



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**INDIANA FARM BUREAU INC ELECT PAC INC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="197823.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="208307.62"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="49853.60"/>	<input type="text" value="64562.27"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="258161.22"/>	<input type="text" value="262385.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35631.78"/>	<input type="text" value="39855.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="222529.44"/>	<input type="text" value="222529.44"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**INDIANA FARM BUREAU INC ELECT PAC INC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	49622.11	64050.09
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	49622.11	64050.09
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	49622.11	64050.09
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	231.49	512.18
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	49853.60	64562.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49853.60	64562.27

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	14731.78	18655.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14731.78	18655.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	20900.00	21200.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35631.78	39855.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35631.78	39855.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	49622.11	64050.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49622.11	64050.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	14731.78	18655.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14731.78	18655.90

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

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

FOR LINE NUMBER: PAGE 6 OF 20  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Farm Bureau Bank**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17300 Henderson Pass  
City Indianapolis State IN Zip Code 46202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 512.18

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2013  
**Transaction ID : SA17.5440**  
Amount of Each Receipt this Period  
231.49  
interest -July-Dec

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	231.49
<b>TOTAL</b> This Period (last page this line number only).....▶	231.49

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Aramark**

Mailing Address 11834 Tapp Dr

City Indianapolis State IN Zip Code 46229

Purpose of Disbursement meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2013

Transaction ID : SB21B.5431

Amount of Each Disbursement this Period

103.81

Full Name (Last, First, Middle Initial)

**B. Kendell Culp**

Mailing Address 3598 S 150 West

City Rensselaer State IN Zip Code 47978

Purpose of Disbursement mileage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2013

Transaction ID : SB21B.5425

Amount of Each Disbursement this Period

220.00

Full Name (Last, First, Middle Initial)

**C. Mel Egolf**

Mailing Address 0578 E US 33-57

City Churubusco State IN Zip Code 46723

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2013

Transaction ID : SB21B.5427

Amount of Each Disbursement this Period

125.00

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

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

448.81

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. David Flinn**

Mailing Address 1069 Hidden Falls Camp Road

City Bedford State IN Zip Code 47421

Purpose of Disbursement  
mileage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2013

**Transaction ID : SB21B.5422**

Amount of Each Disbursement this Period

360.00
--------

Full Name (Last, First, Middle Initial)

**B. Bob Geswein**

Mailing Address PO Box 1456

City Floyds Knobs State IN Zip Code 47119

Purpose of Disbursement  
mileage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2013

**Transaction ID : SB21B.5421**

Amount of Each Disbursement this Period

125.00
--------

Full Name (Last, First, Middle Initial)

**C. Elaine Gillis**

Mailing Address 11665 E. 1300 North

City Dunkirk State IN Zip Code 47336

Purpose of Disbursement  
mileage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2013

**Transaction ID : SB21B.5423**

Amount of Each Disbursement this Period

90.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

575.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Matt Hayden**

Mailing Address 7013 E 173rd

City Hebron State IN Zip Code 46341

Purpose of Disbursement  
mileage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	10	/	2013

**Transaction ID : SB21B.5426**

Amount of Each Disbursement this Period

134.00
--------

Full Name (Last, First, Middle Initial)

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

Mailing Address P.O. Box 1290

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
postage reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2013

**Transaction ID : SB21B.5434**

Amount of Each Disbursement this Period

204.70
--------

Full Name (Last, First, Middle Initial)

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

Mailing Address P.O. Box 1290

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
reimburse IN Secretary of State fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	16	/	2013

**Transaction ID : SB21B.5435**

Amount of Each Disbursement this Period

7.14
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

345.84
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

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

Mailing Address P.O. Box 1290

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
district meeting reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2013

**Transaction ID : SB21B.5436**

Amount of Each Disbursement this Period

681.03

Full Name (Last, First, Middle Initial)

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

Mailing Address P.O. Box 1290

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
district meeting reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2013

**Transaction ID : SB21B.5437**

Amount of Each Disbursement this Period

509.14

Full Name (Last, First, Middle Initial)

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

Mailing Address P.O. Box 1290

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
management fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 26 / 2013

**Transaction ID : SB21B.5438**

Amount of Each Disbursement this Period

10000.00

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

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

11190.17

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Tom Milligan**

Mailing Address PO Box 1369

City Dana State IN Zip Code 47847-1369

Purpose of Disbursement  
mileage

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	3

**Transaction ID : SB21B.5428**

Amount of Each Disbursement this Period

7	5	.	0	0
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Full Name (Last, First, Middle Initial)

**B. United Farm Family Mutual Ins.**

Mailing Address 225 S. East Street

City Indianapolis State IN Zip Code 46202-4056

Purpose of Disbursement  
audit fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	3

**Transaction ID : SB21B.5439**

Amount of Each Disbursement this Period

1	6	1	6	.	0	0
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Full Name (Last, First, Middle Initial)

