

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 01 2006 through 06 30 2006

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

Type or Print Name of Treasurer Mrs Linda M Buzinec

Signature of Treasurer Electronically Filed by Mrs Linda M Buzinec Date 11 24 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Indiana Democratic Congressional Victory Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		286404.72
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	259777.16									
(c) Total Receipts (from Line 19) .....	279410.99	1286429.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	539188.15	1572834.63								
7. Total Disbursements (from Line 31) .....	358699.32	1392345.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	180488.83	180488.83								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Indiana Democratic Congressional Victory Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	5480.00	114425.00
(i) Itemized (use Schedule A) .....	0.00	17406.72
(ii) Unitemized .....	5480.00	131831.72
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	16000.00	26300.00
(c) Other Political Committees (such as PACs) .....	21480.00	158131.72
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	49989.37
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) .....	64895.28	247854.41
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	666.96	4868.80
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	192368.75	825585.61
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	192368.75	825585.61
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	279410.99	1286429.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	87042.24	460844.30

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	25096.45	77784.04
(ii) Non-Federal Share.....	94410.41	310748.79
(b) Other Federal Operating Expenditures.....	67213.00	316839.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	186719.86	705372.44
22. Transfers to Affiliated/Other Party Committees.....	25000.00	125000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	131979.46	500973.36
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	46000.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	46000.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	358699.32	1392345.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	264288.91	1081597.01

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	21480.00	158131.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21480.00	158131.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	92309.45	394623.65
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	64895.28	247854.41
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	27414.17	146769.24

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

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

FOR LINE NUMBER: PAGE 6 / 137  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Leroy Kingsberry  
Mailing Address 716 W Wayne St  
City South Bend State IN Zip Code 46601-2556  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 25.00  
Date of Receipt 06 / 13 / 2006  
Transaction ID: C191997  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Julie L. Thomas  
Mailing Address 3030 N Russell Rd  
City Bloomington State IN Zip Code 47408-9639  
FEC ID number of contributing federal political committee. **C**  
Name of Employer info requested Occupation info requested  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 25.00  
Date of Receipt 06 / 03 / 2006  
Transaction ID: C46807  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
Peter Pletcher  
Mailing Address 7337 Oakland Hills Dr  
City Indianapolis State IN Zip Code 46236-9198  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Eli Lilly Occupation Fiancial Analyst  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00  
Date of Receipt 06 / 02 / 2006  
Transaction ID: C58557  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Joe L. Taylor

Mailing Address 25860 Running Creek Dr

City State Zip Code  
South Bend IN 46628-9139

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

Name of Employer Occupation  
IWEA Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: C48242

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas F. McKenna

Mailing Address 11 Shore Cir

City State Zip Code  
Carmel IN 46033-3640

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C136224

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Kimble

Mailing Address 915 S 30th St

City State Zip Code  
South Bend IN 46615-1809

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: C159600

Amount of Each Receipt this Period  
25.00

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

75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 137
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Eric T Schmitz		Date of Receipt MM / DD / YYYY 06 / 03 / 2006
	Mailing Address 5491 E Kings Rd		<b>Transaction ID:</b> C30095
	City Bloomington	State IN	Zip Code 47408-9428
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lucretia S. Cregar		Date of Receipt MM / DD / YYYY 06 / 03 / 2006
	Mailing Address 7716 S Patton Rd		<b>Transaction ID:</b> C46808
	City Bloomington	State IN	Zip Code 47401-9334
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer info requested	Occupation info requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carolyn K. Ice		Date of Receipt MM / DD / YYYY 06 / 03 / 2006
	Mailing Address 1304 E 36th St		<b>Transaction ID:</b> C69291
	City Anderson	State IN	Zip Code 46013
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 9 / 137  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Robert Faulkner

Mailing Address BAD ADDRESS

City State Zip Code  
Evansville IN 47725

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2006

**Transaction ID: C182895**

Amount of Each Receipt this Period  
675.00

**B.** Full Name (Last, First, Middle Initial)  
Richard Dietz

Mailing Address 714 N Fairview St

City State Zip Code  
Bloomington IN 47404-3310

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

Name of Employer City of Bloomington Occupation IT Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2006

**Transaction ID: C48233**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Robin L. Olds

Mailing Address 7411 Bramblewood Ln

City State Zip Code  
Indianapolis IN 46254-9716

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2006

**Transaction ID: C48253**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 137  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.** Full Name (Last, First, Middle Initial)  
Spencer J. Schnaitter

Mailing Address 314 Jefferson St

City Madison State IN Zip Code 47250

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

Name of Employer Information Requested Occupation Attorney at Law

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 06 / 03 / 2006  
Transaction ID: C162964  
Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
Charles L. Jenkins, Sr.

Mailing Address 725 W Jefferson Blvd

City South Bend State IN Zip Code 46601-2545

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 06 / 13 / 2006  
Transaction ID: C50379  
Amount of Each Receipt this Period: 25.00

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

Mailing Address 14222 W County Line Rd

City Culver State IN Zip Code 46511-9685

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt: 06 / 03 / 2006  
Transaction ID: C39976  
Amount of Each Receipt this Period: 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Lucretia S. Cregar

Mailing Address 7716 S Patton Rd

City State Zip Code  
Bloomington IN 47401-9334

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

Name of Employer info requested Occupation info requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C46809

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
Frances Abbott

Mailing Address RR 2

City State Zip Code  
Linton IN 47441

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

Name of Employer City of Clinton Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: C192842

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
Gladys W. Muhammad

Mailing Address 808 N Ironwood Dr

City State Zip Code  
South Bend IN 46615-3212

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: C170262

Amount of Each Receipt this Period

50.00

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

100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Ronald Benson

Mailing Address 424 Farrington St  
Apt 1

City State Zip Code  
Terre Haute IN 47807-5035

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
FSA Doctoral Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt 06 / 11 / 2006

**Transaction ID:** C58559

Amount of Each Receipt this Period 30.00

**B.**

Full Name (Last, First, Middle Initial)  
Jayson Tatlock

Mailing Address 5389 N Hanna Ct

City State Zip Code  
Bloomington IN 47404-8986

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
info requested info requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 06 / 03 / 2006

**Transaction ID:** C48234

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Pamela Brunette

Mailing Address 1906 Magyar Ct

City State Zip Code  
South Bend IN 46613-1350

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 06 / 13 / 2006

**Transaction ID:** C48244

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... 80.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 137  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)  
Dennis L. Rorick

Mailing Address 9105 E 480 S

City State Zip Code  
Wolcottville IN 46795-8713

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2006

Transaction ID: C201833

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Daymon Brodhacker

Mailing Address 2195 Norwich Pl

City State Zip Code  
Martinsville IN 46151-7933

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

Name of Employer Dept. of Corrections Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2006

Transaction ID: C142704

Amount of Each Receipt this Period  
255.00

**C.**

Full Name (Last, First, Middle Initial)  
Shirley Batt

Mailing Address 6225 W State Rd 56

City State Zip Code  
Salem IN 47167

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

Name of Employer Washington Co Occupation Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2006

Transaction ID: C95295

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **630.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 137  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)  
Alan Roman

Mailing Address 6519 Squires Pl

City State Zip Code  
Fort Wayne IN 46835-1340

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

Name of Employer Info requested Occupation info requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 55.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

**Transaction ID: C35860**

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
John W Vandygriff

Mailing Address 6531 Armstrong Dr

City State Zip Code  
South Bend IN 46614-5792

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2006

**Transaction ID: C48235**

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
James Austin

Mailing Address 801 Turnock St

City State Zip Code  
South Bend IN 46617-1944

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2006

**Transaction ID: C48245**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **105.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 137  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Kem Eugene Linn

Mailing Address 100 Walnut Drive

City State Zip Code  
Gas City IN 46933-1137

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

Name of Employer Occupation  
Cubberley's, Inc Wholesale Distributor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2006

**Transaction ID:** C33301

Amount of Each Receipt this Period  
550.00

**B.** Full Name (Last, First, Middle Initial)  
Cathi Ann Crabtree

Mailing Address 2200 Olde Mill Dr

City State Zip Code  
Bloomington IN 47401-4589

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

Name of Employer Occupation  
info requested info requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2006

**Transaction ID:** C48225

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
William D. Savage

Mailing Address 1335 S D St

City State Zip Code  
Elwood IN 46036-2333

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2006

**Transaction ID:** C40472

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 137  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Markel M. Andrews

Mailing Address 15570 N 350 E

City Hope State IN Zip Code 47246

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 06 / 03 / 2006  
Transaction ID: C46711  
Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
Sandra M. Newmann

Mailing Address 5565 S Rockport Rd

City Bloomington State IN Zip Code 47403-9149

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

Name of Employer info requested Occupation info requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt: 06 / 03 / 2006  
Transaction ID: C31506  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Lois Sabo-Skelton

Mailing Address 121 N Overhill Dr

City Bloomington State IN Zip Code 47408-4232

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

Name of Employer self Occupation information requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 06 / 03 / 2006  
Transaction ID: C31516  
Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Cindy M. Lott

Mailing Address 701 S Jordan Ave

City State Zip Code  
Bloomington IN 47401-5123

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

Name of Employer Occupation  
Indiana University Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C80472

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Samuel T Gilchrist

Mailing Address 8207 Forest Ln

City State Zip Code  
Indianapolis IN 46240-2311

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

Name of Employer Occupation info requested  
info requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C48226

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Susan Cantanzarite

Mailing Address 2022 Oak Park Dr

City State Zip Code  
South Bend IN 46617-1727

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: C48236

Amount of Each Receipt this Period  
50.00

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

100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 137  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Melvin Reed

Mailing Address 3310 Dunham St

City State Zip Code  
South Bend IN 46619-3020

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2006

**Transaction ID: C48246**

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Jim Heyde

Mailing Address PO Box 109

City State Zip Code  
Rochester IN 46975-0109

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 70.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2006

**Transaction ID: C161749**

Amount of Each Receipt this Period  
70.00

**C.**

Full Name (Last, First, Middle Initial)  
Leeann Sinclair

Mailing Address 44 Graham Place

City State Zip Code  
Bloomington IN 47401

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

Name of Employer info requested Occupation info requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2006

**Transaction ID: C48256**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Susan Catanzarite

Mailing Address 2022 Oak Park Dr

City	State	Zip Code
South Bend	IN	46617-1727

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

Name of Employer Information Requested	Occupation Information Requested
--	----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00
---	-----------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 6

Transaction ID: C34888

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Joel Riethmiller

Mailing Address 506 N Indiana Ave

City	State	Zip Code
Bloomington	IN	47408-3620

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

Name of Employer Bring Back Baron	Occupation fundraiser
--------------------------------------	--------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00
---	-----------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 6

Transaction ID: C55621

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Owen D. (Butch) Morgan, Jr., Jr.

