commerce Ctr <hr/> City Cincinnati State OH Zip Code 45999 <hr/> Purpose of Disbursement payroll taxes 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) ▼	<b>Transaction ID:</b> D239240 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
	Amount of Each Disbursement this Period 6527.99
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service <hr/> Mailing Address Cincinnati Commerce Ctr <hr/> City Cincinnati State OH Zip Code 45999 <hr/> Purpose of Disbursement payroll taxes 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) ▼	<b>Transaction ID:</b> D239476 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 5
	Amount of Each Disbursement this Period 5106.44
	Category/ Type
	Category/ Type

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

14192.79

**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) Ms. Melissa A. Lear	Transaction ID: D5803 Date of Disbursement 06 / 10 / 2005
	Mailing Address 627 SE Riverside Dr Apt D	Amount of Each Disbursement this Period 1083.35
	City Evansville State IN Zip Code 47713-1150	
	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) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Melissa A. Lear	Transaction ID: D5808 Date of Disbursement 06 / 24 / 2005
	Mailing Address 627 SE Riverside Dr Apt D	Amount of Each Disbursement this Period 1083.35
	City Evansville State IN Zip Code 47713-1150	
	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. Leatrice Webb-Parks	Transaction ID: D239751 Date of Disbursement 06 / 10 / 2005
	Mailing Address 5443 Milroy Rd	Amount of Each Disbursement this Period 753.41
	City Indianapolis State IN Zip Code 46216-2087	
	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) ..... ▶

2920.11

**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. Leatrice Webb-Parks	Transaction ID: D239763
	Mailing Address 5443 Milroy Rd	Date of Disbursement MM / DD / YYYY 06 / 24 / 2005
	City Indianapolis State IN Zip Code 46216-2087	Amount of Each Disbursement this Period 753.41
	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:	

B.	Full Name (Last, First, Middle Initial) Mr Jeremy Howser	Transaction ID: D237715
	Mailing Address 1214 Hatfield Dr	Date of Disbursement MM / DD / YYYY 06 / 22 / 2005
	City Evansville State IN Zip Code 47714-0715	Amount of Each Disbursement this Period 3422.83
	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:	

C.	Full Name (Last, First, Middle Initial) Mrs. Michele Miller	Transaction ID: D238734
	Mailing Address 11342 Fairweather Pl	Date of Disbursement MM / DD / YYYY 06 / 24 / 2005
	City Indianapolis State IN Zip Code 46229-4982	Amount of Each Disbursement this Period 919.42
	Purpose of Disbursement peterson 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) .....

5095.66

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Michele Miller <hr/> Mailing Address 11342 Fairweather Pl <hr/> City Indianapolis State IN Zip Code 46229-4982 <hr/> Purpose of Disbursement peterson 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: D238744 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2005
	Amount of Each Disbursement this Period 919.42
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Molly W. Chavers <hr/> Mailing Address 1039 Sedona Pass <hr/> City Indianapolis State IN Zip Code 46280-2796 <hr/> Purpose of Disbursement 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: D241981 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2005
	Amount of Each Disbursement this Period 890.93
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Angela Belden <hr/> Mailing Address unknown <hr/> City unknown State AA Zip Code 99999 <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: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D242045 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2005
	Amount of Each Disbursement this Period 3503.47
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5313.82
<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)

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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. Jennifer L. Grawcock	Transaction ID: D242937 Date of Disbursement 06 / 24 / 2005
	Mailing Address 5954 Dewey Ave	Amount of Each Disbursement this Period 1301.57
	City Indianapolis State IN Zip Code 46219	
	Purpose of Disbursement marion co. 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. Jennifer L. Grawcock	Transaction ID: D242938 Date of Disbursement 06 / 10 / 2005
	Mailing Address 5954 Dewey Ave	Amount of Each Disbursement this Period 1301.57
	City Indianapolis State IN Zip Code 46219	
	Purpose of Disbursement marion co. 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 Kristen L Self	Transaction ID: D243026 Date of Disbursement 06 / 24 / 2005
	Mailing Address 8813 Sunbow Dr	Amount of Each Disbursement this Period 1366.55
	City Indianapolis State IN Zip Code 46231	
	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) ..... ▶

3969.69

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 Kristen L Self	Transaction ID: D243027 Date of Disbursement 06 / 10 / 2005
	Mailing Address 8813 Sunbow Dr	Amount of Each Disbursement this Period 1366.55
	City Indianapolis State IN Zip Code 46231	
	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) ▼

