

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** 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 Year-End 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 (12S)  
Election on M M / D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Rueff, Elaine, , ,  
Type or Print Name of Treasurer

Signature of Treasurer Rueff, Elaine, , , [Electronically Filed] Date 10 / 06 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**INDIANA FARM BUREAU INC ELECT PAC INC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		148356.04
(b) Cash on Hand at Beginning of Reporting Period.....	120527.35	
(c) Total Receipts (from Line 19) .....	3569.86	14046.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	124097.21	162402.49
7. Total Disbursements (from Line 31).....	86308.39	124613.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37788.82	37788.82
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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	800.00
(ii) Unitemized .....	3532.10	13095.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3532.10	13895.52
(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) .....	3532.10	13895.52
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.).....	37.76	150.93
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3569.86	14046.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3569.86	14046.45

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4308.39	17112.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4308.39	17112.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	28500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	1.00
(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	1.00
29. Other Disbursements (Including Non-Federal Donations).....	59500.00	79000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	86308.39	124613.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86308.39	124613.67

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3532.10	13895.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3532.10	13894.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4308.39	17112.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4308.39	17112.67

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Aramark**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2016

Mailing Address Aramark Chicago Lockbox  
27310 Network Place

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.6303**  
Amount of Each Disbursement this Period  
[ ] 49.87

City Chicago State IL Zip Code 60673-1273

Purpose of Disbursement meeting expense

[ ]  
Category/  
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aramark**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2016

Mailing Address Aramark Chicago Lockbox  
27310 Network Place

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.6304**  
Amount of Each Disbursement this Period  
[ ] 107.63

City Chicago State IL Zip Code 60673-1273

Purpose of Disbursement meeting expense

[ ]  
Category/  
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. District 3 Indiana Farm Bureau**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2016

Mailing Address 3700 N CR 130 West

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.6306**  
Amount of Each Disbursement this Period  
[ ] 775.00

City Frankfort State IN Zip Code 46041

Purpose of Disbursement meeting expense

[ ]  
Category/  
Type

Candidate Name

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

Memo Item

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

[ ] 932.50

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

[ ]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6303

6867

Form/Schedule: SB21B

Transaction ID: SB21B.6304

6867

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6306

6868

Form/Schedule:

Transaction ID:



**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Fleenor, Christopher, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016	
Mailing Address P.O. Box 100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6289</b> Amount of Each Disbursement this Period [REDACTED] 136.00	
City Hardinsburg	State IN	Zip Code 47125	Category/ Type [REDACTED]
Purpose of Disbursement per diem and mileage		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Fleenor, Christopher, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016	
Mailing Address P.O. Box 100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6290</b> Amount of Each Disbursement this Period [REDACTED] 171.00	
City Hardinsburg	State IN	Zip Code 47125	Category/ Type [REDACTED]
Purpose of Disbursement per diem and mileage		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Gish, Jennifer, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2016	
Mailing Address 8811 US Highway 41A N		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6283</b> Amount of Each Disbursement this Period [REDACTED] 110.92	
City Sebree	State KY	Zip Code 42455	Category/ Type [REDACTED]
Purpose of Disbursement meeting expense reimbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 417.92
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6289

6860

Form/Schedule: SB21B

Transaction ID: SB21B.6290

6860

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6283

6856

Form/Schedule:

Transaction ID:

**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"/> 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. Hines, Allison, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4950 S 150 E

City Columbus State IN Zip Code 47201

Purpose of Disbursement meeting expense reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 06 / 2016

FEC Identification Number C

Transaction ID : SB21B.6279

Amount of Each Disbursement this Period 277.04

Memo Item

**B. Hoar, David, L, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1242 N Campbellsburg Livnoia

City Campbellsburg State IN Zip Code 47108

Purpose of Disbursement per diem and mileage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 25 / 2016

FEC Identification Number C

Transaction ID : SB21B.6291

Amount of Each Disbursement this Period 170.00

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1290

City Indianapolis State IN Zip Code 46206-1290

Purpose of Disbursement postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 26 / 2016

FEC Identification Number C

Transaction ID : SB21B.6307

Amount of Each Disbursement this Period 266.00

Memo Item

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

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

713.04

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6279

6854

Form/Schedule: SB21B

Transaction ID: SB21B.6291

6861

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6307

A726

Form/Schedule:

Transaction ID:

