

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 C00169722 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 07 01 2008 through 09 30 2008

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 11 12 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.

Table with 8 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		238273.99
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	235601.85									
(c) Total Receipts (from Line 19) .....	8818.23	27039.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	244420.08	265313.17								
7. Total Disbursements (from Line 31) .....	57870.45	78763.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	186549.63	186549.63								
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 FARM BUREAU INC ELECT PAC INC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	0.00	0.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	7793.86	22987.52
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7793.86	22987.52
(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) .....	7793.86	22987.52
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.) .....	1024.37	4051.66
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)) .....	8818.23	27039.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8818.23	27039.18

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	4270.45	10663.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4270.45	10663.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	27000.00	28000.00
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.....	26600.00	40100.00
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))..	57870.45	78763.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57870.45	78763.54

**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) .....	7793.86	22987.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7793.86	22987.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4270.45	10663.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4270.45	10663.54

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20  
(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 FARM BUREAU INC ELECT PAC INC

**A.** Full Name (Last, First, Middle Initial)  
Farm Bureau Bank

Mailing Address 17300 Henderson Pass

City State Zip Code  
Indianapolis IN 46202

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1509.21

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

**Transaction ID:** SA17.4725

Amount of Each Receipt this Period  
430.77

interest

**B.** Full Name (Last, First, Middle Initial)  
Fifth Third Bank

Mailing Address 251 N. Illinois Ste 1000

City State Zip Code  
Indianapolis IN 46202

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1082.09

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

**Transaction ID:** SA17.4726

Amount of Each Receipt this Period  
140.63

interest

**C.** Full Name (Last, First, Middle Initial)  
Hoosier Farm Bureau Credit Union

Mailing Address 225 S. East Street

City State Zip Code  
Indianapolis IN 46202

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1460.36

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

**Transaction ID:** SA17.4727

Amount of Each Receipt this Period  
452.97

interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1024.37</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1024.37</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AgrlInstitute Mailing Address 72 1/2 W. Main Street City Danville State IN Zip Code 46122 Purpose of Disbursement sponsor Lt Governor debate 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: SB21B.4645 Date of Disbursement 08 / 28 / 2008 Amount of Each Disbursement this Period 2500.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Tom Byers Mailing Address 10413 W 800 S City Brookston State IN Zip Code 47923 Purpose of Disbursement per diem / mileage 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: SB21B.4661 Date of Disbursement 07 / 17 / 2008 Amount of Each Disbursement this Period 130.00 Category/Type
C.	Full Name (Last, First, Middle Initial) David Flinn Mailing Address 788 Hidden Falls Camp Rd City Bedford State IN Zip Code 47421 Purpose of Disbursement per diem and mileage 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: SB21B.4646 Date of Disbursement 07 / 17 / 2008 Amount of Each Disbursement this Period 140.00 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2770.00
<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 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.4650 Date of Disbursement
	Mailing Address P.O. Box 1290	<input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Indianapolis State IN Zip Code 46206	Amount of Each Disbursement this Period
	Purpose of Disbursement office supplies - Arvey	<input type="text" value="111.19"/>
	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) Indiana Farm Bureau, Inc.	Transaction ID: SB21B.4651 Date of Disbursement
	Mailing Address P.O. Box 1290	<input type="text" value="08"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Indianapolis State IN Zip Code 46206	Amount of Each Disbursement this Period
	Purpose of Disbursement Sec of State Business entity report	<input type="text" value="7.14"/>
	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) Indiana Farm Bureau, Inc.	Transaction ID: SB21B.4652 Date of Disbursement
	Mailing Address P.O. Box 1290	<input type="text" value="09"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Indianapolis State IN Zip Code 46206	Amount of Each Disbursement this Period
	Purpose of Disbursement district committee meeting food	<input type="text" value="247.09"/>
	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) .....	<input type="text" value="365.42"/>
<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)

<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.4653  
Date of Disbursement

Mailing Address P.O. Box 1290

/   /

City Indianapolis State IN Zip Code 46206

Amount of Each Disbursement this Period

Purpose of Disbursement  
district committee meeting expenses  
Candidate Name

Category/  
Type

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

B.

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

Transaction ID: SB21B.4654  
Date of Disbursement

Mailing Address P.O. Box 1290

/   /

City Indianapolis State IN Zip Code 46206

Amount of Each Disbursement this Period

Purpose of Disbursement  
postage  
Candidate Name

Category/  
Type

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

C.