B.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D237712 Date of Disbursement 06 / 14 / 2005
	Mailing Address 101 W Washington St	Amount of Each Disbursement this Period 4400.00
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement Credit Card Payment	001
	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) Target	Transaction ID: D335869 Date of Disbursement 06 / 14 / 2005
	Mailing Address 11750 Commercial Dr	Amount of Each Disbursement this Period 348.01
	City Fishers State IN Zip Code 46038-2903	
	Purpose of Disbursement Office Supplies	
	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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5766.55
<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)

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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) Shell Oil	Transaction ID: D335866
	Mailing Address 8924 E 116th	Date of Disbursement 06 / 14 / 2005
	City Fishers State IN Zip Code 46038	Amount of Each Disbursement this Period 5.27
	Purpose of Disbursement Gas	[MEMO ITEM]
	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) Shell Oil	Transaction ID: D335867
	Mailing Address 8924 E 116th	Date of Disbursement 06 / 14 / 2005
	City Fishers State IN Zip Code 46038	Amount of Each Disbursement this Period 36.00
	Purpose of Disbursement Gas	[MEMO ITEM]
	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) National City	Transaction ID: D335933
	Mailing Address 101 W Washington St	Date of Disbursement 06 / 14 / 2005
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period 11.78
	Purpose of Disbursement Finance Charges	[MEMO ITEM]
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 Democratic Congressional Victory Committee

**A.**

Full Name (Last, First, Middle Initial)  
National City

Mailing Address 101 W Washington St

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement Finance Charges

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D335934  
Date of Disbursement  
06 / 14 / 2005

Amount of Each Disbursement this Period  
3.60

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
National City

Mailing Address 101 W Washington St

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement Finance Charges

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D335935  
Date of Disbursement  
06 / 14 / 2005

Amount of Each Disbursement this Period  
15.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
National City

Mailing Address 101 W Washington St

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement Finance Charges

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D335936  
Date of Disbursement  
06 / 14 / 2005

Amount of Each Disbursement this Period  
45.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

**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 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) National City Mailing Address 101 W Washington St City Indianapolis State IN Zip Code 46204 Purpose of Disbursement Charges 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: D335937 Date of Disbursement 06 / 14 / 2005	Amount of Each Disbursement this Period 10.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic Mailing Address 6864 W Philadelphia Dr City Mc Cordsville State IN Zip Code 46055-9325 Purpose of Disbursement Cash Advance 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: D336031 Date of Disbursement 06 / 14 / 2005	Amount of Each Disbursement this Period 1500.00 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic Mailing Address 6864 W Philadelphia Dr City Mc Cordsville State IN Zip Code 46055-9325 Purpose of Disbursement Cash Advance 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: D336032 Date of Disbursement 06 / 14 / 2005	Amount of Each Disbursement this Period 500.00 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)

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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. Kimberly N Bostic	Transaction ID: D336033 Date of Disbursement 06 / 14 / 2005
	Mailing Address 6864 W Philadelphia Dr	Amount of Each Disbursement this Period 120.00
	City Mc Cordsville State IN Zip Code 46055-9325	
	Purpose of Disbursement Cash Advance	[MEMO ITEM]
	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) City of Indianapolis	Transaction ID: D335844 Date of Disbursement 06 / 14 / 2005
	Mailing Address 2501 City County W Building 200	Amount of Each Disbursement this Period 205.02
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement Utilities	[MEMO ITEM]
	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) Regional Acceptance	Transaction ID: D335845 Date of Disbursement 06 / 14 / 2005
	Mailing Address 266 Beacon Drive	Amount of Each Disbursement this Period 364.02
	City Greenville State NC Zip Code 27858	
	Purpose of Disbursement Insurance fees	[MEMO ITEM]
	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) ..... ▶

0.00

**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 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)  
Regional Acceptance

Mailing Address 266 Beacon Drive

City Greenville State NC Zip Code 27858

Purpose of Disbursement  
Insurance Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D335920

Date of Disbursement

<sup>M</sup> 0	<sup>M</sup> 6	/	<sup>D</sup> 1	<sup>D</sup> 4	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 5
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Amount of Each Disbursement this Period

425.00
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[MEMO ITEM]

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

51712.44
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**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 6 / 3 0 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

1913.71

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

1913.71

Transaction ID: T307

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 6 / 2 1 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

14831.67

BREAKDOWN OF TRANSFER RECEIVED

i) **Total Administrative** .....