**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"/> 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. Indiana Farm Bureau, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1290

City Indianapolis State IN Zip Code 46206-1290

Purpose of Disbursement meeting expense

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6308

Amount of Each Disbursement this Period: 198.84

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1290

City Indianapolis State IN Zip Code 46206-1290

Purpose of Disbursement check order

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 23 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6309

Amount of Each Disbursement this Period: 42.45

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1290

City Indianapolis State IN Zip Code 46206-1290

Purpose of Disbursement meeting expense

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6310

Amount of Each Disbursement this Period: 14.57

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 255.86

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6308

ACH816

Form/Schedule: SB21B

Transaction ID: SB21B.6309

ACH823



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6310

ACH825

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

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

Mailing Address P.O. Box 1290

City Indianapolis State IN Zip Code 46206-1290

Purpose of Disbursement  
postage

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.6311**  
Amount of Each Disbursement this Period  
283.01

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kelley, Rick, , ,**

Mailing Address 98 Artist Drive

City Nashville State IN Zip Code 47448-8101

Purpose of Disbursement  
per diem and mileage

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.6293**  
Amount of Each Disbursement this Period  
99.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Milligan, Tom, , ,**

Mailing Address PO Box 1369

City Dana State IN Zip Code 47847-1369

Purpose of Disbursement  
per diem and mileage

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.6294**  
Amount of Each Disbursement this Period  
125.00

Memo Item

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

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

507.01

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6311

ACH921

Form/Schedule: SB21B

Transaction ID: SB21B.6293

6862

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6294

6863

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Newsom, John, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016
Mailing Address 8689 6th Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6301</b> Amount of Each Disbursement this Period [ ] 52.67
City Plymouth	State IN	Zip Code 46563
Purpose of Disbursement meeting expense reimbursement		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Ponsler, Brad, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2016
Mailing Address 8195 N 300 WEST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6286</b> Amount of Each Disbursement this Period [ ] 103.56
City North Vernon	State IN	Zip Code 47265
Purpose of Disbursement meeting expense reimbursement		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Ruhlman, Laura, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2016
Mailing Address PO Box 3444		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6281</b> Amount of Each Disbursement this Period [ ] 339.14
City Bloomington	State IN	Zip Code 47402
Purpose of Disbursement meeting expense reimbursement		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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 495.37
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6301

6870

Form/Schedule: SB21B

Transaction ID: SB21B.6286

6858

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6281

6855

Form/Schedule:

Transaction ID:

**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"/> 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

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. Scarborough, Denise, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 21634 S 600 West

City La Crosse State IN Zip Code 46348

Purpose of Disbursement per diem and mileage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6295

Amount of Each Disbursement this Period: 203.00

Memo Item

**B. Scarborough, Denise, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 21634 S 600 West

City La Crosse State IN Zip Code 46348

Purpose of Disbursement per diem and mileage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6296

Amount of Each Disbursement this Period: 181.00

Memo Item

**C. Walker, Fred, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2459 E. 300 North

City Hartford City State IN Zip Code 47348

Purpose of Disbursement per diem and mileage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6297

Amount of Each Disbursement this Period: 145.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 529.00

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



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6295

6864

Form/Schedule: SB21B

Transaction ID: SB21B.6296

6864

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6297

6865

Form/Schedule:

Transaction ID:

**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"/> 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. Wallpe, Lana, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1638 W 200 South

City Fowler State IN Zip Code 47944-8394

Purpose of Disbursement per diem and mileage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6299

Amount of Each Disbursement this Period: 180.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4030.70

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6299

6866

Form/Schedule:

Transaction ID:

**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"/> 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. Bucshon for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement contribution

Candidate Name  
**Bucshon for Congress**

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

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 30 / 2016

FEC Identification Number: C00468256  
**Transaction ID : SB23.6314**  
Amount of Each Disbursement this Period: 3000.00

Memo Item

**B. FRIENDS OF SUSAN BROOKS**

Full Name (Last, First, Middle Initial)  
Mailing Address 9425 N MERIDIAN ST # 237

City INDIANAPOLIS State IN Zip Code 46260

Purpose of Disbursement contribution

Candidate Name  
**FRIENDS OF SUSAN BROOKS**

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

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 30 / 2016

FEC Identification Number: C00500207  
**Transaction ID : SB23.6315**  
Amount of Each Disbursement this Period: 3000.00