Mailing Address 1730 Brookmede Dr

City	State	Zip Code
South Bend	IN	46614-2326

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

Name of Employer DLZ	Occupation Government Relations
-------------------------	------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 6

Transaction ID: C196438

Amount of Each Receipt this Period  
75.00

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

150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Lisa Brookes

Mailing Address 7815 Hidden Pond Dr

City State Zip Code  
Lansing MI 48917

FEC ID number of contributing federal political committee. C

Name of Employer info requested Occupation info requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 06 / 03 / 2006

**Transaction ID:** C48247

Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Patrick Shelton

Mailing Address 1624 S Scott St

City State Zip Code  
South Bend IN 46613-1853

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 06 / 13 / 2006

**Transaction ID:** C34889

Amount of Each Receipt this Period 25.00

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

Mailing Address 4505 County Rd 34

City State Zip Code  
Waterloo IN 46793

FEC ID number of contributing federal political committee. C

Name of Employer Indiana Dept of Moter Veh Occupation Branch Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt 06 / 03 / 2006

**Transaction ID:** C174332

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... 100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)

Dee S Owens

Mailing Address PO Box 1776

City State Zip Code  
Bloomington IN 47402-1776

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

Name of Employer info requested Occupation info requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C46822

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Catherine Collins-Smith

Mailing Address 3313 Jordan Ct

City State Zip Code  
Bloomington IN 47403-4103

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

Name of Employer info requested Occupation info requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C48227

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Diana L. Hess

Mailing Address 1301 Norwich Ct

City State Zip Code  
South Bend IN 46614-6124

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

Name of Employer IUSB Occupation Program Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: C48237

Amount of Each Receipt this Period

25.00

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

100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 137  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial) Joel Riethmiller		Date of Receipt MM / DD / YYYY 06 / 03 / 2006
Mailing Address 506 N Indiana Ave		<b>Transaction ID:</b> C55622
City Bloomington	State IN	Zip Code 47408-3620
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Bring Back Baron	Occupation fundraiser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

**B.**

Full Name (Last, First, Middle Initial) Arthur Hayes		Date of Receipt MM / DD / YYYY 06 / 03 / 2006
Mailing Address 710 Paddington Way		<b>Transaction ID:</b> C34799
City Ellettsville	State IN	Zip Code 47429-1055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

**C.**

Full Name (Last, First, Middle Initial) D. Scott Alber		Date of Receipt MM / DD / YYYY 06 / 03 / 2006
Mailing Address 304 E Lookout Ln		<b>Transaction ID:</b> C56508
City Bloomington	State IN	Zip Code 47408-9723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Self	Occupation Private Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 137  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kathy Liggett</p> <p>Mailing Address 1113 Climbing Rose Ln</p> <p>City State Zip Code Mishawaka IN 46544-5879</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">175.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 13 / 2006</span></p> <p><b>Transaction ID:</b> C35515</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">125.00</span></p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Valeri Haughton</p> <p>Mailing Address 3108 N Ramble Rd E</p> <p>City State Zip Code Bloomington IN 47408-1059</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer info requested Occupation info requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">25.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 03 / 2006</span></p> <p><b>Transaction ID:</b> C46823</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Shirley Rhodes</p> <p>Mailing Address 773 S 350 W</p> <p>City State Zip Code Princeton IN 47670-8153</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer info requested Occupation info requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 03 / 2006</span></p> <p><b>Transaction ID:</b> C48228</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
--	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">400.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)  
Darrell Daniel

Mailing Address 1867 Huey St

City State Zip Code  
South Bend IN 46628-3207

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation info requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 06 / 13 / 2006

**Transaction ID: C48238**

Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial)  
Marcia Covert

Mailing Address 4802 Eastgate Dr

City State Zip Code  
Columbus IN 47203-4053

FEC ID number of contributing federal political committee. C

Name of Employer info requested Occupation info requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 06 / 03 / 2006

**Transaction ID: C48248**

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Jayne C. Loprest

Mailing Address 15160 Hunting Ridge Trl

City State Zip Code  
Granger IN 46530-9092

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 06 / 13 / 2006

**Transaction ID: C49505**

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... 75.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 137  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Michael L. Hayes  
Mailing Address 555 N Harding Ave  
City Mishawaka State IN Zip Code 46544-3878  
FEC ID number of contributing federal political committee. **C**  
Name of Employer City of Mishawaka Occupation Firefighter  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00  
Date of Receipt 06 / 13 / 2006  
Transaction ID: C38828  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Teresa O'Mara  
Mailing Address 226 E 1st St  
City Greensburg State IN Zip Code 47240-1316  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Decatur Co Treasurer Occupation Secretary  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00  
Date of Receipt 06 / 04 / 2006  
Transaction ID: C141956  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Deborah S. Block  
Mailing Address 1005 W Battell St  
City Mishawaka State IN Zip Code 46545-5949  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00  
Date of Receipt 06 / 13 / 2006  
Transaction ID: C71961  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 225.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Craig R. Fry</p> <p>Mailing Address 435 Bercado Cir Apt 25</p> <p>City State Zip Code Mishawaka IN 46544-4148</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Indiana House Of Representatives St. Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">50.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 13 / 2006</span></p> <p><b>Transaction ID:</b> C159034</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Fossil Rain</p> <p>Mailing Address 115 N College Ave Ste 114</p> <p>City State Zip Code Bloomington IN 47404-3933</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">25.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 03 / 2006</span></p> <p><b>Transaction ID:</b> C46824</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Mary Gregg</p> <p>Mailing Address 905 W Ohio St</p> <p>City State Zip Code Rockville IN 47872-1535</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation info requested info requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">70.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 03 / 2006</span></p> <p><b>Transaction ID:</b> C48229</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">70.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">145.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial) Tamara James		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	3		2	0	0	6													
Mailing Address 64299 State Rd . 331		<b>Transaction ID:</b> C48239																				
City South Bend	State IN	Zip Code 46614																				
FEC ID number of contributing federal political committee. <b>C</b> <input style="width: 100px;" type="text"/>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td style="width: 80%;"></td><td>50.00</td></tr></table>		50.00																		
	50.00																					
Name of Employer None	Occupation None																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td style="width: 80%;"></td><td>50.00</td></tr></table>		50.00																			
	50.00																					

**B.**

Full Name (Last, First, Middle Initial) Carol Roop		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	3		2	0	0	6													
Mailing Address 2181 Bono Rd		<b>Transaction ID:</b> C48249																				
City Mitchell	State IN	Zip Code 47446-5945																				
FEC ID number of contributing federal political committee. <b>C</b> <input style="width: 100px;" type="text"/>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td style="width: 80%;"></td><td>25.00</td></tr></table>		25.00																		
	25.00																					
Name of Employer Maxwell Office Products	Occupation Design																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td style="width: 80%;"></td><td>25.00</td></tr></table>		25.00																			
	25.00																					

**C.**

Full Name (Last, First, Middle Initial) Yvonne Bates		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	3		2	0	0	6													
Mailing Address 321 Camden St		<b>Transaction ID:</b> C49506																				
City South Bend	State IN	Zip Code 46619-1948																				
FEC ID number of contributing federal political committee. <b>C</b> <input style="width: 100px;" type="text"/>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td style="width: 80%;"></td><td>25.00</td></tr></table>		25.00																		
	25.00																					
Name of Employer Information Requested	Occupation Information Requested																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td style="width: 80%;"></td><td>25.00</td></tr></table>		25.00																			
	25.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">100.00</td></tr></table>	100.00
100.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td style="height: 20px;"></td></tr></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 137  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Philip Davis

Mailing Address 5116 Fairfield Ave

City State Zip Code  
Fort Wayne IN 46807-3219

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2006

Transaction ID: C77053

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
James Rozier

Mailing Address 2115 W 22nd St

City State Zip Code  
Anderson IN 46016-3615

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2006

Transaction ID: C181149

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Dennis Grossnickle

Mailing Address 2114 Fords Ct

City State Zip Code  
Rochester IN 46975-9767

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

Name of Employer Information Requested Occupation Information Requested  
Tippecanoe Valley School

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2006

Transaction ID: C41264

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 137  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
David Hart

Mailing Address 1422 E Elliston Dr

City Bloomington State IN Zip Code 47401-8745

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt: 06 / 03 / 2006  
Transaction ID: C46806  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Lisa Schmeltz

Mailing Address 9506 S 875 E

City Walkerton State IN Zip Code 46574-9494

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 06 / 13 / 2006  
Transaction ID: C13262188  
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen J. Luecke

Mailing Address 810 Leland Ave

City South Bend State IN Zip Code 46616-1321

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

Name of Employer City of South Bend Occupation Mayor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 06 / 13 / 2006  
Transaction ID: C42383  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Scott Andrews

Mailing Address 2336 Franklin St

City State Zip Code  
Columbus IN 47201-4161

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

Name of Employer info requested Occupation info requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C48250

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Dora J. Long

Mailing Address 5113 W 50 N

City State Zip Code  
Wabash IN 46992-8646

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C161872

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Donna Purdom

Mailing Address 2212 S Belhaven Ct

City State Zip Code  
Bloomington IN 47401-6803

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C70164

Amount of Each Receipt this Period  
50.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 137  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Rita Taylor-Mallard

Mailing Address 240 W Cleveland Ave

City State Zip Code  
Elkhart IN 46516-3409

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2006

**Transaction ID: C49507**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Christine T. Voorde

Mailing Address 1402 E Washington St

City State Zip Code  
South Bend IN 46617-3343

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2006

**Transaction ID: C48240**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 923 S Hawthorne Dr

City State Zip Code  
Bloomington IN 47401-5058

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

Name of Employer Information Requested Occupation Information Requested  
Indiana University Instructor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2006

**Transaction ID: C197103**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Christine Russell

Mailing Address 4210 Elm St

City State Zip Code  
East Chicago IN 46312-3005

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C35498

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
David H. Beeman

Mailing Address 9181 W Lake Dr

City State Zip Code  
Elwood IN 46036-8882

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

Name of Employer Occupation  
Elwood Schools Teacher

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C193044

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
David J. Hadley

Mailing Address 2751 S State Rd 47

City State Zip Code  
Crawfordsville IN 47933

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

Name of Employer Occupation  
Wabash College Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 115.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C149994

Amount of Each Receipt this Period  
115.00

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

165.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Wayne Hoffman

Mailing Address 5645 Buck Pond Ct

City State Zip Code  
Indianapolis IN 46237-8423

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

Name of Employer Occupation  
Design Industries, Inc. Accountant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 20.00

Date of Receipt

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

Transaction ID: C58556

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Joe L. Taylor

Mailing Address 25860 Running Creek Dr

City State Zip Code  
South Bend IN 46628-9139

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

Name of Employer Occupation  
IWEA Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: C48241

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Iris F. Kiesling

Mailing Address 2217 E Wimbleton Ln

City State Zip Code  
Bloomington IN 47401-6865

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C145910

Amount of Each Receipt this Period  
25.00

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

70.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 137

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Patsy Williams

Mailing Address 8554 Acton Rd

City State Zip Code  
Indianapolis IN 46259-9624

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 165.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C194622

Amount of Each Receipt this Period

165.00

**B.**

Full Name (Last, First, Middle Initial)  
Terry Woods

Mailing Address 19769 Dice St

City State Zip Code  
South Bend IN 46614-5511

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

Name of Employer info requested Occupation info requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: C49508

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Terry A. Gardiner

Mailing Address 2737 W Washington Center Rd  
Lot 33

City State Zip Code  
Fort Wayne IN 46818-1474

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 6

Transaction ID: C191061

Amount of Each Receipt this Period

25.00

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

240.00

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

5480.00

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

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

FOR LINE NUMBER: PAGE 35 / 137  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
MWH Americas Inc. Employees PAC

Mailing Address 380 Interlocken Cres  
Ste 200

City State Zip Code  
Broomfield CO 80021-8026

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** C46817

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
DRIVE Committee Political Fund

Mailing Address 25 Louisiana Ave NW

City State Zip Code  
Washington DC 20001-2130

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	0	6

**Transaction ID:** C53679

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
I.B.E.W. - C.O.P.E. Federal

Mailing Address 900 7th St NW

City State Zip Code  
Washington DC 20001-3720

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** C144073

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 137  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)  
Sheet Metal Workers Int. Assoc. PAC

Mailing Address 1750 New York Avenue NW

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: C187836

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	16000.00

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

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

FOR LINE NUMBER: PAGE 37 / 137

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Marion County Democratic Central Cmte