**C. Fred Walker**

Mailing Address 2459 E. 300 North

City Hartford City State IN Zip Code 47348

Purpose of Disbursement  
mileage

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	3

**Transaction ID : SB21B.5424**

Amount of Each Disbursement this Period

9	5	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	7	8	6	.	0	0
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1	4	3	4	5	.	8	2
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Bill Friend for State Rep.**

Mailing Address 3127 W. 1500 North

City State Zip Code  
Macy IN 46951

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 04 / 2013

**Transaction ID : SB29.5392**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Carlin Yoder Committee**

Mailing Address PO Box 2182

City State Zip Code  
Indianapolis IN 46206

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
07 / 30 / 2013

**Transaction ID : SB29.5394**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Charbonneau for Senate**

Mailing Address P.O. Box 30

City State Zip Code  
Valparaiso IN 46384

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 04 / 2013

**Transaction ID : SB29.5395**

Amount of Each Disbursement this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Citizens for Buck**

Mailing Address 4407 McKibben Drive

City Kokomo State IN Zip Code 46902

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 30 / 2013

**Transaction ID : SB29.5396**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Citizens for Tim Brown**

Mailing Address PO Box 861

City Crawfordsville State IN Zip Code 47933

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 08 / 2013

**Transaction ID : SB29.5398**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Wolkins Committee**

Mailing Address 1528 N. 175 East

City Warsaw State IN Zip Code 46582

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 08 / 2013

**Transaction ID : SB29.5399**

Amount of Each Disbursement this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Comm. to Elect Randy Head**

Mailing Address 5003 Waterbury Ct.

City Logansport State IN Zip Code 46947

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 30 / 2013

**Transaction ID : SB29.5401**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Comm. to Elect Sean Eberhart**

Mailing Address 1744 E. Michigan Rd.

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 08 / 2013

**Transaction ID : SB29.5402**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Comm. to Elect Tim Lanane**

Mailing Address 34 West 8th Street

City Anderson State IN Zip Code 46016

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 08 / 2013

**Transaction ID : SB29.5403**

Amount of Each Disbursement this Period

500.00

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

1500.00

**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 FARM BUREAU INC ELECT PAC INC**

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Bob Cherry</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2013
Mailing Address 3118 E 100 S		<b>Transaction ID : SB29.5404</b>
City Greenfield	State IN	
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Brian Bosma</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2013
Mailing Address P.O. Box 44054		<b>Transaction ID : SB29.5405</b>
City Indianapolis	State IN	
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period 700.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Comm to Elect Kevin Mahan</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2013
Mailing Address State Representative 305 E. Fairlane Dr		<b>Transaction ID : SB29.5400</b>
City Hartford City	State IN	
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. David Long for State Senate**

Mailing Address 7100 W. Jefferson Blvd.

City State Zip Code  
Fort Wayne IN 46863

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2013

**Transaction ID : SB29.5406**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Elect Luke Kenley**

Mailing Address P.O. Box 809

City State Zip Code  
Noblesville IN 46061

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2013

**Transaction ID : SB29.5407**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Don Lehe**

Mailing Address 10644 S. 100 East

City State Zip Code  
Brookston IN 47923

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2013

**Transaction ID : SB29.5408**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Hershman for Senate**

Mailing Address P.O. Box 177

City Monticello State IN Zip Code 47960

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2013

Transaction ID : **SB29.5409**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Hoosiers for Holdman**

Mailing Address 7617 West Jefferson Blvd

City Fort Wayne State IN Zip Code 46804

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2013

Transaction ID : **SB29.5411**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Hoosiers for Scott Pelath**

Mailing Address 1824 Manhattan St

City Michigan City State IN Zip Code 46360

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2013

Transaction ID : **SB29.5412**

Amount of Each Disbursement this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. House Republican Campaign Comm**

Mailing Address PO Box 44054

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2013

**Transaction ID : SB29.5413**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. House Republican Campaign Comm**

Mailing Address PO Box 44054

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2013

**Transaction ID : SB29.5414**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. House Republican Campaign Comm**

Mailing Address PO Box 44054

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2013

**Transaction ID : SB29.5415**

Amount of Each Disbursement this Period

700.00

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

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

4200.00

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Indiana Senate Democrat Comm**

Mailing Address 115 W. Washington St.  
Ste 11655

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2013

**Transaction ID : SB29.5416**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Markmessmer.com**

Mailing Address 795 E. Scherle Lane

City Jasper State IN Zip Code 47546

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2013

**Transaction ID : SB29.5417**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Senate Majority Campaign Comm**

Mailing Address P.O. Box 2182

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2013

**Transaction ID : SB29.5418**

Amount of Each Disbursement this Period

2000.00

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

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Senate Majority Campaign Comm**

Mailing Address P.O. Box 2182

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2013

**Transaction ID : SB29.5419**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Steele for Senate Committee**

Mailing Address PO Box 368

City Bedford State IN Zip Code 47421

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2013

**Transaction ID : SB29.5420**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2000.00

20900.00