Memo Item

**C. HOOSIERS FOR ROKITA, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address 5802 OAK AVENUE

City INDIANAPOLIS State IN Zip Code 46219

Purpose of Disbursement contribution

Candidate Name  
**HOOSIERS FOR ROKITA, INC.**

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

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C00476192  
**Transaction ID : SB23.6317**  
Amount of Each Disbursement this Period: 3000.00

Memo Item

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

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

9000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.6314

6953

Form/Schedule: SB23

Transaction ID: SB23.6315

6952

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.6317

6949

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A. JIM BANKS FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2016

Mailing Address P.O. BOX 11431

City FORT WAYNE State IN Zip Code 46858

FEC Identification Number

**C** C00577999

**Transaction ID : SB23.6319**

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement contribution

Category/Type

Candidate Name

**JIM BANKS FOR CONGRESS, INC.**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: IN District: 03

Memo Item

Full Name (Last, First, Middle Initial)  
**B. LUKE MESSER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2016

Mailing Address PO BOX 917

City SHELBYVILLE State IN Zip Code 46176

FEC Identification Number

**C** C00460667

**Transaction ID : SB23.6320**

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement contribution

Category/Type

Candidate Name

**LUKE MESSER FOR CONGRESS**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: IN District: 06

Memo Item

Full Name (Last, First, Middle Initial)  
**C. TREY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2016

Mailing Address PO BOX 421

City JEFFERSONVILLE State IN Zip Code 47130

FEC Identification Number

**C** C00590463

**Transaction ID : SB23.6322**

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement contribution

Category/Type

Candidate Name

**TREY FOR CONGRESS**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: IN District: 09

Memo Item

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

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

9000.00



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.6319

6950

Form/Schedule: SB23

Transaction ID: SB23.6320

6960

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.6322

6956

Form/Schedule:

Transaction ID:

**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"/> 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. Visclosky for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 10003

City Merrillville State IN Zip Code 46411

Purpose of Disbursement contribution

Candidate Name  
**Visclosky for Congress**

Office Sought:  House  Senate  President  
State: IN District: 01

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 30 / 2016

FEC Identification Number: C00166504  
**Transaction ID : SB23.6324**

Amount of Each Disbursement this Period: 1500.00

Memo Item

**B. Walorski for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546-0954

Purpose of Disbursement contribution

Candidate Name  
**WALORSKI FOR CONGRESS INC**

Office Sought:  House  Senate  President  
State: IN District: 02

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 30 / 2016

FEC Identification Number: C00468579  
**Transaction ID : SB23.6325**

Amount of Each Disbursement this Period: 3000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

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

4500.00

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

22500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.6324

6964

Form/Schedule: SB23

Transaction ID: SB23.6325

6965

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Bill Friend for State Rep.</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 3340 W 900 N		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6327</b> Amount of Each Disbursement this Period 1000.00	
City Macy	State IN	Zip Code 46951	Category/ Type
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Bob Heaton for State Rep. Comm</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address PO Box 9629		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6328</b> Amount of Each Disbursement this Period 500.00	
City Terre Haute	State IN	Zip Code 47808	Category/ Type
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Charbonneau for Senate</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2016	
Mailing Address P.O. Box 30		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6329</b> Amount of Each Disbursement this Period 1000.00	
City Valparaiso	State IN	Zip Code 46384	Category/ Type
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6327

6899

Form/Schedule: SB29

Transaction ID: SB29.6328

6904

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6329

6872

Form/Schedule:

Transaction ID:

**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"/> 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. Christopher Judy for State Representative**

Full Name (Last, First, Middle Initial)

Mailing Address 12135 Glen Lake Drive

City Fort Wayne State IN Zip Code 46814

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6331

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Cindy for State House Comm.**

Full Name (Last, First, Middle Initial)

Mailing Address 1208 Timbrook Lane

City Beech Grove State IN Zip Code 46107

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6332

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. Cit. Mara Candelarie Reardon**

Full Name (Last, First, Middle Initial)