Mailing Address 603 E Washington St

City State Zip Code  
Indianapolis IN 46204-2695

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 73871.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 6

Transaction ID: C64985

Amount of Each Receipt this Period

3767.76

Offset for Payroll on Line 29

**B.**

Full Name (Last, First, Middle Initial)  
Hoosiers for Hill

Mailing Address PO Box 1071

City State Zip Code  
Seymour IN 47274-1071

FEC ID number of contributing federal political committee. **C** C00411835

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 31211.61

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: C49490

Amount of Each Receipt this Period

7506.68

Offset for Payroll on Line 29

**C.**

Full Name (Last, First, Middle Initial)  
Julia Carson for Congress

Mailing Address 302 N East St

City State Zip Code  
Indianapolis IN 46202-3611

FEC ID number of contributing federal political committee. **C** C00311969

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 32352.09

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 6

Transaction ID: C215072

Amount of Each Receipt this Period

7167.24

Offset for Payroll on Line 29

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

18441.68

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 137  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Marion County Democratic Central Cmte  
Mailing Address 603 E Washington St  
City Indianapolis State IN Zip Code 46204-2695  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 73871.96  
Date of Receipt 06 / 16 / 2006  
Transaction ID: C64991  
Amount of Each Receipt this Period 11535.19  
Offset for Payroll on Line 29

**B.** Full Name (Last, First, Middle Initial)  
Ellsworth for Congress Committee  
Mailing Address PO Box 62  
City Evansville State IN Zip Code 47701  
FEC ID number of contributing federal political committee. **C** C00412346  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 82010.53  
Date of Receipt 06 / 16 / 2006  
Transaction ID: C46794  
Amount of Each Receipt this Period 18372.81  
Offset for Payroll on Line 29

**C.** Full Name (Last, First, Middle Initial)  
Evan Bayh Committee  
Mailing Address 1099 N Meridian St  
City Indianapolis State IN Zip Code 46204-1030  
FEC ID number of contributing federal political committee. **C** C00306860  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10925.93  
Date of Receipt 06 / 16 / 2006  
Transaction ID: C82654  
Amount of Each Receipt this Period 2848.00  
Offset for Payroll on Line 29

**SUBTOTAL** of Receipts This Page (optional) ..... ► **32756.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 137  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Tom Hayhurst for Congress Committee

Mailing Address PO Box 400058

City State Zip Code  
Fort Wayne IN 46804

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10091.67

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

**Transaction ID:** C213827

Amount of Each Receipt this Period  
9804.17

Offset for Payroll on Line 29

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

Mailing Address 9382 Priority Way West Dr

City State Zip Code  
Indianapolis IN 46240

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5832.02

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2006

**Transaction ID:** C17764688

Amount of Each Receipt this Period  
2047.33

**C.** Full Name (Last, First, Middle Initial)  
Donnelly for Congress Committee

Mailing Address PO Box 1961

City State Zip Code  
South Bend IN 46634-1961

FEC ID number of contributing federal political committee. **C** C00393652

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1846.10

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2006

**Transaction ID:** C35309

Amount of Each Receipt this Period  
1846.10

Offset for payroll on Line 29

**SUBTOTAL** of Receipts This Page (optional) ..... ► **13697.60**

**TOTAL** This Period (last page this line number only) ..... ► **64895.28**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 137  
(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input checked="" type="checkbox"/>	17						

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Old National Bank		Date of Receipt
	Mailing Address PO Box 718		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Evansville	IN	47705-0718
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: C226708
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="3581.30"/>	
			Amount of Each Receipt this Period
			<input type="text" value="666.96"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="666.96"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="666.96"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Anthem BCBS IN GROUP	Transaction ID: D6667 Date of Disbursement 06 / 01 / 2006
	Mailing Address PO Box 105113	
	City Atlanta State GA Zip Code 30348-5113	Amount of Each Disbursement this Period 10780.80
	Purpose of Disbursement life insurance Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: D6685 Date of Disbursement 06 / 15 / 2006
	Mailing Address Cincinnati Commerce Ctr	
	City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period 7021.47
	Purpose of Disbursement payroll taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: D6711 Date of Disbursement 06 / 30 / 2006
	Mailing Address Cincinnati Commerce Ctr	
	City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period 7196.19
	Purpose of Disbursement payroll taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	24998.46
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development	Transaction ID: D6686 Date of Disbursement
	Mailing Address 10 N Senate Ave	<input type="text" value="06"/> <input type="text" value="15"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204-2201	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes Candidate Name	<input type="text" value="346.79"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development	Transaction ID: D6712 Date of Disbursement
	Mailing Address 10 N Senate Ave	<input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204-2201	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes Candidate Name	<input type="text" value="338.25"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development	Transaction ID: D242459 Date of Disbursement
	Mailing Address 10 N Senate Ave	<input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204-2201	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes Candidate Name	<input type="text" value="227.57"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="912.61"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development</p> <p>Mailing Address 10 N Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204-2201</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D242460</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="90.54"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) National City</p> <p>Mailing Address 101 W Washington St</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D279153</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.99"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) National City</p> <p>Mailing Address 101 W Washington St</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D279154</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p>

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D279155 Date of Disbursement
	Mailing Address 101 W Washington St	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement merchant fee	<input type="text" value="12.17"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D279161 Date of Disbursement
	Mailing Address 101 W Washington St	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement merchant fee	<input type="text" value="35.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D344159 Date of Disbursement
	Mailing Address 101 W Washington St	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement Payment Fees	<input type="text" value="10.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Peter D Hart Research</p> <p>Mailing Address 1724 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20009-1103</p> <p>Purpose of Disbursement survey</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6744</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9500.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Peter D Hart Research</p> <p>Mailing Address 1724 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20009-1103</p> <p>Purpose of Disbursement survey</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6763</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19000.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Old National Bank</p> <p>Mailing Address PO Box 718</p> <p>City Evansville State IN Zip Code 47705-0718</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D345328</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Old National Bank	Transaction ID: D279162 Date of Disbursement
	Mailing Address PO Box 718	<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period
	Purpose of Disbursement bank fee	<input type="text" value="30.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Old National Bank	Transaction ID: D279163 Date of Disbursement
	Mailing Address PO Box 718	<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period
	Purpose of Disbursement bank fee	<input type="text" value="270.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Old National Bank	Transaction ID: D279164 Date of Disbursement
	Mailing Address PO Box 718	<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period
	Purpose of Disbursement bank fee	<input type="text" value="26.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="326.80"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 137

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

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

A.	Full Name (Last, First, Middle Initial) Old National Bank	Transaction ID: D279157 Date of Disbursement																			
	Mailing Address PO Box 718	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	0	6												
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period																			
	Purpose of Disbursement bank fee	<table border="1"><tr><td>150.00</td></tr></table>	150.00																		
150.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Lord & Abbett	Transaction ID: D243621 Date of Disbursement																			
	Mailing Address PO Box 219336	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	6												
	City Kansas City State MO Zip Code 64121	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 401K	<table border="1"><tr><td>364.16</td></tr></table>	364.16																		
364.16																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Lord & Abbett	Transaction ID: D6588 Date of Disbursement																			
	Mailing Address PO Box 219336	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	0	6												
	City Kansas City State MO Zip Code 64121	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 401K	<table border="1"><tr><td>872.49</td></tr></table>	872.49																		
872.49																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1386.65</td></tr></table>	1386.65
1386.65		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ms. Jessica Tucker	Transaction ID: D279127 Date of Disbursement 06 / 01 / 2006
	Mailing Address 6737 Thousand Oaks Dr	Amount of Each Disbursement this Period 400.00
	City Indianapolis State IN Zip Code 46214	
	Purpose of Disbursement salary	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Discover Card Services	Transaction ID: D279150 Date of Disbursement 06 / 02 / 2006
	Mailing Address PO Box 52145	Amount of Each Disbursement this Period 4.54
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement merchant fee	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Anthem Blue Cross and Blue Shield	Transaction ID: D244401 Date of Disbursement 06 / 01 / 2006
	Mailing Address PO Box 790444	Amount of Each Disbursement this Period 5588.74
	City Saint Louis State MO Zip Code 63179	
	Purpose of Disbursement life insurance	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5993.28
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address World Fin Ctr 31st Fl Ex Bldg AM</p> <p>City New York State NY Zip Code 10285</p> <p>Purpose of Disbursement merchant fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D279160</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Indiana Department of Revenue</p> <p>Mailing Address 100 North Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D240942</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1477.76"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Indiana Department of Revenue</p> <p>Mailing Address 100 North Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D240943</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="67.84"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D240954 Date of Disbursement 06 / 15 / 2006
	Mailing Address 100 North Senate Ave	Amount of Each Disbursement this Period 1302.94
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement payroll taxes	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D240955 Date of Disbursement 06 / 15 / 2006
	Mailing Address 100 North Senate Ave	Amount of Each Disbursement this Period 67.84
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement payroll taxes	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D6687 Date of Disbursement 06 / 15 / 2006
	Mailing Address 100 North Senate Ave	Amount of Each Disbursement this Period 951.31
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement payroll taxes	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2322.09

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 137

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

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
payroll taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: D6713

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

1002.81

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

1002.81

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

67213.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Indiana Democratic State Committee	Transaction ID: D296189 Date of Disbursement
	Mailing Address 1 N Capitol Ave Ste 200	<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204-2223	Amount of Each Disbursement this Period
	Purpose of Disbursement transfer to nonfederal for cash flow	<input type="text" value="5000.00"/>
	Candidate Name Indiana Democratic State Committee	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Indiana Democratic State Committee	Transaction ID: D296192 Date of Disbursement
	Mailing Address 1 N Capitol Ave Ste 200	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204-2223	Amount of Each Disbursement this Period
	Purpose of Disbursement transfer to nonfederal for cash flow	<input type="text" value="20000.00"/>
	Candidate Name Indiana Democratic State Committee	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....	<input type="text" value="25000.00"/>
TOTAL This Period (last page this line number only) .....	<input type="text" value="25000.00"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Bring Back Baron Mailing Address PO Box 1071 City Seymour State IN Zip Code 47274 Purpose of Disbursement Contribution Candidate Name Baron Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D6799 Date of Disbursement 06 / 01 / 2006
	Amount of Each Disbursement this Period 5000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Donnelly for Congress Committee Mailing Address PO Box 1961 City South Bend State IN Zip Code 46634-1961 Purpose of Disbursement Contribution Candidate Name Honorable Joseph S Donnelly Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D6800 Date of Disbursement 06 / 01 / 2006
	Amount of Each Disbursement this Period 5000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Ellsworth for Congress Committee Mailing Address PO Box 62 City Evansville State IN Zip Code 47701 Purpose of Disbursement Contribution Candidate Name Honorable Brad Ellsworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D6798 Date of Disbursement 06 / 01 / 2006
	Amount of Each Disbursement this Period 5000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	15000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris</p> <p>Mailing Address 11129 Peppermill Ln</p> <p>City Fishers State IN Zip Code 46037-9082</p> <p>Purpose of Disbursement peterson payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D239154 <b>Date of Disbursement</b> 06 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 2761.38</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris</p> <p>Mailing Address 11129 Peppermill Ln</p> <p>City Fishers State IN Zip Code 46037-9082</p> <p>Purpose of Disbursement peterson payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D239649 <b>Date of Disbursement</b> 06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 2761.38</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address Cincinnati Commerce Ctr</p> <p>City Cincinnati State OH Zip Code 45999</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D240055 <b>Date of Disbursement</b> 06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 8507.25</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>14030.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address Cincinnati Commerce Ctr</p> <p>City Cincinnati State OH Zip Code 45999</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D240056</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="386.07"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address Cincinnati Commerce Ctr</p> <p>City Cincinnati State OH Zip Code 45999</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D239245</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9596.67"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address Cincinnati Commerce Ctr</p> <p>City Cincinnati State OH Zip Code 45999</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D239246</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="386.07"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10368.81"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms. Melissa A. Lear</p> <p>Mailing Address 627 SE Riverside Dr Apt D</p> <p>City Evansville State IN Zip Code 47713-1150</p> <p>Purpose of Disbursement carson payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6669 <b>Date of Disbursement</b> 06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 1317.27</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms. Melissa A. Lear</p> <p>Mailing Address 627 SE Riverside Dr Apt D</p> <p>City Evansville State IN Zip Code 47713-1150</p> <p>Purpose of Disbursement carson payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6691 <b>Date of Disbursement</b> 06 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 1317.27</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms Elizabeth Palmquist</p> <p>Mailing Address 705 Dogwood Rd</p> <p>City Jeffersonville State IN Zip Code 47130-5417</p> <p>Purpose of Disbursement field staff</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6677 <b>Date of Disbursement</b> 06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 750.00</p>