Full Name (Last, First, Middle Initial)  
Knights of Columbus

Transaction ID: SB21B.4659  
Date of Disbursement

Mailing Address 1460 N. Gardner Street

/   /

City Scottsburg State IN Zip Code 47170

Amount of Each Disbursement this Period

Purpose of Disbursement  
room rental  
Candidate Name

Category/  
Type

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

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Joe Russell	Transaction ID: SB21B.4655 Date of Disbursement 07 / 17 / 2008
	Mailing Address 3101 E. 700 North	Amount of Each Disbursement this Period 120.00
	City Muncie State IN Zip Code 47303	
	Purpose of Disbursement per diem and mileage 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) United Farm Family Mutual Ins.	Transaction ID: SB21B.4663 Date of Disbursement 08 / 18 / 2008
	Mailing Address 225 S. East Street	Amount of Each Disbursement this Period 90.27
	City Indianapolis State IN Zip Code 46202-4056	
	Purpose of Disbursement postage 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) Fred Walker	Transaction ID: SB21B.4647 Date of Disbursement 07 / 17 / 2008
	Mailing Address 2459 E. 300 North	Amount of Each Disbursement this Period 140.00
	City Hartford City State IN Zip Code 47348	
	Purpose of Disbursement per diem and mileage 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) .....	▶	350.27
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3991.95

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ELLSWORTH FOR CONGRESS COMMITTEE	Transaction ID: SB23.4669 Date of Disbursement 08 / 08 / 2008
	Mailing Address P.O. Box 62	Amount of Each Disbursement this Period 5000.00
	City Evansville State IN Zip Code 47701	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS	Transaction ID: SB23.4665 Date of Disbursement 09 / 23 / 2008
	Mailing Address 200 North Main St. P.O. Box 712	Amount of Each Disbursement this Period 5000.00
	City Monticello State IN Zip Code 47960	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOE DONNELLY FOR CONGRESS	Transaction ID: SB23.4671 Date of Disbursement 08 / 08 / 2008
	Mailing Address PO Box 1961	Amount of Each Disbursement this Period 5000.00
	City South Bend State IN Zip Code 46634	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) MIKE PENCE COMMITTEE	Transaction ID: SB23.4673 Date of Disbursement 09 / 23 / 2008
	Mailing Address P. O. Box 408	Amount of Each Disbursement this Period 5000.00
	City Anderson State IN Zip Code 46015	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.	Transaction ID: SB23.4675 Date of Disbursement 09 / 23 / 2008
	Mailing Address P.O. BOX 40233	Amount of Each Disbursement this Period 5000.00
	City FORT WAYNE State IN Zip Code 46804	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) VISCLOSKY FOR CONGRESS	Transaction ID: SB23.4677 Date of Disbursement 08 / 08 / 2008
	Mailing Address P.O. Box 10003	Amount of Each Disbursement this Period 2000.00
	City Merrillville State IN Zip Code 46411	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

12000.00

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

27000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Battles for State Rep.	Transaction ID: SB29.4679 Date of Disbursement
	Mailing Address 2712 Peach Tree Terrace	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="2008"/> <input type="text" value="2008"/>
	City Vincennes State IN Zip Code 47591	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	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) Battles for State Rep.	Transaction ID: SB29.4717 Date of Disbursement
	Mailing Address 2712 Peach Tree Terrace	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="2008"/> <input type="text" value="2008"/>
	City Vincennes State IN Zip Code 47591	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Beverly Gard for State Senate	Transaction ID: SB29.4681 Date of Disbursement
	Mailing Address 3660 N. 50 East	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="2008"/> <input type="text" value="2008"/>
	City Greenfield State IN Zip Code 46140	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	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) .....	<input type="text" value="3000.00"/>
<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)

<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) Beverly Gard for State Senate	Transaction ID: SB29.4715 Date of Disbursement
	Mailing Address 3660 N. 50 East	<input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Greenfield State IN Zip Code 46140	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Charbonneau for Senate	Transaction ID: SB29.4683 Date of Disbursement
	Mailing Address P.O. Box 30	<input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Valparaiso State IN Zip Code 46384	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens for Bischoff	Transaction ID: SB29.4685 Date of Disbursement
	Mailing Address 1137 Carroll Road	<input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Lawrenceburg State IN Zip Code 47025	Amount of Each Disbursement this Period
	Purpose of Disbursement	<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
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<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)