14831.67

Transaction ID: T308

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 6 / 0 3 / 2 0 0 5	TOTAL AMOUNT TRANSFERRED 52440.00
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BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative .....		52440.00 Transaction ID: T311
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) .....	69185.38
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) .....	69185.38

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 186954.48		
City	State	Zip Code	Date    M M / D D / Y Y Y Y 06 / 21 / 2005		
Washington	DC	20003-2620			
Purpose of Disbursement: retainer			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: D5837		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.00		316.00		400.00

<b>B. Full Name (Last, First, Middle Initial)</b> Denison Parking, 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 36 S Pennsylvania St                      Ste 200			Allocated Activity or Event Year-To-Date 186954.48		
City	State	Zip Code	Date    M M / D D / Y Y Y Y 06 / 28 / 2005		
Indianapolis	IN	46204-3627			
Purpose of Disbursement: parking			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: D5838		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
231.00		869.00		1100.00

<b>C. Full Name (Last, First, Middle Initial)</b> 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 186954.48		
City	State	Zip Code	Date    M M / D D / Y Y Y Y 06 / 28 / 2005		
Columbus	OH	43268-0001			
Purpose of Disbursement: life insurance			Category/ Type 001		
Activity or Event Identifier: Administrative			Transaction ID: D237718		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.43		106.93		135.36

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
343.43		1291.93		1635.36

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 186954.48	
City	State	Zip Code	Category/ Type	
Indianapolis	IN	46282		
Purpose of Disbursement: membership dues			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 06 / 21 / 2005 <b>Transaction ID:</b> D5827	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
41.17		154.87		196.04

<b>B. Full Name (Last, First, Middle Initial)</b> 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 186954.48	
City	State	Zip Code	Category/ Type	
Indianapolis	IN	46204-4204		
Purpose of Disbursement: printing			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 06 / 11 / 2005 <b>Transaction ID:</b> D5822	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00		474.00		600.00

<b>C. Full Name (Last, First, Middle Initial)</b> 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 186954.48	
City	State	Zip Code	Category/ Type	
Cincinnati	OH	45274-1855		
Purpose of Disbursement: cable			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 06 / 11 / 2005 <b>Transaction ID:</b> D5817	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.29		57.51		72.80

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
182.46		686.38		868.84

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Storage USA			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 501 Fulton St			Allocated Activity or Event Year-To-Date 186954.48		
City Indianapolis	State IN	Zip Code 46202-3510	Date <input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: storage			Transaction ID: D5835		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.51		182.48		230.99

<b>B. Full Name (Last, First, Middle Initial)</b> 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 186954.48		
City Chicago	State IL	Zip Code 60618-0453	Date <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: office supplies			Transaction ID: D5818		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.11		105.77		133.88

<b>C. Full Name (Last, First, Middle Initial)</b> Cannon IV, 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 PO Box 697			Allocated Activity or Event Year-To-Date 186954.48		
City Indianapolis	State IN	Zip Code 46206-0697	Date <input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: office supplies			Transaction ID: D5826		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
59.85		225.15		285.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
136.47		513.40		649.87

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Duke Realty Corporation			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 75 Remittance Dr   Dept 3205			Allocated Activity or Event Year-To-Date 186954.48		
City Chicago	State IL	Zip Code 60675-3205	Date MM / DD / YYYY 06 / 21 / 2005		
Purpose of Disbursement: rent			Transaction ID: D5828		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2746.46		10331.91		13078.37

<b>B. Full Name (Last, First, Middle Initial)</b> Indianapolis Star			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 145			Allocated Activity or Event Year-To-Date 186954.48		
City Indianapolis	State IN	Zip Code 46206-0145	Date MM / DD / YYYY 06 / 21 / 2005		
Purpose of Disbursement: subscription			Transaction ID: D5830		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.30		102.70		130.00

<b>C. Full Name (Last, First, Middle Initial)</b> Dell Account			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 9020			Allocated Activity or Event Year-To-Date 186954.48		
City Des Moines	State IA	Zip Code 50368-9020	Date MM / DD / YYYY 06 / 11 / 2005		
Purpose of Disbursement: computers			Transaction ID: D5820		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.06		4.04		5.10