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

3384.54

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 137

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Elizabeth Palmquist <hr/> Mailing Address 705 Dogwood Rd <hr/> City Jeffersonville State IN Zip Code 47130-5417 <hr/> Purpose of Disbursement field staff Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: D6704 Date of Disbursement 06 / 30 / 2006 <hr/> Amount of Each Disbursement this Period 750.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Leatrice Webb-Parks <hr/> Mailing Address 5443 Milroy Rd <hr/> City Indianapolis State IN Zip Code 46216-2087 <hr/> Purpose of Disbursement marion co. payroll Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: D6678 Date of Disbursement 06 / 15 / 2006 <hr/> Amount of Each Disbursement this Period 907.67
<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Leatrice Webb-Parks <hr/> Mailing Address 5443 Milroy Rd <hr/> City Indianapolis State IN Zip Code 46216-2087 <hr/> Purpose of Disbursement marion co. payroll Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: D6701 Date of Disbursement 06 / 30 / 2006 <hr/> Amount of Each Disbursement this Period 907.67

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

2565.34

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ms. Monica Lee Swintz	Transaction ID: D6675 Date of Disbursement 06 / 15 / 2006
	Mailing Address 3920 Noth Pennsylvania	Amount of Each Disbursement this Period 623.43
	City Indianapolis State IN Zip Code 46205	
	Purpose of Disbursement bayh payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Monica Lee Swintz	Transaction ID: D6697 Date of Disbursement 06 / 30 / 2006
	Mailing Address 3920 Noth Pennsylvania	Amount of Each Disbursement this Period 623.43
	City Indianapolis State IN Zip Code 46205	
	Purpose of Disbursement bayh payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Erin Rosenberg	Transaction ID: D6674 Date of Disbursement 06 / 15 / 2006
	Mailing Address 423 W 46th St	Amount of Each Disbursement this Period 785.75
	City Indianapolis State IN Zip Code 46208-3603	
	Purpose of Disbursement carson payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2032.61
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ms. Erin Rosenberg	Transaction ID: D6696
	Mailing Address 423 W 46th St	Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
	City Indianapolis State IN Zip Code 46208-3603	Amount of Each Disbursement this Period 785.75
	Purpose of Disbursement carson payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Joel Riethmiller	Transaction ID: D6673
	Mailing Address 506 N Indiana Ave	Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
	City Bloomington State IN Zip Code 47408-3620	Amount of Each Disbursement this Period 783.85
	Purpose of Disbursement hill payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Joel Riethmiller	Transaction ID: D6695
	Mailing Address 506 N Indiana Ave	Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
	City Bloomington State IN Zip Code 47408-3620	Amount of Each Disbursement this Period 783.85
	Purpose of Disbursement hill payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2353.45
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Martin Mooradian	Transaction ID: D6670 Date of Disbursement 06 / 15 / 2006
	Mailing Address 122 Chanel Ter Apt 202	Amount of Each Disbursement this Period 1672.34
	City Falls Church State VA Zip Code 22046-4106	
	Purpose of Disbursement ellsworth payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Martin Mooradian	Transaction ID: D6692 Date of Disbursement 06 / 30 / 2006
	Mailing Address 122 Chanel Ter Apt 202	Amount of Each Disbursement this Period 1672.34
	City Falls Church State VA Zip Code 22046-4106	
	Purpose of Disbursement ellsworth payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr Jeremy Howser	Transaction ID: D6682 Date of Disbursement 06 / 15 / 2006
	Mailing Address 1214 Hatfield Dr	Amount of Each Disbursement this Period 2090.92
	City Evansville State IN Zip Code 47714-0715	
	Purpose of Disbursement ellsworth payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5435.60
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mr Jeremy Howser	Transaction ID: D6707 Date of Disbursement 06 / 30 / 2006
	Mailing Address 1214 Hatfield Dr	Amount of Each Disbursement this Period 2090.92
	City Evansville State IN Zip Code 47714-0715	
	Purpose of Disbursement ellsworth payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr Jeremy Howser	Transaction ID: D279151 Date of Disbursement 06 / 14 / 2006
	Mailing Address 1214 Hatfield Dr	Amount of Each Disbursement this Period 2090.92
	City Evansville State IN Zip Code 47714-0715	
	Purpose of Disbursement ellsworth payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mrs. Abigail F. Curran	Transaction ID: D6680 Date of Disbursement 06 / 15 / 2006
	Mailing Address 7930 Carrleigh Pkwy	Amount of Each Disbursement this Period 1554.08
	City Springfield State VA Zip Code 22152-1216	
	Purpose of Disbursement hill payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5735.92
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Abigail F. Curran</p> <p>Mailing Address 7930 Carrleigh Pkwy</p> <p>City Springfield State VA Zip Code 22152-1216</p> <p>Purpose of Disbursement hill payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6705</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1554.08"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. John Riordan</p> <p>Mailing Address 27 S Downey Ave</p> <p>City Indianapolis State IN Zip Code 46219-6403</p> <p>Purpose of Disbursement marion co. payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6676</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1405.91"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. John Riordan</p> <p>Mailing Address 27 S Downey Ave</p> <p>City Indianapolis State IN Zip Code 46219-6403</p> <p>Purpose of Disbursement marion co. payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6699</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1405.91"/></p>

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Laura Kirtley	Transaction ID: D6668 Date of Disbursement 06 / 15 / 2006
	Mailing Address 1001 Corregidor Cir	Amount of Each Disbursement this Period 988.66
	City Evansville State IN Zip Code 47714-3213	
	Purpose of Disbursement ellsworth payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Laura Kirtley	Transaction ID: D6690 Date of Disbursement 06 / 30 / 2006
	Mailing Address 1001 Corregidor Cir	Amount of Each Disbursement this Period 988.66
	City Evansville State IN Zip Code 47714-3213	
	Purpose of Disbursement ellsworth payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathie Nee	Transaction ID: D6587 Date of Disbursement 06 / 01 / 2006
	Mailing Address 18011 Cleveland Rd	Amount of Each Disbursement this Period 1267.20
	City South Bend State IN Zip Code 46637-5064	
	Purpose of Disbursement donnelly payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3244.52
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Kathie Nee <hr/> Mailing Address 18011 Cleveland Rd <hr/> City South Bend State IN Zip Code 46637-5064 <hr/> Purpose of Disbursement donnelly payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D6671 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 2047.33
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kathie Nee <hr/> Mailing Address 18011 Cleveland Rd <hr/> City South Bend State IN Zip Code 46637-5064 <hr/> Purpose of Disbursement donnelly payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D6693 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 2047.33
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Kathryn Murphy <hr/> Mailing Address 5477 Village Green Ct Apt B <hr/> City Terre Haute State IN Zip Code 47803-4279 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D6589 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
	Amount of Each Disbursement this Period 825.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4919.66

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kathryn Murphy	Transaction ID: D6683 Date of Disbursement 06 / 15 / 2006
	Mailing Address 5477 Village Green Ct Apt B	Amount of Each Disbursement this Period 825.00
	City Terre Haute State IN Zip Code 47803-4279	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathryn Murphy	Transaction ID: D6709 Date of Disbursement 06 / 30 / 2006
	Mailing Address 5477 Village Green Ct Apt B	Amount of Each Disbursement this Period 825.00
	City Terre Haute State IN Zip Code 47803-4279	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr Peter Clerkin	Transaction ID: D6679 Date of Disbursement 06 / 15 / 2006
	Mailing Address 209 Three Rivers E	Amount of Each Disbursement this Period 1375.87
	City Fort Wayne State IN Zip Code 46802-1313	
	Purpose of Disbursement Hayhurst Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3025.87
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mr Peter Clerkin	Transaction ID: D6702 Date of Disbursement 06 / 30 / 2006
	Mailing Address 209 Three Rivers E	Amount of Each Disbursement this Period 1375.87
	City Fort Wayne State IN Zip Code 46802-1313	
	Purpose of Disbursement Hayhurst Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr Peter Clerkin	Transaction ID: D6703 Date of Disbursement 06 / 30 / 2006
	Mailing Address 209 Three Rivers E	Amount of Each Disbursement this Period 3176.43
	City Fort Wayne State IN Zip Code 46802-1313	
	Purpose of Disbursement Hayhurst Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Brian Connell	Transaction ID: D6684 Date of Disbursement 06 / 15 / 2006
	Mailing Address 1290 Hatfield Drive Apt. 1140	Amount of Each Disbursement this Period 825.00
	City Evansville State IN Zip Code 47714	
	Purpose of Disbursement field staff Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5377.30
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Brian Connell	Transaction ID: D6698 Date of Disbursement 06 / 30 / 2006
	Mailing Address 1290 Hatfield Drive Apt. 1140	Amount of Each Disbursement this Period 825.00
	City Evansville State IN Zip Code 47714	
	Purpose of Disbursement field staff	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Benjamin Kalish	Transaction ID: D6689 Date of Disbursement 06 / 30 / 2006
	Mailing Address 2019 Coachmans Trl	Amount of Each Disbursement this Period 1173.87
	City South Bend State IN Zip Code 46637-4923	
	Purpose of Disbursement donnelly payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Maire Gurevitz	Transaction ID: D6700 Date of Disbursement 06 / 30 / 2006
	Mailing Address 9021 W 1225 N	Amount of Each Disbursement this Period 500.00
	City Demotte State IN Zip Code 46310-9466	
	Purpose of Disbursement carson payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2498.87
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Carrie L Solomon</p> <p>Mailing Address 803 Canterbury Dr</p> <p>City Evansville State IN Zip Code 47715-4231</p> <p>Purpose of Disbursement ellsworth payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6708</p> <p>Date of Disbursement 06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 943.76</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Carrie L Solomon</p> <p>Mailing Address 803 Canterbury Dr</p> <p>City Evansville State IN Zip Code 47715-4231</p> <p>Purpose of Disbursement ellsworth payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6710</p> <p>Date of Disbursement 06 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 943.76</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Trent Deckard</p> <p>Mailing Address 2609 S Southern Ridge Ct</p> <p>City Bloomington State IN Zip Code 47403-3415</p> <p>Purpose of Disbursement house payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D238188</p> <p>Date of Disbursement 06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 1024.71</p>

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

2912.23

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Trent Deckard <hr/> Mailing Address 2609 S Southern Ridge Ct <hr/> City Bloomington State IN Zip Code 47403-3415 <hr/> Purpose of Disbursement house payroll Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: D238256 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 1024.71
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr Nicholas Grawcock <hr/> Mailing Address 5954 Dewey Ave <hr/> City Indianapolis State IN Zip Code 46219-7209 <hr/> Purpose of Disbursement marion co. payroll Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: D6672 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 785.75
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr Nicholas Grawcock <hr/> Mailing Address 5954 Dewey Ave <hr/> City Indianapolis State IN Zip Code 46219-7209 <hr/> Purpose of Disbursement marion co. payroll Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: D6694 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 785.75