<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) Citizens for Jeff Thompson	Transaction ID: SB29.4687 Date of Disbursement
	Mailing Address 6001 North State Rd. 39	<input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Lizton State IN Zip Code 46149	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	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) Comm. to Elect Terri Austin	Transaction ID: SB29.4691 Date of Disbursement
	Mailing Address 1030 W. Riverview Drive	<input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Anderson State IN Zip Code 46011	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	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) Comm to Re-Elect Richard Young	Transaction ID: SB29.4731 Date of Disbursement
	Mailing Address 10347 E. Daugherty Lane	<input type="text" value="08"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Milltown State IN Zip Code 47145	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 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) .....	<input type="text" value="1500.00"/>
<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)

<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) David Long for State Senate Mailing Address P.O. Box 12411 City Ft. Wayne State IN Zip Code 46863 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: SB29.4693 Date of Disbursement 09 / 16 / 2008	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Deig For Senate Committee Mailing Address 7130 Carson School Road City Mount Vernon State IN Zip Code 47620 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: SB29.4695 Date of Disbursement 08 / 04 / 2008	Amount of Each Disbursement this Period 600.00
C.	Full Name (Last, First, Middle Initial) Friends of Don Lehe Mailing Address Box 231 City Brookston State IN Zip Code 47923 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: SB29.4697 Date of Disbursement 07 / 29 / 2008	Amount of Each Disbursement this Period 3000.00

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

4600.00

**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 17 / 20

<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) Goodin for State Rep. Comm.	Transaction ID: SB29.4699 Date of Disbursement 07 / 29 / 2008
	Mailing Address P.O. Box 37	Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) Grubb for State Representative	Transaction ID: SB29.4701 Date of Disbursement 07 / 29 / 2008
	Mailing Address P.O. Box 9	Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Jean Leising for State Senate	Transaction ID: SB29.4703 Date of Disbursement 09 / 11 / 2008
	Mailing Address 5268 Stockpile Road	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) John Burger for State Representative</p> <p>Mailing Address 1310 Valley View Drive</p> <p>City jasper State IN Zip Code 47546</p> <p>Purpose of Disbursement contribution</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> SB29.4705</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nancy Michael for St Rep D44</p> <p>Mailing Address 330 Highfall Avenue</p> <p>City Greencastle State IN Zip Code 46135</p> <p>Purpose of Disbursement</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> SB29.4707</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Randy Head for State Senate Committee</p> <p>Mailing Address 5003 Waterbury Ct.</p> <p>City Logansport State IN Zip Code 46947</p> <p>Purpose of Disbursement</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> SB29.4709</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 20

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Rep. Welch Re-Election Comm. <hr/> Mailing Address 2802 St. Remy Circle <hr/> City Bloomington State IN Zip Code 47401 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.4711 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text"/> 500.00
	Category/ Type <input type="text"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Reske For State Representative <hr/> Mailing Address 141 E. Madison Avenue <hr/> City Pendleton State IN Zip Code 46064 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.4713 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text"/> 500.00
	Category/ Type <input type="text"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Steven R Stemler Election Comm <hr/> Mailing Address 1001 Penn Street <hr/> City Jeffersonville State IN Zip Code 47130 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.4719 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text"/> 500.00
	Category/ Type <input type="text"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<input type="text"/> 1500.00
<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 / 20

<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)  
Stutzman for State Representative

Transaction ID: SB29.4689

Date of Disbursement

Mailing Address 250 W. 600 North

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

City Howe State IN Zip Code 46746

Amount of Each Disbursement this Period

3000.00
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Purpose of Disbursement

Category/ Type
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Candidate Name  
Stutzman for State Representative

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

State: District:

B.

Full Name (Last, First, Middle Initial)  
Vi Simpson for State Senate

Transaction ID: SB29.4721

Date of Disbursement

Mailing Address 4965 W. Woodward Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

City Bloomington State IN Zip Code 47404

Amount of Each Disbursement this Period

500.00
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Purpose of Disbursement  
contribution

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

Candidate Name

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

State: District:

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

3500.00
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TOTAL This Period (last page this line number only) ..... ►

26600.00
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