Mailing Address 1336 Fran-Lin Parkway

City Munster State IN Zip Code 46321

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6334

Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1500.00

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



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6331

6910

Form/Schedule: SB29

Transaction ID: SB29.6332

6913

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6334

6933

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Citizens for Buck**

Mailing Address 4407 McKibben Drive

City Kokomo State IN Zip Code 46902

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C

Transaction ID : SB29.6335

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Crider**

Mailing Address 716 N 800 East

City Greenfield State IN Zip Code 46140

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C

Transaction ID : SB29.6337

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for Dave Heine**

Mailing Address PO Box 2

City New Haven State IN Zip Code 46774

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C

Transaction ID : SB29.6339

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

1500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6335

6885

Form/Schedule: SB29

Transaction ID: SB29.6337

6890

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6339

6905

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Citizens for Jeff Thompson</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016
Mailing Address 6001 North State Rd. 39		FEC Identification Number C [ ] <b>Transaction ID : SB29.6340</b>
City Lizton	State IN	Zip Code 46149
Purpose of Disbursement contribution		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Citizens for Merritt</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016
Mailing Address 4134 N. Illinois		FEC Identification Number C [ ] <b>Transaction ID : SB29.6341</b>
City Indianapolis	State IN	Zip Code 46208
Purpose of Disbursement contribution		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Citizens for Tim Brown</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016
Mailing Address PO Box 861		FEC Identification Number C [ ] <b>Transaction ID : SB29.6342</b>
City Crawfordsville	State IN	Zip Code 47933
Purpose of Disbursement contribution		Amount of Each Disbursement this Period [ ] 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 <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6340

6942

Form/Schedule: SB29

Transaction ID: SB29.6341

6924

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6342

6884

Form/Schedule:

Transaction ID:



**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Citizens for Wolkins Committee</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 1528 N 175 East		FEC Identification Number C [ ] <b>Transaction ID : SB29.6344</b> Amount of Each Disbursement this Period [ ] 500.00	
City Warsaw	State IN	Zip Code 46582	Category/ Type [ ]
Purpose of Disbursement contribution		Candidate Name	
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:			

Full Name (Last, First, Middle Initial) <b>B. Comm. to Elect Cherrish Pryor</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 4667 Falcon Run Way		FEC Identification Number C [ ] <b>Transaction ID : SB29.6350</b> Amount of Each Disbursement this Period [ ] 750.00	
City Indianapolis	State IN	Zip Code 46254	Category/ Type [ ]
Purpose of Disbursement contribution		Candidate Name	
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:			

Full Name (Last, First, Middle Initial) <b>C. Comm. to Elect Jim Baird</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2016	
Mailing Address PO Box 203		FEC Identification Number C [ ] <b>Transaction ID : SB29.6352</b> Amount of Each Disbursement this Period [ ] 500.00	
City Greencastle	State IN	Zip Code 46135	Category/ Type [ ]
Purpose of Disbursement contribution		Candidate Name	
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).....▶	[ ] 1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6344

6947

Form/Schedule: SB29

Transaction ID: SB29.6350

6932

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6352

6871

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Comm. to Elect Randy Head</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 5003 Waterbury Ct.		FEC Identification Number C [ ] <b>Transaction ID : SB29.6353</b> Amount of Each Disbursement this Period [ ] 750.00	
City Logansport	State IN	Zip Code 46947	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Comm. to Elect Sean Eberhart</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 2744 E. Michigan Rd.		FEC Identification Number C [ ] <b>Transaction ID : SB29.6354</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Shelbyville	State IN	Zip Code 46176	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Comm. to Elect Terri Austin</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 1030 W. Riverview Drive		FEC Identification Number C [ ] <b>Transaction ID : SB29.6355</b> Amount of Each Disbursement this Period [ ] 500.00	
City Anderson	State IN	Zip Code 46011	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	[ ] 2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6353

6903

Form/Schedule: SB29

Transaction ID: SB29.6354

6893

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6355

6874

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Comm. to Elect Tim Lanane</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 34 West 8th Street		FEC Identification Number C [ ] <b>Transaction ID : SB29.6356</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Anderson	State IN	Zip Code 46016	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Ben Smaltz</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 302 Hunters Ridge		FEC Identification Number C [ ] <b>Transaction ID : SB29.6357</b> Amount of Each Disbursement this Period [ ] 500.00	
City Auburn	State IN	Zip Code 46706	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Bob Cherry</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 3118 E 100 S		FEC Identification Number C [ ] <b>Transaction ID : SB29.6359</b> Amount of Each Disbursement this Period [ ] 1500.00	
City Greenfield	State IN	Zip Code 46140	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6356