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2596.21
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Angela M. Nussmeyer <hr/> Mailing Address 1022 N Downey Ave <hr/> City Indianapolis State IN Zip Code 46219-3005 <hr/> Purpose of Disbursement senate payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D238443 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 1272.62
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Angela M. Nussmeyer <hr/> Mailing Address 1022 N Downey Ave <hr/> City Indianapolis State IN Zip Code 46219-3005 <hr/> Purpose of Disbursement senate payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D238448 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 1272.62
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Michele Miller <hr/> Mailing Address 11342 Fairweather Pl <hr/> City Indianapolis State IN Zip Code 46229-4982 <hr/> Purpose of Disbursement peterson payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D238740 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 1178.29
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3723.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Michele Miller <hr/> Mailing Address 11342 Fairweather Pl <hr/> City Indianapolis State IN Zip Code 46229-4982 <hr/> Purpose of Disbursement peterson payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D239101 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 1178.29
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Mr Timothy Moriarty <hr/> Mailing Address 8722 Knickerbocker Way Apt 4E <hr/> City Indianapolis State IN Zip Code 46240-2183 <hr/> Purpose of Disbursement kennedy payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D238157 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 637.34
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Mr Timothy Moriarty <hr/> Mailing Address 8722 Knickerbocker Way Apt 4E <hr/> City Indianapolis State IN Zip Code 46240-2183 <hr/> Purpose of Disbursement kennedy payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D238160 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 637.34
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2452.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) 5th Congressional District Central Comm.</p> <p>Mailing Address 7609 E 50 N</p> <p>City Greentown State IN Zip Code 46936-1090</p> <p>Purpose of Disbursement contribution to Non-Federal Committee</p> <p>Candidate Name 5th Congressional District Central Comm.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D294424 <b>Date of Disbursement</b> 06 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Fourth District Democrats</p> <p>Mailing Address 4129 Winterfield Run</p> <p>City Fort Wayne State IN Zip Code 46804-2668</p> <p>Purpose of Disbursement contribution to NF Committee</p> <p>Candidate Name Fourth District Democrats</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D294425 <b>Date of Disbursement</b> 06 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Second Democrat District Committee</p> <p>Mailing Address 4415 S Scatterfield Rd</p> <p>City Anderson State IN Zip Code 46013-2901</p> <p>Purpose of Disbursement contribution to a NF Committee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D294423 <b>Date of Disbursement</b> 06 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

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

9000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ms Karina E. Straub	Transaction ID: D242777 Date of Disbursement
	Mailing Address 1451 Central Ave Apt 107	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46202	Amount of Each Disbursement this Period
	Purpose of Disbursement kennedy payroll	<input type="text" value="1121.01"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms Karina E. Straub	Transaction ID: D242778 Date of Disbursement
	Mailing Address 1451 Central Ave Apt 107	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46202	Amount of Each Disbursement this Period
	Purpose of Disbursement kennedy payroll	<input type="text" value="1121.01"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Jennifer L. Grawcock	Transaction ID: D6681 Date of Disbursement
	Mailing Address 5954 Dewey Ave	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46219	Amount of Each Disbursement this Period
	Purpose of Disbursement marion co. payroll	<input type="text" value="1429.46"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3671.48"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms. Jennifer L. Grawcock</p> <p>Mailing Address 5954 Dewey Ave</p> <p>City Indianapolis State IN Zip Code 46219</p> <p>Purpose of Disbursement marion co. payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6706</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1429.46"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms Kristen L Self</p> <p>Mailing Address 8813 Sunbow Dr</p> <p>City Indianapolis State IN Zip Code 46231</p> <p>Purpose of Disbursement house payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D243001</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1534.46"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms Kristen L Self</p> <p>Mailing Address 8813 Sunbow Dr</p> <p>City Indianapolis State IN Zip Code 46231</p> <p>Purpose of Disbursement house payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D243002</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1534.46"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms. Myla Eldridge</p> <p>Mailing Address 2017 W 63rd St</p> <p>City Indianapolis State IN Zip Code 46260</p> <p>Purpose of Disbursement kennedy payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D243580 <b>Date of Disbursement</b> 06 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 1143.39</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms. Myla Eldridge</p> <p>Mailing Address 2017 W 63rd St</p> <p>City Indianapolis State IN Zip Code 46260</p> <p>Purpose of Disbursement kennedy payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D243581 <b>Date of Disbursement</b> 06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 1143.39</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms Amy Jacobson</p> <p>Mailing Address 5109 Tuscany Ln</p> <p>City Indianapolis State IN Zip Code 46254</p> <p>Purpose of Disbursement senate payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D243653 <b>Date of Disbursement</b> 06 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 694.31</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2981.09
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms Amy Jacobson</p> <p>Mailing Address 5109 Tuscany Ln</p> <p>City Indianapolis State IN Zip Code 46254</p> <p>Purpose of Disbursement senate payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D243654 <b>Date of Disbursement</b> 06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 694.31</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms. Jessica Tucker</p> <p>Mailing Address 6737 Thousand Oaks Dr</p> <p>City Indianapolis State IN Zip Code 46214</p> <p>Purpose of Disbursement house payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D243683 <b>Date of Disbursement</b> 06 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms. Jessica Tucker</p> <p>Mailing Address 6737 Thousand Oaks Dr</p> <p>City Indianapolis State IN Zip Code 46214</p> <p>Purpose of Disbursement house payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D243684 <b>Date of Disbursement</b> 06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 400.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1494.31
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ms. Katherine Carlson	Transaction ID: D243702 Date of Disbursement 06 / 30 / 2006
	Mailing Address 1235 N Delaware St Apt 206	Amount of Each Disbursement this Period 750.00
	City Indianapolis State IN Zip Code 46202	
	Purpose of Disbursement field staff	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Katherine Carlson	Transaction ID: D243703 Date of Disbursement 06 / 15 / 2006
	Mailing Address 1235 N Delaware St Apt 206	Amount of Each Disbursement this Period 750.00
	City Indianapolis State IN Zip Code 46202	
	Purpose of Disbursement field staff	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mrs. Amy Clinton-Corbett	Transaction ID: D243716 Date of Disbursement 06 / 30 / 2006
	Mailing Address 1420 Shining Armor Ln	Amount of Each Disbursement this Period 750.00
	City West Lafayette State IN Zip Code 47906	
	Purpose of Disbursement field staff	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mrs. Amy Clinton-Corbett	Transaction ID: D243717 Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
	Mailing Address 1420 Shining Armor Ln	Amount of Each Disbursement this Period 300.00
	City West Lafayette State IN Zip Code 47906	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Mrs. Amy Clinton-Corbett	Transaction ID: D243718 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
	Mailing Address 1420 Shining Armor Ln	Amount of Each Disbursement this Period 750.00
	City West Lafayette State IN Zip Code 47906	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Ms. Sara Foor	Transaction ID: D243729 Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
	Mailing Address 1615 Knox Dr	Amount of Each Disbursement this Period 750.00
	City New Haven State IN Zip Code 46774	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

A.	Full Name (Last, First, Middle Initial) Ms. Sara Foor	Transaction ID: D243730 Date of Disbursement 06 / 15 / 2006
	Mailing Address 1615 Knox Dr	Amount of Each Disbursement this Period 750.00
	City New Haven State IN Zip Code 46774	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Ms. Emily Liddle	Transaction ID: D243741 Date of Disbursement 06 / 30 / 2006
	Mailing Address 5547 Winthrop Ave Apt B	Amount of Each Disbursement this Period 750.00
	City Indianapolis State IN Zip Code 46220	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Ms. Emily Liddle	Transaction ID: D243742 Date of Disbursement 06 / 15 / 2006
	Mailing Address 5547 Winthrop Ave Apt B	Amount of Each Disbursement this Period 750.00
	City Indianapolis State IN Zip Code 46220	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mr. Justin Moed	Transaction ID: D243753 Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
	Mailing Address 50 N Illinois St Apt 311	Amount of Each Disbursement this Period 750.00
	City Indianapolis State IN Zip Code 46204-2846	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Mr. Justin Moed	Transaction ID: D243754 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
	Mailing Address 50 N Illinois St Apt 311	Amount of Each Disbursement this Period 750.00
	City Indianapolis State IN Zip Code 46204-2846	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Mr. Matthew Mooney	Transaction ID: D243767 Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
	Mailing Address 1006 Lancashire Ln	Amount of Each Disbursement this Period 750.00
	City Pendleton State IN Zip Code 46064	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mr. Matthew Mooney	Transaction ID: D243768 Date of Disbursement 06 / 15 / 2006
	Mailing Address 1006 Lancashire Ln	Amount of Each Disbursement this Period 750.00
	City Pendleton State IN Zip Code 46064	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Chris Schonegg	Transaction ID: D243772 Date of Disbursement 06 / 15 / 2006
	Mailing Address 1322 Middleham Ln	Amount of Each Disbursement this Period 750.00
	City Beech Grove State IN Zip Code 46107	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Megan Sims	Transaction ID: D243776 Date of Disbursement 06 / 30 / 2006
	Mailing Address 612 E 13th St	Amount of Each Disbursement this Period 750.00
	City Indianapolis State IN Zip Code 46202-2732	
	Purpose of Disbursement field staff	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 137

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Megan Sims <hr/> Mailing Address 612 E 13th St <hr/> City Indianapolis State IN Zip Code 46202-2732 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243777 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jared Sloane <hr/> Mailing Address 405 E South St Apt G <hr/> City Washington State IN Zip Code 47501 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243788 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Jared Sloane <hr/> Mailing Address 405 E South St Apt G <hr/> City Washington State IN Zip Code 47501 <hr/> Purpose of Disbursement field staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243789 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2250.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ms. Megan Giles	Transaction ID: D243802 Date of Disbursement 06 / 30 / 2006
	Mailing Address 3055 N Meridian St Apt 3	Amount of Each Disbursement this Period 428.57
	City Indianapolis State IN Zip Code 46208	
	Purpose of Disbursement field staff	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Mr. Evan Kelsay	Transaction ID: D243812 Date of Disbursement 06 / 30 / 2006
	Mailing Address 6208 Welham Rd	Amount of Each Disbursement this Period 767.00
	City Indianapolis State IN Zip Code 46220	
	Purpose of Disbursement field staff	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Mrs. Barbara Ziemer	Transaction ID: D243841 Date of Disbursement 06 / 30 / 2006
	Mailing Address 804 Kingswood Dr	Amount of Each Disbursement this Period 1205.69
	City Evansville State IN Zip Code 47715	
	Purpose of Disbursement weinzapfel payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2401.26
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Barbara Ziemer <hr/> Mailing Address 804 Kingswood Dr <hr/> City Evansville State IN Zip Code 47715 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D243842 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 1205.69
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Timothy J. Jeffers <hr/> Mailing Address 6854 Chorleywood Cir <hr/> City Indianapolis State IN Zip Code 46259-5501 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D241737 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 2626.54
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Timothy J. Jeffers <hr/> Mailing Address 6854 Chorleywood Cir <hr/> City Indianapolis State IN Zip Code 46259-5501 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D241746 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 2626.54
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6458.77

