

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 FARM BUREAU INC ELECT PAC INC

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

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00169722

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on _____ in the State of _____

(d) 30-Day Post -Election Report for the:

<input checked="" type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on in the State of

5. Covering Period through

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

Type or Print Name of Treasurer Elaine Rueff

Signature of Treasurer Electronically Filed by Elaine Rueff Date

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								
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
INDIANA FARM BUREAU INC ELECT PAC INC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		273505.63
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	180637.09									
(c) Total Receipts (from Line 19)	1193.46	24314.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	181830.55	297819.64								
7. Total Disbursements (from Line 31)	6528.37	122517.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	175302.18	175302.18								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	277.38									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

INDIANA FARM BUREAU INC ELECT PAC INC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	1080.62	23361.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1080.62	23361.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1080.62	23361.35
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	112.84	952.66
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1193.46	24314.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1193.46	24314.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	100.99	10990.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	100.99	10990.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	37000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	6427.38	74527.38
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	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6528.37	122517.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6528.37	122517.46

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	1080.62	23361.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1080.62	23361.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	100.99	10990.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	100.99	10990.08

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 12	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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 FARM BUREAU INC ELECT PAC INC

A.

Full Name (Last, First, Middle Initial) Farm Bureau Bank		Date of Receipt
Mailing Address 17300 Henderson Pass		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
Indianapolis	IN	46202
FEC ID number of contributing federal political committee.		Transaction ID: SA17.5060
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="112.84"/>
Occupation		interest - Oct & Nov
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="545.34"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="112.84"/>
TOTAL This Period (last page this line number only)	<input type="text" value="112.84"/>

**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 7 / 12

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

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NAME OF COMMITTEE (In Full)
INDIANA FARM BUREAU INC ELECT PAC INC

A.

Full Name (Last, First, Middle Initial)
Indiana Farm Bureau, Inc.

Transaction ID: SB21B.5075
Date of Disbursement

Mailing Address P.O. Box 1290

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

City Indianapolis State IN Zip Code 46206

Amount of Each Disbursement this Period

100.99

Purpose of Disbursement
reimburse district meetings exp.

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

100.99

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

100.99

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDIANA FARM BUREAU INC ELECT PAC INC

A.	Full Name (Last, First, Middle Initial) Comm. to Elect Bob Deig	Transaction ID: SB29.5067 Date of Disbursement
	Mailing Address 7021 Carson School Road	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Mount Vernon State IN Zip Code 47620	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Crawford Committee	Transaction ID: SB29.5066 Date of Disbursement
	Mailing Address P.O. Box 18446	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Indianapolis State IN Zip Code 46218	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Greg Porter for St Rep District 96	Transaction ID: SB29.5073 Date of Disbursement
	Mailing Address 3614 N. Pennsylvania St	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Indianapolis State IN Zip Code 46205	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDIANA FARM BUREAU INC ELECT PAC INC

A. Full Name (Last, First, Middle Initial) Hoosiers for Scott Pelath <hr/> Mailing Address 1824 Manhattan St <hr/> City Michigan City State IN Zip Code 46360 <hr/> Purpose of Disbursement contribution 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: SB29.5071 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	Category/ Type
	(Empty box)
B. Full Name (Last, First, Middle Initial) Klinker for State Rep. Comm. <hr/> Mailing Address P.O. Box 945 <hr/> City Lafayette State IN Zip Code 47902 <hr/> Purpose of Disbursement contribution 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: SB29.5068 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	(Empty box)
C. Full Name (Last, First, Middle Initial) Knollman for District 55 Committee <hr/> Mailing Address 5549 CR 225 North <hr/> City Liberty State IN Zip Code 47353 <hr/> Purpose of Disbursement contribution 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: SB29.5069 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	(Empty box)

SUBTOTAL of Disbursements This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 12

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

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NAME OF COMMITTEE (In Full)
INDIANA FARM BUREAU INC ELECT PAC INC

A.	Full Name (Last, First, Middle Initial) Pat Bauer for State Rep. Committee Mailing Address 1306 Sunnymede City South Bend State IN Zip Code 46615 Purpose of Disbursement contribution 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: SB29.5065 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) Richardson for State Rep. Mailing Address 1363 Grant Street City Noblesville State IN Zip Code 46060 Purpose of Disbursement contribution 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: SB29.5064 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 300.00
C.	Full Name (Last, First, Middle Initial) Russ Stilwell for State Rep. Mailing Address 1533 Houston Road City Boonville State IN Zip Code 47601 Purpose of Disbursement contribution 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: SB29.5062 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)		2300.00	
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)

PAGE 11 / 12

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

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NAME OF COMMITTEE (In Full)
INDIANA FARM BUREAU INC ELECT PAC INC

A.	Full Name (Last, First, Middle Initial) Steven R Stemler Election Comm Mailing Address 1001 Penn Street City Jeffersonville State IN Zip Code 47130 Purpose of Disbursement 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: SB29.5063 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 300.00
B.	Full Name (Last, First, Middle Initial) The Foley Campaign Mailing Address P.O. Box 1435 City Martinsville State IN Zip Code 46151 Purpose of Disbursement contribution 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: SB29.5070 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) United Farm Family Mutual Ins. Mailing Address 225 S. East Street City Indianapolis State IN Zip Code 46202-4056 Purpose of Disbursement mailing done for state representative candidate Candidate Name Reske for State Representative 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: SB29.5078 Date of Disbursement 11 / 22 / 2010 Amount of Each Disbursement this Period 277.38

SUBTOTAL of Disbursements This Page (optional) ▶	1077.38
TOTAL This Period (last page this line number only) ▶	6427.38

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 / 12	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
INDIANA FARM BUREAU INC ELECT PAC INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Reske For State Representative			Nature of Debt (Purpose): mailing done for state candidate
Mailing Address 141 E. Madison Avenue			
City Pendleton	State IN	ZIP Code 46064	

Outstanding Balance Beginning This Period		Transaction ID: SD9.5076	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
277.38	0.00	277.38	

1) SUBTOTALS This Period This Page (optional).....	▶	277.38
2) TOTALS This Period (last page this line number only).....	▶	277.38
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	277.38