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2774.82		10438.65		13213.47

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 186954.48		
City Carol Stream	State IL	Zip Code 60132-0001	Date MM / DD / YYYY 06 / 21 / 2005		
Purpose of Disbursement: legal press			Transaction ID: D5832		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
95.97		361.03		457.00

<b>B. Full Name (Last, First, Middle Initial)</b> Voter Activation Network 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 54 Regent St			Allocated Activity or Event Year-To-Date 186954.48		
City Cambridge	State MA	Zip Code 02140-2112	Date MM / DD / YYYY 06 / 21 / 2005		
Purpose of Disbursement: VAN			Transaction ID: D5831		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
483.00		1817.00		2300.00

<b>C. Full Name (Last, First, Middle Initial)</b> 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 186954.48		
City Dallas	State TX	Zip Code 75266-0688	Date MM / DD / YYYY 06 / 11 / 2005		
Purpose of Disbursement: phones			Transaction ID: D5821		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.01		97.84		123.85

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
604.98		2275.87		2880.85

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 186954.48		
City Dallas	State TX	Zip Code 75266-0688	Date <input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: phones			Transaction ID: D5833		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.44		114.50		144.94

<b>B. Full Name (Last, First, Middle Initial)</b> 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 740541			Allocated Activity or Event Year-To-Date 186954.48		
City Atlanta	State GA	Zip Code 30374-0541	Date <input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: office equipment rental			Transaction ID: D5825		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
409.81		1541.65		1951.46

<b>C. Full Name (Last, First, Middle Initial)</b> SBC Ameritech			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 Bill Payment Ctr			Allocated Activity or Event Year-To-Date 186954.48		
City Chicago	State IL	Zip Code 60663-0001	Date <input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: phones			Transaction ID: D5836		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.18		38.31		48.49

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
450.43		1694.46		2144.89

**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 Ameritech  
**Mailing Address**  
Bill Payment Ctr  
City State Zip Code  
Chicago IL 60663-0001  
**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**  
186954.48  
**Date** MM / DD / YYYY  
06 / 28 / 2005  
**Transaction ID:** D5839

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
139.28		523.97		663.25

**B. Full Name (Last, First, Middle Initial)**  
SBC Capital Services  
**Mailing Address**  
13160 Collection Center Dr  
City State Zip Code  
Chicago IL 60693-0131  
**Purpose of Disbursement:**  
phone services  
**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**  
186954.48  
**Date** MM / DD / YYYY  
06 / 11 / 2005  
**Transaction ID:** D5816

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
113.76		427.95		541.71

**C. Full Name (Last, First, Middle Initial)**  
OneNation  
**Mailing Address**  
L-2099  
City State Zip Code  
Columbus OH 43260-0001  
**Purpose of Disbursement:**  
health 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**  
186954.48  
**Date** MM / DD / YYYY  
06 / 21 / 2005  
**Transaction ID:** D5829

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.50		39.50		50.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
263.54		991.42		1254.96

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 186954.48	
City	State	Zip Code	Category/ Type	
Newark	DE	19702		
Purpose of Disbursement: phone services			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 0 6 / 2 1 / 2 0 0 5	
Activity or Event Identifier: Administrative			Transaction ID: D5834	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.10		7.91		10.01

<b>B. Full Name (Last, First, Middle Initial)</b> Standard Parking			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 115 West Washington Street			Allocated Activity or Event Year-To-Date 186954.48	
City	State	Zip Code	Category/ Type	
Indianapolis	IN	46204		
Purpose of Disbursement: parking			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 0 6 / 2 8 / 2 0 0 5	
Activity or Event Identifier: Administrative			Transaction ID: D237717	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.05		82.95		105.00

<b>C. Full Name (Last, First, Middle Initial)</b> Cingular Wireless			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 10617 E Washington St			Allocated Activity or Event Year-To-Date 186954.48	
City	State	Zip Code	Category/ Type	
Indianapolis	IN	46229-2611		
Purpose of Disbursement: phones			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 0 6 / 1 1 / 2 0 0 5	
Activity or Event Identifier: Administrative			Transaction ID: D5819	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
369.00		1388.14		1757.14

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
393.15		1479.00		1872.15

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 186954.48		
City Plantation	State FL	Zip Code 33324	Date <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: delivery service			Transaction ID: D5815		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.94		11.06		14.00