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mark A. Lee</p> <p>Mailing Address 402 N Meridian St Apt 208</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D244492</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="793.83"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) National City</p> <p>Mailing Address 101 W Washington St</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D294429</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Uncle Bill's Pet Center</p> <p>Mailing Address 9411 E Washington St</p> <p>City Indianapolis State IN Zip Code 46229</p> <p>Purpose of Disbursement Pet Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D346291</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="61.44"/></p> <p><b>[MEMO ITEM]</b></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Grindstone Charley's	Transaction ID: D346292 Date of Disbursement 06 / 20 / 2006
	Mailing Address 5383 Rockville Rd	Amount of Each Disbursement this Period 46.35
	City Indianapolis State IN Zip Code 46224	
	Purpose of Disbursement Meals	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mike's Express Car Wash	Transaction ID: D346293 Date of Disbursement 06 / 20 / 2006
	Mailing Address 1219 N Meridian St	Amount of Each Disbursement this Period 11.00
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement Car Wash	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PIP Printing	Transaction ID: D346294 Date of Disbursement 06 / 20 / 2006
	Mailing Address 1 N Capitol Ave Lowr LEVEL	Amount of Each Disbursement this Period 57.24
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement Printing	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) All Star Tire and Auto Mailing Address 534 N Capitol Ave City Indianapolis State IN Zip Code 46204-1204 Purpose of Disbursement Auto Repair Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D347074 Date of Disbursement MM / DD / YYYY 06 / 20 / 2006
	Amount of Each Disbursement this Period 69.79 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Arvey Paper and Office Products Mailing Address 1021 N Pennsylvania St City Indianapolis State IN Zip Code 46204-1022 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D347088 Date of Disbursement MM / DD / YYYY 06 / 20 / 2006
	Amount of Each Disbursement this Period 60.82 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Amoco Mailing Address 1850 E 151st St City Carmel State IN Zip Code 46033-7732 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D347085 Date of Disbursement MM / DD / YYYY 06 / 20 / 2006
	Amount of Each Disbursement this Period 49.83 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 137

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Amoco</p> <p>Mailing Address 1850 E 151st St</p> <p>City Carmel State IN Zip Code 46033-7732</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347086</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="43.36"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Greetings</p> <p>Mailing Address 49 W Maryland St</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347077</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="14.48"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) National City</p> <p>Mailing Address 101 W Washington St</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement Finance Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347092</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.70"/></p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D347093 Date of Disbursement
	Mailing Address 101 W Washington St	<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement Finance Charges	<input type="text" value="15.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D347094 Date of Disbursement
	Mailing Address 101 W Washington St	<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement Finance Charges	<input type="text" value="15.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic	Transaction ID: D347082 Date of Disbursement
	Mailing Address 6864 W Philadelphia Dr	<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
	City Mc Cordsville State IN Zip Code 46055-9325	Amount of Each Disbursement this Period
	Purpose of Disbursement Cash Advance	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 137

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

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

A.	Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic	Transaction ID: D347083 Date of Disbursement 06 / 20 / 2006
	Mailing Address 6864 W Philadelphia Dr	Amount of Each Disbursement this Period 500.00
	City Mc Cordsville State IN Zip Code 46055-9325	
	Purpose of Disbursement Cash Advance	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) WalMart	Transaction ID: D347072 Date of Disbursement 06 / 20 / 2006
	Mailing Address 7000 US Highway 31	Amount of Each Disbursement this Period 110.40
	City Indianapolis State IN Zip Code 46227	
	Purpose of Disbursement Supplies	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Gas America	Transaction ID: D347089 Date of Disbursement 06 / 20 / 2006
	Mailing Address Main Street	Amount of Each Disbursement this Period 48.02
	City Greenfield State IN Zip Code 46116	
	Purpose of Disbursement Gas	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Marathon Ashland</p> <p>Mailing Address 1304 Olin Ave</p> <p>City Indianapolis State IN Zip Code 46222-3294</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347075</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="47.01"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Marathon Ashland</p> <p>Mailing Address 1304 Olin Ave</p> <p>City Indianapolis State IN Zip Code 46222-3294</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347076</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="54.51"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Crawford's Bakery</p> <p>Mailing Address 1609 N Capitol Ave</p> <p>City Indianapolis State IN Zip Code 46202-1202</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D347081</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CVS Mailing Address 175 N Illinois St City Indianapolis State IN Zip Code 46204-1913 Purpose of Disbursement Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D347080 Date of Disbursement 06 / 20 / 2006 Amount of Each Disbursement this Period 12.66 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Parisian Inc Mailing Address 1 W Washington St City Indianapolis State IN Zip Code 46204 Purpose of Disbursement Clothing & Home Goods Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D347078 Date of Disbursement 06 / 20 / 2006 Amount of Each Disbursement this Period 65.51 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Parisian Inc Mailing Address 1 W Washington St City Indianapolis State IN Zip Code 46204 Purpose of Disbursement Clothing & Home Goods Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D347079 Date of Disbursement 06 / 20 / 2006 Amount of Each Disbursement this Period 36.24 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Banana Republic	Transaction ID: D347073 Date of Disbursement 06 / 20 / 2006
	Mailing Address 49 West Maryland St.	Amount of Each Disbursement this Period 339.20
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement Clothing & Home Goods	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) KFC	Transaction ID: D347090 Date of Disbursement 06 / 20 / 2006
	Mailing Address 1501 Prospect East	Amount of Each Disbursement this Period 25.69
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement Food and Beverage	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) American Eagle Outfitters	Transaction ID: D347084 Date of Disbursement 06 / 20 / 2006
	Mailing Address 49 West Maryland Ave	Amount of Each Disbursement this Period 25.97
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement Clothing & Home Goods	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Perfect Travel	Transaction ID: D347091 Date of Disbursement 06 / 20 / 2006
	Mailing Address 2441 Bellevue Ave	Amount of Each Disbursement this Period 714.00
	City Daytona Beach State FL Zip Code 32114	
	Purpose of Disbursement Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Regional Acceptance	Transaction ID: D346290 Date of Disbursement 06 / 20 / 2006
	Mailing Address 266 Beacon Drive	Amount of Each Disbursement this Period 364.02
	City Greenville State NC Zip Code 27858	
	Purpose of Disbursement Insurance Fees	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ticketmaster	Transaction ID: D347087 Date of Disbursement 06 / 20 / 2006
	Mailing Address	Amount of Each Disbursement this Period 120.10
	City State Zip Code	
	Purpose of Disbursement Event Tickets	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 95 / 137

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

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

A.

Full Name (Last, First, Middle Initial)

National City

Mailing Address 101 W Washington St

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D344158

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

3607.00

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

3607.00

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

131979.46

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT IDP NonFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 5219.53
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	5219.53	Transaction ID: T1845
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT IDP NonFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 57475.82
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	57475.82	Transaction ID: T1846
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT IDP NonFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 400.00
-----------------------------------	---	------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	400.00	Transaction ID: T1862
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT Non-Federal	DATE OF RECEIPT M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 39620.15
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	39620.15	Transaction ID: T1883
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT Non-Federal	DATE OF RECEIPT M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 44096.24
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	44096.24	Transaction ID: T1884
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT Indiana Democratic S	DATE OF RECEIPT M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 23355.88
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	23355.88	Transaction ID: T360
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT  
 Indiana Democratic  
 S

DATE OF RECEIPT

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

TOTAL AMOUNT TRANSFERRED

346.20

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

346.20

Transaction ID: T361

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) \_\_\_\_\_

Transaction ID:

b) \_\_\_\_\_

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) \_\_\_\_\_

Transaction ID:

b) \_\_\_\_\_

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT  
 Indiana Democratic  
 S

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

1164.75

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

1164.75

Transaction ID: T362

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) \_\_\_\_\_

Transaction ID:

b) \_\_\_\_\_

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) \_\_\_\_\_

Transaction ID:

b) \_\_\_\_\_

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT Indiana Democratic S	DATE OF RECEIPT M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 20690.18
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BREAKDOWN OF TRANSFER RECEIVED		20690.18
i) Total Administrative .....		Transaction ID: T363
ii) Generic Voter Drive .....		Transaction ID:
iii) Exempt Activities .....		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative) .....	192368.75
TOTAL This Period (Generic Voter Drive) .....	0.00
TOTAL This Period (Exempt Activities) .....	0.00
TOTAL This Period (Direct Fundraising) .....	0.00
TOTAL This Period (Direct Candidate Support) .....	0.00
TOTAL This Period (Public Communications Referring Only to Party) .....	0.00
TOTAL This Period (Total Amount Transferred) .....	192368.75

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Mr. Michael D. Edmondson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1530 E 81st St			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Date <input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2006"/> <b>Transaction ID:</b> D6729		
Indianapolis	IN	46240-2716			
Purpose of Disbursement: payroll			Category/ Type		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
630.66		2372.50		3003.16

<b>B. Full Name (Last, First, Middle Initial)</b> Mr. Michael D. Edmondson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1530 E 81st St			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Date <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/> <b>Transaction ID:</b> D6774		
Indianapolis	IN	46240-2716			
Purpose of Disbursement: payroll			Category/ Type		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
630.66		2372.50		3003.16

<b>C. Full Name (Last, First, Middle Initial)</b> Sandler & Reiff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 50 E St SE   Ste 300			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Date <input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> <b>Transaction ID:</b> D345332		
Washington	DC	20003-2620			
Purpose of Disbursement: Legal Fees			Category/ Type		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.00		316.00		400.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1345.32		5061.00		6406.32

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Denison Parking, INC.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 36 S Pennsylvania St   Ste 200			Allocated Activity or Event Year-To-Date 388532.83		
City Indianapolis	State IN	Zip Code 46204-3627	Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: parking			Transaction ID: D6738		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
302.40		1137.60		1440.00

<b>B. Full Name (Last, First, Middle Initial)</b> Anthem BCBS IN GROUP			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 105113			Allocated Activity or Event Year-To-Date 388532.83		
City Atlanta	State GA	Zip Code 30348-5113	Date <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: insurance			Transaction ID: D334192		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
178.14		670.13		848.27

<b>C. Full Name (Last, First, Middle Initial)</b> Anthem Life			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Department L-8111			Allocated Activity or Event Year-To-Date 388532.83		
City Columbus	State OH	Zip Code 43268-0001	Date <input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: life insurance			Transaction ID: D6723		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
133.75		503.14		636.89

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
614.29		2310.87		2925.16

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

**A. Full Name (Last, First, Middle Initial)**  
Indiana Dept of Workforce Development

Mailing Address  
10 N Senate Ave

City	State	Zip Code	Category/ Type
Indianapolis	IN	46204-2201	

Purpose of Disbursement:  
unemployment

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
388532.83

Date  /  /   
**Transaction ID:** D6647

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.60		107.60		136.20

**B. Full Name (Last, First, Middle Initial)**  
Skyline Club

Mailing Address  
1 American Sq Fl 36

City	State	Zip Code	Category/ Type
Indianapolis	IN	46282	

Purpose of Disbursement:  
dues

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
388532.83

Date  /  /   
**Transaction ID:** D6719

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
41.87		157.51		199.38

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

Mailing Address  
350 W Maryland St

City	State	Zip Code	Category/ Type
Indianapolis	IN	46225-1051	

Purpose of Disbursement:  
Dinner

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
388532.83

Date  /  /   
**Transaction ID:** D6762

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11288.38		42465.82		53754.20

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11358.85		42730.93		54089.78

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> PIP Printing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1 N Capitol Ave Lowr LEVEL			Allocated Activity or Event Year-To-Date 388532.83		
City Indianapolis	State IN	Zip Code 46204	Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: copies			Transaction ID: D6756		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.14		72.02		91.16