6915

Form/Schedule: SB29

Transaction ID: SB29.6357

6935



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6359

6887

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Bohacek for Senate**

Mailing Address 220 Pokagen Trail

City Michiana Shores State IN Zip Code 46360

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6361  
Amount of Each Disbursement this Period  
750.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Brian Bosma**

Mailing Address P.O. Box 122

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6363  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Brian Bosma**

Mailing Address P.O. Box 122

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6364  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

2750.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6361

6879

Form/Schedule: SB29

Transaction ID: SB29.6363

6881

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6364

6951

Form/Schedule:

Transaction ID:

**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"/> 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. Committee to Elect Chris May for State Rep. for St Representative District 65**

Full Name (Last, First, Middle Initial)

Mailing Address 125 Rockwood Drive

City Bedford State IN Zip Code 47421

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6366

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Committee to Elect Hal Slager**

Full Name (Last, First, Middle Initial)

Mailing Address 1020 Woodhollow Drive

City Schererville State IN Zip Code 46375

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6367

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. Committee to Elect Holli Sullivan**

Full Name (Last, First, Middle Initial)

Mailing Address 446 Beringer Drive

City Evansville State IN Zip Code 47711

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6369

Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1500.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6366

6920

Form/Schedule: SB29

Transaction ID: SB29.6367

6934

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6369

6940

Form/Schedule:

Transaction ID:

**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"/> 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. Committee to Elect Mark Stoops**

Full Name (Last, First, Middle Initial)

Mailing Address 4425 N Old St Rd 37

City Bloomington State IN Zip Code 47408

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6371  
Amount of Each Disbursement this Period  
500.00

Memo Item

**B. Committee to Elect Melanie Wright St Representative District 35**

Full Name (Last, First, Middle Initial)

Mailing Address 8001 W Cornbread Road

City Yorktown State IN Zip Code 47396

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6373  
Amount of Each Disbursement this Period  
500.00

Memo Item

**C. Committee to Elect Shelli VanDenburgh**

Full Name (Last, First, Middle Initial)

Mailing Address 6415 W 109th Avenue

City Crown Point State IN Zip Code 46307

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6375  
Amount of Each Disbursement this Period  
500.00

Memo Item

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

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

1500.00



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6371

6939

Form/Schedule: SB29

Transaction ID: SB29.6373

6948

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6375

6943

Form/Schedule:

Transaction ID:

**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"/> 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. Comm to Elect Heath VanNatter**

Full Name (Last, First, Middle Initial)

Mailing Address 2709 Seattle Slew Lane

City Kokomo State IN Zip Code 46901

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6346

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Comm to Elect Karen Engleman State Rep District 70**

Full Name (Last, First, Middle Initial)

Mailing Address 7595 Engleman Road NW

City Georgetown State IN Zip Code 47122

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6348

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. Comm to Elt Michael Aylesworth**

Full Name (Last, First, Middle Initial)

Mailing Address PO Bos 451

City Hebron State IN Zip Code 46341

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6349

Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1500.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6346

6944

Form/Schedule: SB29

Transaction ID: SB29.6348

6896

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6349

6875

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Curt Nisly for State Representative**

Mailing Address PO Box 2074

City Warsaw State IN Zip Code 46581

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6377  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. David Long for State Senate**

Mailing Address 7100 W. Jefferson Blvd.

City Fort Wayne State IN Zip Code 46863

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6378  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. David Long for State Senate**

Mailing Address 7100 W. Jefferson Blvd.

City Fort Wayne State IN Zip Code 46863

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6379  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

2500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6377

6928

Form/Schedule: SB29

Transaction ID: SB29.6378

6919

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6379

6959

Form/Schedule:

Transaction ID:



**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. David Niezgodski for Senate District 10</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016
Mailing Address 4942 Scenic Drive		FEC Identification Number C [ ] <b>Transaction ID : SB29.6381</b> Amount of Each Disbursement this Period [ ] 750.00
City South Bend	State IN	Zip Code 46619
Purpose of Disbursement contribution		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Donna Schaibley for State Representative</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016
Mailing Address 11492 St Andrews Lane		FEC Identification Number C [ ] <b>Transaction ID : SB29.6382</b> Amount of Each Disbursement this Period [ ] 500.00
City Carmel	State IN	Zip Code 46032
Purpose of Disbursement contribution		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Doriot for Senate</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016
Mailing Address PO Box 465		FEC Identification Number C [ ] <b>Transaction ID : SB29.6383</b> Amount of Each Disbursement this Period [ ] 500.00
City New Paris	State IN	Zip Code 46553
Purpose of Disbursement contribution		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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6381