<b>B. Full Name (Last, First, Middle Initial)</b> PrimePay			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 9382 Priority Way West Dr			Allocated Activity or Event Year-To-Date 186954.48		
City Indianapolis	State IN	Zip Code 46240	Date <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: payroll service			Transaction ID: D5840		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
43.13		162.27		205.40

<b>C. Full Name (Last, First, Middle Initial)</b> PrimePay			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 9382 Priority Way West Dr			Allocated Activity or Event Year-To-Date 186954.48		
City Indianapolis	State IN	Zip Code 46240	Date <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: payroll tax			Transaction ID: D237719		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.48		178.60		226.08

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
93.55		351.93		445.48

**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)**  
National City

Mailing Address  
101 W Washington St

City	State	Zip Code
Indianapolis	IN	46204

Purpose of Disbursement:  
credit card payment

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  
186954.48

Date  /  /   
**Transaction ID:** D5823

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.98		233.18		295.16

**B. Full Name (Last, First, Middle Initial)**  
Shell Oil

Mailing Address  
8924 E 116th

City	State	Zip Code
Fishers	IN	46038

Purpose of Disbursement:  
travel

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

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  
186954.48

Date  /  /   
**Transaction ID:** D6097

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.09		22.91		29.00

**C. Full Name (Last, First, Middle Initial)**  
Amoco

Mailing Address  
1850 E 151st St

City	State	Zip Code
Carmel	IN	46033-7732

Purpose of Disbursement:  
travel

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

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  
186954.48

Date  /  /   
**Transaction ID:** D6096

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.75		21.62		27.37

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.98		233.18		295.16

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Amoco			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 1850 E 151st St			Allocated Activity or Event Year-To-Date 186954.48	
City Carmel	State IN	Zip Code 46033-7732	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 06 / 10 / 2005 <b>Transaction ID:</b> D6101	
Purpose of Disbursement: travel				
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.75		21.61		27.36

<b>B. Full Name (Last, First, Middle Initial)</b> The Little Cheers			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 Main Street			Allocated Activity or Event Year-To-Date 186954.48	
City Evansville	State IN	Zip Code 47708	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 06 / 11 / 2005 <b>Transaction ID:</b> D6094	
Purpose of Disbursement: travel				
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.30		23.70		30.00

<b>C. Full Name (Last, First, Middle Initial)</b> Village Pantry			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 109 Janay Dr			Allocated Activity or Event Year-To-Date 186954.48	
City Martinsville	State IN	Zip Code 46151-6500	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 06 / 10 / 2005 <b>Transaction ID:</b> D6095	
Purpose of Disbursement: Gas				
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.33		20.04		25.37

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 3D Mart, 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 27968 St. Rt 1			Allocated Activity or Event Year-To-Date 186954.48		
City West Harrison	State IN	Zip Code 47060	Date <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: travel			Transaction ID: D6098		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.88		22.10		27.98

<b>B. Full Name (Last, First, Middle Initial)</b> Buffalo's Southwest Cafe			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 535 E Eads Pkwy			Allocated Activity or Event Year-To-Date 186954.48		
City Greendale	State IN	Zip Code 47025-8505	Date <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: travel			Transaction ID: D6099		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.79		29.29		37.08

<b>C. Full Name (Last, First, Middle Initial)</b> Whisky's Restaurant			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 334 Front St			Allocated Activity or Event Year-To-Date 186954.48		
City Lawrenceburg	State IN	Zip Code 47025-1629	Date <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: travel			Transaction ID: D6100		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.11		71.89		91.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
5304.81		19956.22		25261.03

**Image# 28992377521**

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.

Form/Schedule: **SB29**

Transaction ID: **D335844**

Fraudulent charge, see main memo text for explanation

\*\*\*\*\*

**Image# 28992377522**

Form/Schedule: **SB29**

Transaction ID: **D335845**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D335866**

Fraudulent charge, see main memo text for explanation

\*\*\*\*\*

**Image# 28992377523**

Form/Schedule: **SB29**

Transaction ID: **D335867**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D335869**

Fraudulent charge, see main memo text for explanation

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**Image# 28992377524**

Form/Schedule: **SB29**

Transaction ID: **D335920**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D336031**

Fraudulent charge, see main memo text for explanation

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**Image# 28992377525**

Form/Schedule: **SB29**

Transaction ID: **D336032**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D336033**

Fraudulent charge, see main memo text for explanation

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