<b>B. Full Name (Last, First, Middle Initial)</b> Jewett Printing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 101 W Ohio St Ste 2000			Allocated Activity or Event Year-To-Date 388532.83		
City Indianapolis	State IN	Zip Code 46204-4204	Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: business cards			Transaction ID: D6753		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.62		333.38		422.00

<b>C. Full Name (Last, First, Middle Initial)</b> Jewett Printing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 101 W Ohio St Ste 2000			Allocated Activity or Event Year-To-Date 388532.83		
City Indianapolis	State IN	Zip Code 46204-4204	Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: programs			Transaction ID: D6754		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.76		348.96		441.72

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
200.52		754.36		954.88

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Time Warner Cable			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 741855			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">388532.83</div>	
City Cincinnati	State OH	Zip Code 45274-1855	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 16 / 2006</div>	
Purpose of Disbursement: cable				
Activity or Event Identifier: Administrative			Transaction ID: D6749	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.89		82.35		104.24

<b>B. Full Name (Last, First, Middle Initial)</b> 1-800-Conference			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 5075			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">388532.83</div>	
City Saginaw	State MI	Zip Code 48605-5075	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 01 / 2006</div>	
Purpose of Disbursement: conference calls				
Activity or Event Identifier: Administrative			Transaction ID: D6722	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.84		52.06		65.90

<b>C. Full Name (Last, First, Middle Initial)</b> Duke Realty Corporation			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 75 Remittance Dr   Dept 3205			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">388532.83</div>	
City Chicago	State IL	Zip Code 60675-3205	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 01 / 2006</div>	
Purpose of Disbursement: rent				
Activity or Event Identifier: Administrative			Transaction ID: D6724	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1628.37		6125.76		7754.13

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1664.10		6260.17		7924.27

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> LexisNexis			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 2314			Allocated Activity or Event Year-To-Date 388532.83		
City Carol Stream	State IL	Zip Code 60132-0001	Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: legal press			Transaction ID: D6748		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
110.25		414.75		525.00

<b>B. Full Name (Last, First, Middle Initial)</b> Simple Distributors LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2000 W Carroll Ave Ste 403			Allocated Activity or Event Year-To-Date 388532.83		
City Chicago	State IL	Zip Code 60612-1677	Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: paper			Transaction ID: D6747		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.28		128.96		163.24

<b>C. Full Name (Last, First, Middle Initial)</b> Voter Activation Network LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 54 Regent St			Allocated Activity or Event Year-To-Date 388532.83		
City Cambridge	State MA	Zip Code 02140-2112	Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: voter file maintenance			Transaction ID: D6760		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
840.00		3160.00		4000.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
984.53		3703.71		4688.24

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Mr. Daniel J Parker			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 7458 Rooses Way			Allocated Activity or Event Year-To-Date 388532.83	
City	State	Zip Code	Category/ Type	
Indianapolis	IN	46217-5484		
Purpose of Disbursement: payroll			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 06 / 15 / 2006	
Activity or Event Identifier: Administrative			Transaction ID: D6730	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
594.73		2237.31		2832.04

<b>B. Full Name (Last, First, Middle Initial)</b> Mr. Daniel J Parker			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 7458 Rooses Way			Allocated Activity or Event Year-To-Date 388532.83	
City	State	Zip Code	Category/ Type	
Indianapolis	IN	46217-5484		
Purpose of Disbursement: payroll			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 06 / 30 / 2006	
Activity or Event Identifier: Administrative			Transaction ID: D6775	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
594.73		2237.31		2832.04

<b>C. Full Name (Last, First, Middle Initial)</b> Advance Printing			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2260 Profit Dr			Allocated Activity or Event Year-To-Date 388532.83	
City	State	Zip Code	Category/ Type	
Indianapolis	IN	46241-5019		
Purpose of Disbursement: printed signs			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 06 / 16 / 2006	
Activity or Event Identifier: Administrative			Transaction ID: D6740	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
334.23		1257.36		1591.59

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1523.69		5731.98		7255.67

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Advance Printing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2260 Profit Dr			Allocated Activity or Event Year-To-Date 388532.83		
City Indianapolis	State IN	Zip Code 46241-5019	Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: credentials			Transaction ID: D6741		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
442.64		1665.16		2107.80

<b>B. Full Name (Last, First, Middle Initial)</b> Advance Printing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2260 Profit Dr			Allocated Activity or Event Year-To-Date 388532.83		
City Indianapolis	State IN	Zip Code 46241-5019	Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: programs			Transaction ID: D6750		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
690.06		2595.94		3286.00

<b>C. Full Name (Last, First, Middle Initial)</b> SBC Global Services, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 8102			Allocated Activity or Event Year-To-Date 388532.83		
City Aurora	State IL	Zip Code 60507-8102	Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: phone service			Transaction ID: D6758		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
54.60		205.40		260.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1187.30		4466.50		5653.80

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> SBC Long Distance			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 660688			Allocated Activity or Event Year-To-Date 388532.83		
City Dallas	State TX	Zip Code 75266-0688	Date MM / DD / YYYY 06 / 01 / 2006		
Purpose of Disbursement: phones			Transaction ID: D6717		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.97		146.59		185.56

<b>B. Full Name (Last, First, Middle Initial)</b> Pitney Bowes Purchase Power			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 856042			Allocated Activity or Event Year-To-Date 388532.83		
City Louisville	State KY	Zip Code 40285-6042	Date MM / DD / YYYY 06 / 01 / 2006		
Purpose of Disbursement: postage meter			Transaction ID: D6727		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
847.14		3186.84		4033.98

<b>C. Full Name (Last, First, Middle Initial)</b> The Conference Group			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 254 Chapman Rd , Topkis Building S			Allocated Activity or Event Year-To-Date 388532.83		
City Newark	State DE	Zip Code 19702	Date MM / DD / YYYY 06 / 01 / 2006		
Purpose of Disbursement: conference calls			Transaction ID: D6720		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.67		17.58		22.25

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
890.78		3351.01		4241.79

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

**A. Full Name (Last, First, Middle Initial)**  
The Conference Group  
**Mailing Address**  
254 Chapman Rd , Topkis Building S  
**City** Newark **State** DE **Zip Code** 19702  
**Purpose of Disbursement:**  
conference calls  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
388532.83  
**Date** 06 / 16 / 2006  
**Transaction ID:** D6745

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.01		64.01		81.02

**B. Full Name (Last, First, Middle Initial)**  
Mrs. Kimberly N Bostic  
**Mailing Address**  
6864 W Philadelphia Dr  
**City** Mc Cordsville **State** IN **Zip Code** 46055-9325  
**Purpose of Disbursement:**  
payroll  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
388532.83  
**Date** 06 / 15 / 2006  
**Transaction ID:** D6728

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
277.46		1043.76		1321.22

**C. Full Name (Last, First, Middle Initial)**  
Mrs. Kimberly N Bostic  
**Mailing Address**  
6864 W Philadelphia Dr  
**City** Mc Cordsville **State** IN **Zip Code** 46055-9325  
**Purpose of Disbursement:**  
payroll  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
388532.83  
**Date** 06 / 30 / 2006  
**Transaction ID:** D6772

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
277.46		1043.76		1321.22

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
571.93		2151.53		2723.46

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Ms. Jennifer D. Hill			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1128 E 56th St			Allocated Activity or Event Year-To-Date 388532.83		
City Indianapolis	State IN	Zip Code 46220-3222	Date <input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: payroll			Transaction ID: D6731		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
361.39		1359.50		1720.89

<b>B. Full Name (Last, First, Middle Initial)</b> Ms. Jennifer D. Hill			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1128 E 56th St			Allocated Activity or Event Year-To-Date 388532.83		
City Indianapolis	State IN	Zip Code 46220-3222	Date <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: payroll			Transaction ID: D6776		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
361.39		1359.50		1720.89

<b>C. Full Name (Last, First, Middle Initial)</b> Cingular Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 10617 E Washington St			Allocated Activity or Event Year-To-Date 388532.83		
City Indianapolis	State IN	Zip Code 46229-2611	Date <input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: phones			Transaction ID: D6721		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
304.48		1145.42		1449.90

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1027.26		3864.42		4891.68

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Anthem-COBRA			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address L-2099			Allocated Activity or Event Year-To-Date 388532.83		
City Columbus	State OH	Zip Code 43260-0001	Date <input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: cobra			Transaction ID: D6718		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.50		39.50		50.00

<b>B. Full Name (Last, First, Middle Initial)</b> AT & T			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 660011			Allocated Activity or Event Year-To-Date 388532.83		
City Dallas	State TX	Zip Code 75266-0011	Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: phones			Transaction ID: D6743		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
208.31		783.63		991.94

<b>C. Full Name (Last, First, Middle Initial)</b> SBC Internet Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 650396			Allocated Activity or Event Year-To-Date 388532.83		
City Dallas	State TX	Zip Code 75265-0396	Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: internet			Transaction ID: D6752		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
123.52		464.68		588.20

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
342.33		1287.81		1630.14

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Denison Parking			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 101 W Ohio Street			Allocated Activity or Event Year-To-Date 388532.83		
City Indianapolis	State IN	Zip Code 46204	Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: parking			Transaction ID: D6739		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
127.05		477.95		605.00

<b>B. Full Name (Last, First, Middle Initial)</b> AT&T Capital Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 13160 Collection Center Dr			Allocated Activity or Event Year-To-Date 388532.83		
City Chicago	State IL	Zip Code 60693-0131	Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: phones			Transaction ID: D6751		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
113.76		427.95		541.71

<b>C. Full Name (Last, First, Middle Initial)</b> Kelly N Norton			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5547 N Winthrop Unit B			Allocated Activity or Event Year-To-Date 388532.83		
City Indianapolis	State IN	Zip Code 46220-1944	Date <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Payroll			Transaction ID: D345339		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
166.49		626.32		792.81

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
407.30		1532.22		1939.52

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Kelly N Norton			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5547 N Winthrop Unit B			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Category/Type		
Indianapolis	IN	46220-1944			
Purpose of Disbursement: parking					
Activity or Event Identifier: Administrative			Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/> <b>Transaction ID:</b> D6757		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.24		34.76		44.00

<b>B. Full Name (Last, First, Middle Initial)</b> Printing Partners			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 929 W 16th St			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Category/Type		
Indianapolis	IN	46202-2214			
Purpose of Disbursement: printing					
Activity or Event Identifier: Administrative			Date <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2006"/> <b>Transaction ID:</b> D6761		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.03		346.20		438.23

<b>C. Full Name (Last, First, Middle Initial)</b> Mrs. Amie C. Droese			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 101 2nd Ave SW, Apt 28			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Category/Type		
Carmel	IN	46032			
Purpose of Disbursement: payroll					
Activity or Event Identifier: Administrative			Date <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/> <b>Transaction ID:</b> D6773		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
360.18		1354.98		1715.16

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
461.45		1735.94		2197.39

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Zent Consulting, LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 500 E Ohio St                      Ste 200			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">388532.83</div>	
City Indianapolis	State IN	Zip Code 46204-4608	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 06 / 16 / 2006 <b>Transaction ID:</b> D6732	
Purpose of Disbursement: computer				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">34.91</div>		<div style="border: 1px solid black; padding: 2px;">131.34</div>		<div style="border: 1px solid black; padding: 2px;">166.25</div>

<b>B. Full Name (Last, First, Middle Initial)</b> DHL Express Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1200 S Pine Island Rd			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">388532.83</div>	
City Plantation	State FL	Zip Code 33324	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 06 / 16 / 2006 <b>Transaction ID:</b> D6755	
Purpose of Disbursement: delivery service				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">9.79</div>		<div style="border: 1px solid black; padding: 2px;">36.81</div>		<div style="border: 1px solid black; padding: 2px;">46.60</div>