6927

Form/Schedule: SB29

Transaction ID: SB29.6382

6962

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6383

6892

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Ed Clere for State Repres.</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address PO Box 1145		FEC Identification Number C [ ] <b>Transaction ID : SB29.6385</b> Amount of Each Disbursement this Period [ ] 500.00	
City New Albany	State IN	Zip Code 47151	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Elect Luke Kenley</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address P.O. Box 809		FEC Identification Number C [ ] <b>Transaction ID : SB29.6386</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Noblesville	State IN	Zip Code 46061	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Eric Koch for State Rep.</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address P.O. Box 372		FEC Identification Number C [ ] <b>Transaction ID : SB29.6387</b> Amount of Each Disbursement this Period [ ] 500.00	
City Bedford	State IN	Zip Code 47421	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	[ ] 2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6385

6889

Form/Schedule: SB29

Transaction ID: SB29.6386

6912

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6387

6914

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Forestal for State Representative**

Mailing Address 1101 N Layman Avenue

City Indianapolis State IN Zip Code 46219

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C

Transaction ID : SB29.6389

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends for Karickhoff**

Mailing Address PO Box 6772

City Kokomo State IN Zip Code 46904

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C

Transaction ID : SB29.6391

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Don Lehe**

Mailing Address 10644 S. 100 East

City Brookston State IN Zip Code 47923

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C

Transaction ID : SB29.6392

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6389

6898

Form/Schedule: SB29

Transaction ID: SB29.6391

6911



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6392

6916

Form/Schedule:

Transaction ID:

# 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"/> 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. Friends of Doug Eckerty**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 55

City Yorktown State IN Zip Code 47396

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6393

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Friends of Douglas Gutwein**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 341

City Francesville State IN Zip Code 47946

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB29.6394

Amount of Each Disbursement this Period: 750.00

Memo Item

**C. Friends of Eddie Melton**

Full Name (Last, First, Middle Initial)

Mailing Address 5540 Johnson Street

City Merrillville State IN Zip Code 46410

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6397

Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1750.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6393

6894

Form/Schedule: SB29

Transaction ID: SB29.6394

6954

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6397

6923

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Friends of Ed Soliday Comm.**

Mailing Address PO Box 1427

City Valparaiso State IN Zip Code 46384

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6395  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Jack Jordan**

Mailing Address PO Box 117

City Plymouth State IN Zip Code 46563

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6399  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Jeff Ellington**

Mailing Address 680 W That Road

City Bloomington State IN Zip Code 47403

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6401  
Amount of Each Disbursement this Period  
500.00

Memo Item

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

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

1500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6395

6936

Form/Schedule: SB29

Transaction ID: SB29.6399

6909

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6401

6895

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Jim Pressel</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 1772 N Lofgren Road		FEC Identification Number C [ ] <b>Transaction ID : SB29.6403</b> Amount of Each Disbursement this Period [ ] 500.00	
City Rolling Prairie	State IN	Zip Code 46371	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Friends of Justin Chupp</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address PO Box 2761		FEC Identification Number C [ ] <b>Transaction ID : SB29.6405</b> Amount of Each Disbursement this Period [ ] 500.00	
City South Bend	State IN	Zip Code 46680-2761	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Friends of Randy Frye</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 4704 S. US 421		FEC Identification Number C [ ] <b>Transaction ID : SB29.6406</b> Amount of Each Disbursement this Period [ ] 500.00	
City Greensburg	State IN	Zip Code 47240	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	[ ] 1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6403

6931

Form/Schedule: SB29

Transaction ID: SB29.6405

6888

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6406

6900

Form/Schedule:

Transaction ID:

**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"/> 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. Friends of Ron Bacon**

Full Name (Last, First, Middle Initial)

Mailing Address 10300 Meadowlark Hill Rd

City Chandler State IN Zip Code 47610

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6407

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Friends of Sue Errington**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 274

City Muncie State IN Zip Code 47308

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6409

Amount of Each Disbursement this Period: 500.00

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 902 W State Road 256

City Austin State IN Zip Code 47102

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6411

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6407

6876

Form/Schedule: SB29

Transaction ID: SB29.6409

6897

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6411

6902

Form/Schedule:

Transaction ID:

**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"/> 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. Greg Beumer for State Rep Comm**

Full Name (Last, First, Middle Initial)

Mailing Address 7160 South Huntsville Rd

City Modoc State IN Zip Code 47358

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6412

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Greg Porter for St Rep Dist 96**

Full Name (Last, First, Middle Initial)

Mailing Address 3614 N. Pennsylvania

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6413

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. Hershman for Senate**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 177

City Buck Creek State IN Zip Code 47924

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6414

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6412

6878

Form/Schedule: SB29

Transaction ID: SB29.6413

6930

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6414

6906

Form/Schedule:

Transaction ID:



**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Hershman for Senate</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016	
Mailing Address P.O. Box 177		FEC Identification Number C [ ] <b>Transaction ID : SB29.6415</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Buck Creek	State IN	Zip Code 47924	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hoosiers for Holdman</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 7617 West Jefferson Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB29.6416</b> Amount of Each Disbursement this Period [ ] 500.00	
City Fort Wayne	State IN	Zip Code 46804	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Hoosiers for Scott Pelath</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 1824 Manhattan St.		FEC Identification Number C [ ] <b>Transaction ID : SB29.6418</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Michigan City	State IN	Zip Code 46360	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6415

6955

Form/Schedule: SB29

Transaction ID: SB29.6416

6907

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6418

6929

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Hoosiers for Scott Pelath</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016	
Mailing Address 1824 Manhattan St.		FEC Identification Number C [ ] <b>Transaction ID : SB29.6419</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Michigan City	State IN	Zip Code 46360	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. House Republican Campaign Comm</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016	
Mailing Address PO Box 44054		FEC Identification Number C [ ] <b>Transaction ID : SB29.6421</b> Amount of Each Disbursement this Period [ ] 750.00	
City Indianapolis	State IN	Zip Code 46244	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. House Republican Campaign Comm</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016	
Mailing Address PO Box 44054		FEC Identification Number C [ ] <b>Transaction ID : SB29.6422</b> Amount of Each Disbursement this Period [ ] 2000.00	
City Indianapolis	State IN	Zip Code 46244	Category/ Type [ ]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	[ ] 3750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6419

6961

Form/Schedule: SB29

Transaction ID: SB29.6421

6957

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6422

6958

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Jean Leising for State Senate</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 5268 Stockpile Road		FEC Identification Number C [ ] <b>Transaction ID : SB29.6423</b>	
City Oldenburg	State IN	Zip Code 47036	Amount of Each Disbursement this Period [ ] 1000.00
Purpose of Disbursement contribution		Category/Type [ ]	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>B. John L Bartlett House 95 Committee</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 5341 Cheviot Place		FEC Identification Number C [ ] <b>Transaction ID : SB29.6425</b>	
City Indianapolis	State IN	Zip Code 46226	Amount of Each Disbursement this Period [ ] 500.00
Purpose of Disbursement contribution		Category/Type [ ]	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>C. Matt Lehman for State Rep.</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 663 Lehman		FEC Identification Number C [ ] <b>Transaction ID : SB29.6426</b>	
City Berne	State IN	Zip Code 46711	Amount of Each Disbursement this Period [ ] 500.00
Purpose of Disbursement contribution		Category/Type [ ]	Memo Item <input type="checkbox"/>
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).....▶	[ ] 2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6423

6918

Form/Schedule: SB29

Transaction ID: SB29.6425

6877



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6426

6917

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Mike Braun for State Rep.</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 505 Main St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6427</b> Amount of Each Disbursement this Period 500.00	
City Jasper	State IN	Zip Code 47546	Category/Type [REDACTED]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Miller for State Representative</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 23267 County Road 4		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6429</b> Amount of Each Disbursement this Period 500.00	
City Elkhart	State IN	Zip Code 46514	Category/Type [REDACTED]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Mishler for State Senate</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address PO Box 2182		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6431</b> Amount of Each Disbursement this Period 1000.00	
City Bremen	State IN	Zip Code 46506	Category/Type [REDACTED]
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6427

6882

Form/Schedule: SB29

Transaction ID: SB29.6429

6925

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6431

6926

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Phil Boots for State Senate District 23 Committee**