<b>C. Full Name (Last, First, Middle Initial)</b> DHL Express Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1200 S Pine Island Rd			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">388532.83</div>	
City Plantation	State FL	Zip Code 33324	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 06 / 16 / 2006 <b>Transaction ID:</b> D6759	
Purpose of Disbursement: delivery service				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">23.07</div>		<div style="border: 1px solid black; padding: 2px;">86.77</div>		<div style="border: 1px solid black; padding: 2px;">109.84</div>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">67.77</div>		<div style="border: 1px solid black; padding: 2px;">254.92</div>		<div style="border: 1px solid black; padding: 2px;">322.69</div>

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;"></div>	<div style="border: 1px solid black; padding: 2px;"></div>	<div style="border: 1px solid black; padding: 2px;"></div>

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Indiana Black Expo, Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3145 North Meridian St			Allocated Activity or Event Year-To-Date 388532.83	
City	State	Zip Code	Category/ Type	
Indianapolis	IN	46208		
Purpose of Disbursement: booth			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 06 / 01 / 2006	
Activity or Event Identifier: Administrative			Transaction ID: D6715	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
157.50		592.50		750.00

<b>B. Full Name (Last, First, Middle Initial)</b> Indiana Black Expo, Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3145 North Meridian St			Allocated Activity or Event Year-To-Date 388532.83	
City	State	Zip Code	Category/ Type	
Indianapolis	IN	46208		
Purpose of Disbursement: booth			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 06 / 01 / 2006	
Activity or Event Identifier: Administrative			Transaction ID: D6716	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

<b>C. Full Name (Last, First, Middle Initial)</b> EasyPermit Postage			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 856042			Allocated Activity or Event Year-To-Date 388532.83	
City	State	Zip Code	Category/ Type	
Louisville	KY	40285		
Purpose of Disbursement: postage			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 06 / 01 / 2006	
Activity or Event Identifier: Administrative			Transaction ID: D6714	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1337.60		5031.93		6369.53

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1600.10		6019.43		7619.53

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

**A. Full Name (Last, First, Middle Initial)**  
PrimePay  
Mailing Address  
9382 Priority Way West Dr  
City State Zip Code  
Indianapolis IN 46240  
Purpose of Disbursement:  
payroll service  
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
388532.83  
Date 06 / 01 / 2006  
Transaction ID: D6725

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.56		122.49		155.05

**B. Full Name (Last, First, Middle Initial)**  
Mark A. Lee  
Mailing Address  
402 N Meridian St Apt 208  
City State Zip Code  
Indianapolis IN 46204  
Purpose of Disbursement:  
payroll  
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
388532.83  
Date 06 / 30 / 2006  
Transaction ID: D6777

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
211.51		795.70		1007.21

**C. Full Name (Last, First, Middle Initial)**  
National City  
Mailing Address  
101 W Washington St  
City State Zip Code  
Indianapolis IN 46204  
Purpose of Disbursement:  
credit card payment  
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
388532.83  
Date 06 / 16 / 2006  
Transaction ID: D6733

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.14		196.13		248.27

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
296.21		1114.32		1410.53

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

**A. Full Name (Last, First, Middle Initial)**  
Staples  
Mailing Address  
5206 W 38th St  
City State Zip Code  
Indianapolis IN 46254-2915  
Purpose of Disbursement:  
supplies  
Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
388532.83  
Date 06 / 15 / 2006  
Transaction ID: D6782

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.01		30.11		38.12

**B. Full Name (Last, First, Middle Initial)**  
Amoco  
Mailing Address  
1850 E 151st St  
City State Zip Code  
Carmel IN 46033-7732  
Purpose of Disbursement:  
gas  
Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
388532.83  
Date 06 / 15 / 2006  
Transaction ID: D6780

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.29		27.42		34.71

**C. Full Name (Last, First, Middle Initial)**  
Thorton's  
Mailing Address  
3801 Keystone Ave  
City State Zip Code  
Indianapolis IN 46205  
Purpose of Disbursement:  
gas  
Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
388532.83  
Date 06 / 15 / 2006  
Transaction ID: D6781

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.08		30.38		38.46

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

**A. Full Name (Last, First, Middle Initial)**  
PILOT Travel Center

Mailing Address  
Interstate 65 And Us 24

City	State	Zip Code	Category/ Type
Remington	IN	47977	

Purpose of Disbursement:  
gas

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

Type of Allocated Activity:  
 Administrative     Fundraising     Exempt  
 Voter Drive     Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
388532.83

Date  /  /   
**Transaction ID:** D6783

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.73		17.78		22.51

**B. Full Name (Last, First, Middle Initial)**  
Circle S # 40

Mailing Address  
1860 S Ohio St

City	State	Zip Code	Category/ Type
Martinsville	IN	46151-3320	

Purpose of Disbursement:  
gas

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

Type of Allocated Activity:  
 Administrative     Fundraising     Exempt  
 Voter Drive     Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
388532.83

Date  /  /   
**Transaction ID:** D6785

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.82		29.40		37.22

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

Mailing Address  
RR 4

City	State	Zip Code	Category/ Type
Spencer	IN	47460	

Purpose of Disbursement:  
gas

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

Type of Allocated Activity:  
 Administrative     Fundraising     Exempt  
 Voter Drive     Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
388532.83

Date  /  /   
**Transaction ID:** D6784

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.83		25.68		32.51

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

**A. Full Name (Last, First, Middle Initial)**  
Stuckey's Pecan Shop

Mailing Address  
9950 South USHighway 41,

City	State	Zip Code	Category/ Type
Terre Haute	IN	47802	

Purpose of Disbursement:  
travel

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

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
388532.83

Date 

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

  
**Transaction ID:** D6786

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.40		35.34		44.74

**B. Full Name (Last, First, Middle Initial)**  
National City

Mailing Address  
101 W Washington St

City	State	Zip Code	Category/ Type
Indianapolis	IN	46204	

Purpose of Disbursement:  
travel

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
388532.83

Date 

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

  
**Transaction ID:** D6734

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.89		349.44		442.33

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

Mailing Address  
PROCESSING Center

City	State	Zip Code	Category/ Type
Des Moines	IA	50360-0001	

Purpose of Disbursement:  
travel

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

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
388532.83

Date 

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

  
**Transaction ID:** D6790

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.77		29.23		37.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.89		349.44		442.33

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> BP Oil			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1850 E 151st St			Allocated Activity or Event Year-To-Date 388532.83	
City Carmel	State IN	Zip Code 46033-7732	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 06 / 15 / 2006 <b>Transaction ID:</b> D6788	
Purpose of Disbursement: travel				
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.51		24.49		31.00

<b>B. Full Name (Last, First, Middle Initial)</b> dreamhost			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 5479			Allocated Activity or Event Year-To-Date 388532.83	
City Huntington Park	State CA	Zip Code 90255-9479	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 06 / 15 / 2006 <b>Transaction ID:</b> D6791	
Purpose of Disbursement: travel				
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.27		189.13		239.40

<b>C. Full Name (Last, First, Middle Initial)</b> RAM Big Horn Brewery			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 104 Capitol Ave			Allocated Activity or Event Year-To-Date 388532.83	
City Indianapolis	State IN	Zip Code 46204	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 06 / 15 / 2006 <b>Transaction ID:</b> D6787	
Purpose of Disbursement: dining				
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.52		58.37		73.89

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Living Room Lounge Restaurant			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 934 N Pennsylvania St			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Category/Type		
Indianapolis	IN	46204-1021			
Purpose of Disbursement: travel					
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Date <input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2006"/> <b>Transaction ID:</b> D6789		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.42		16.62		21.04

<b>B. Full Name (Last, First, Middle Initial)</b> National City			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 101 W Washington St			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Category/Type		
Indianapolis	IN	46204			
Purpose of Disbursement: travel					
Activity or Event Identifier: Administrative			Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/> <b>Transaction ID:</b> D6735		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.52		103.51		131.03

<b>C. Full Name (Last, First, Middle Initial)</b> BP Oil			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1850 E 151st St			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Category/Type		
Carmel	IN	46033-7732			
Purpose of Disbursement: travel					
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Date <input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2006"/> <b>Transaction ID:</b> D6797		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.52		103.51		131.03

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.52		103.51		131.03

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> National City			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 101 W Washington St			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Indianapolis	IN	46204	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: travel			Transaction ID: D6736		
Activity or Event Identifier: Administrative			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Activity or Event Identifier: Administrative			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
288.89		1086.79		1375.68

<b>B. Full Name (Last, First, Middle Initial)</b> Westin Hotel			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 50 S Capitol Ave			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Indianapolis	IN	46204-3406	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: meeting			Transaction ID: D6792		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
266.97		1004.31		1271.28

<b>C. Full Name (Last, First, Middle Initial)</b> Jimmy John's Restaurant			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 4825 E 96th Street			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Indianapolis	IN	46240	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: meeting			Transaction ID: D6793		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.92		82.48		104.40

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
288.89		1086.79		1375.68

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> National City			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 101 W Washington St			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Category/ Type		
Indianapolis	IN	46204			
Purpose of Disbursement: travel			Date <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative			Transaction ID: D6737		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
143.42		539.55		682.97

<b>B. Full Name (Last, First, Middle Initial)</b> BP Oil			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1850 E 151st St			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Category/ Type		
Carmel	IN	46033-7732			
Purpose of Disbursement: travel			Date <input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Transaction ID: D6796		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.11		45.58		57.69

<b>C. Full Name (Last, First, Middle Initial)</b> Sheraton Hotels			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 6101 W Century Blvd			Allocated Activity or Event Year-To-Date 388532.83		
City	State	Zip Code	Category/ Type		
Los Angeles	CA	90045-5310			
Purpose of Disbursement: travel			Date <input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Transaction ID: D6794		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
123.60		464.98		588.58

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
143.42		539.55		682.97

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
25096.45		94410.41		119506.86

Image# 28993144806

Form/Schedule: **F3XA**

Transaction ID:

Please note that the Committee is amending all reports from January 1, 2005, to present as a result of a comprehensive and expansive internal audit in which several financial discrepancies and irregularities were discovered. Please note that from January 1, 2005, through mid 2007, the Committee did not correctly report allocable expenses. This issue has been corrected on these amendments and has been reported correctly since its discovery in 2007. This issue is related to ADR 342. Please note that there are several unauthorized transactions in these reports that are subject to an ongoing criminal matter.

Form/Schedule: **SB29**

Transaction ID: **D346290**

Fraudulent charge, see main memo text for explanation

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**Image# 28993144807**

Form/Schedule: **SB29**

Transaction ID: **D347077**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D347078**

Fraudulent charge, see main memo text for explanation

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**Image# 28993144808**

Form/Schedule: **SB29**

Transaction ID: **D347079**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D347082**

Fraudulent charge, see main memo text for explanation

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**Image# 28993144809**

Form/Schedule: **SB29**

Transaction ID: **D347083**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D347084**

Fraudulent charge, see main memo text for explanation

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**Image# 28993144810**

Form/Schedule: **SB29**

Transaction ID: **D347087**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D347091**

Fraudulent charge, see main memo text for explanation

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**Image# 28993144811**

Form/Schedule: **SB29**

Transaction ID: **D346291**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D346292**

Fraudulent charge, see main memo text for explanation

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**Image# 28993144812**

Form/Schedule: **SB29**

Transaction ID: **D346293**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D347072**

Fraudulent charge, see main memo text for explanation

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**Image# 28993144813**

Form/Schedule: **SB29**

Transaction ID: **D347073**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D347074**

Fraudulent charge, see main memo text for explanation

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**Image# 28993144814**

Form/Schedule: **SB29**

Transaction ID: **D347075**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D347076**

Fraudulent charge, see main memo text for explanation

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