Mailing Address 5061 South Sherwood Cove

City Crawfordsville State IN Zip Code 47933

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6432  
Amount of Each Disbursement this Period  
750.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard Bray Campaign Comm.**

Mailing Address 489 N Jefferson St

City Martinsville State IN Zip Code 46151

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6434  
Amount of Each Disbursement this Period  
750.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Senate Majority Campaign Comm**

Mailing Address P.O. Box 2182

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

FEC Identification Number

C  
Transaction ID : SB29.6435  
Amount of Each Disbursement this Period  
2000.00

Memo Item

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

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

3500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6432

6880

Form/Schedule: SB29

Transaction ID: SB29.6434

6883

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6435

6963

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Steuerwald for State Rep.</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address P.O. Box 503		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6436</b> Amount of Each Disbursement this Period 1000.00	
City Danville	State IN	Zip Code 46122	Category/ Type
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Steven R Stemler Election Comm</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 1001 Penn Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6437</b> Amount of Each Disbursement this Period 500.00	
City Jeffersonville	State IN	Zip Code 47130	Category/ Type
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Sue Glick for Senate</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 113 W Spring Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6438</b> Amount of Each Disbursement this Period 1000.00	
City Lagrange	State IN	Zip Code 46761	Category/ Type
Purpose of Disbursement contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6436

6938

Form/Schedule: SB29

Transaction ID: SB29.6437

6937

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6438

6901

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Tallian For Senate Election</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 6195 Central Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB29.6439</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Portage	State IN	Zip Code 46368	Category/ Type [ ]
Purpose of Disbursement contribution		Memo Item <input type="checkbox"/>	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Mayfield Campaign</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 50 S. Madison St.		FEC Identification Number C [ ] <b>Transaction ID : SB29.6440</b> Amount of Each Disbursement this Period [ ] 500.00	
City Mooresville	State IN	Zip Code 46158	Category/ Type [ ]
Purpose of Disbursement contribution		Memo Item <input type="checkbox"/>	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Todd Huston for State Representative</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 13378 Silverstone Drive		FEC Identification Number C [ ] <b>Transaction ID : SB29.6442</b> Amount of Each Disbursement this Period [ ] 500.00	
City Fishers	State IN	Zip Code 46037	Category/ Type [ ]
Purpose of Disbursement contribution		Memo Item <input type="checkbox"/>	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6439

6941

Form/Schedule: SB29

Transaction ID: SB29.6440

6921

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6442

6908

Form/Schedule:

Transaction ID:

**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"/> 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

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. Washburne for State Rep.**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 127

City Inglefield State IN Zip Code 47618

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6443

Amount of Each Disbursement this Period: 250.00

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 822 Tawny Drive

City Evansville State IN Zip Code 47712

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6445

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. Wesco Victory Committee**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 566

City Osceola State IN Zip Code 46561

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6447

Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1250.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6443

6945

Form/Schedule: SB29

Transaction ID: SB29.6445

6922

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6447

6946

Form/Schedule:

Transaction ID:



**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"/> 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

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. Woody Burton for State Rep**

Full Name (Last, First, Middle Initial)

Mailing Address 69 Meadow Lane

City Whiteland State IN Zip Code 46184

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6448

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. www.SteveDavisson.com**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 341

City Salem State IN Zip Code 47167

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB29.6449

Amount of Each Disbursement this Period: 250.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	59500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.6448

6886

Form/Schedule: SB29

Transaction ID: SB29.6449

6891

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **INDIANA FARM BUREAU INC ELECT PAC INC** Transaction ID : **SC/9.6186**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Steven R Stemler Election Comm		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1001 Penn Street			
City Jeffersonville	State IN	ZIP Code 47130	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 02 / 04 / 2016	MM / DD / YYYY 04/30/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	500.00
<b>TOTALS</b> This Period (last page in this line only) .....	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **INDIANA FARM BUREAU INC ELECT PAC INC** Transaction ID : **SC/9.6273**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Steven R Stemler Election Comm			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1001 Penn Street				
City Jeffersonville	State IN	ZIP Code 47130		

Original Amount of Loan -500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period -500.00
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**TERMS**

Date Incurred MM / DD / YYYY 05 / 05 / 2016	Date Due MM / DD / YYYY 04/30/2016	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] -500.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ] 0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.