

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 12 01 2005 through 12 31 2005

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 10 10 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**

Write or Type Committee Name
Indiana Democratic Congressional Victory Committee

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		191846.25
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	275886.36									
(c) Total Receipts (from Line 19)	168830.94	1635790.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	444717.30	1827636.48								
7. Total Disbursements (from Line 31)	158312.58	1541231.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	286404.72	286404.72								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Indiana Democratic Congressional Victory Committee

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	3100.00	80076.00
(i) Itemized (use Schedule A)	11691.00	113334.09
(ii) Unitemized	14791.00	193410.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5025.00	39649.95
(c) Other Political Committees (such as PACs)	19816.00	233060.04
(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	18191.77
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)	12545.52	105788.99
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	555.53	263964.02
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	135913.89	1014785.41
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	135913.89	1014785.41
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	168830.94	1635790.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32917.05	621004.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	7399.97	90423.33
(ii) Non-Federal Share.....	27837.84	340451.12
(b) Other Federal Operating Expenditures.....	70199.41	533283.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	105437.22	964157.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	4050.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	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	639.33
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.....	52875.36	540666.12
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	16718.40
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	16718.40
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	158312.58	1541231.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	130474.74	1200780.64

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	19816.00	233060.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19816.00	233060.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	77599.38	623706.79
37. Offsets to Operating Expenditures (from Line 15, page 3)	12545.52	105788.99
38. Net Operating Expenditures (subtract Line 37 from Line 36)	65053.86	517917.80

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

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

FOR LINE NUMBER: PAGE 6 / 65
(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)
Mark Hill

Mailing Address 15936 Oak Park Ct

City State Zip Code
Westfield IN 46074-9140

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Baker Hill Corporation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
12 / 08 / 2005

Transaction ID: C37782

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Tyler G. Graves

Mailing Address 570 N Oriental St

City State Zip Code
Indianapolis IN 46202

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Dept. of Commerce Economic Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y
12 / 12 / 2005

Transaction ID: C13259521

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Kevin Charles Murray

Mailing Address 990 Ellenberger Parkway West Dr

City State Zip Code
Indianapolis IN 46219-4439

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Locke Reynolds Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5250.00

Date of Receipt M M / D D / Y Y Y Y
12 / 12 / 2005

Transaction ID: C120539

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 65
(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)
Mary Lou Terrell

Mailing Address 1600 N 14th St

City State Zip Code
Vincennes IN 47591-4808

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

Name of Employer: Knox County Housing Authority
Occupation: Exec. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt: 12 / 22 / 2005
Transaction ID: C194359
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Ibrahim Y. Swidan

Mailing Address 8650 Jaffa Court West Dr
Apt 32

City State Zip Code
Indianapolis IN 46260-5337

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

Name of Employer: Janssen Spaans
Occupation: engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt: 12 / 12 / 2005
Transaction ID: C53601
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
John Ross

Mailing Address 151 N Delaware St
Ste 2000

City State Zip Code
Indianapolis IN 46204-2543

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 ▼
300.00

Date of Receipt: 12 / 12 / 2005
Transaction ID: C229202
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) Anita Harden		Date of Receipt
	Mailing Address 7607 Newport Bay Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Indianapolis	IN	46240-3370
	FEC ID number of contributing federal political committee.		Transaction ID: C214516
		Amount of Each Receipt this Period	<input type="text"/>
			500.00
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 ▼	
			500.00

B.	Full Name (Last, First, Middle Initial) Dora Mae May Abel		Date of Receipt
	Mailing Address 2008 Blue Ridge Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Terre Haute	IN	47802-5080
	FEC ID number of contributing federal political committee.		Transaction ID: C165658
		Amount of Each Receipt this Period	<input type="text"/>
			50.00
Name of Employer retired		Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
			675.00

C.	Full Name (Last, First, Middle Initial) Richard A. Rampone		Date of Receipt
	Mailing Address 2023 Lawrence Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Indianapolis	IN	46227-8629
	FEC ID number of contributing federal political committee.		Transaction ID: C79942
		Amount of Each Receipt this Period	<input type="text"/>
			500.00
Name of Employer Earth Tech, Inc		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
			2500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>
	1050.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 65
(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)
Dennis M. Neidigh

Mailing Address 345 4th Ct E

City State Zip Code
Carmel IN 46033-1991

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Crawford Murphy & Tilly Civil Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 12 / 2005

Transaction ID: C167168

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Katherine Lyon Davis

Mailing Address 621 E 9th St

City State Zip Code
Indianapolis IN 46202-3408

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
State of Indiana Business Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 13 / 2005

Transaction ID: C137568

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Kasey L. Kendrick

Mailing Address 5035 N Kenwood Ave

City State Zip Code
Indianapolis IN 46208-2617

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Indpls. Private Industry government

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 12 / 2005

Transaction ID: C28506

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 400.00

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 / 65

(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)

Marguerite K. Shepard

Mailing Address 1335 Sumac Ct

City State Zip Code
Carmel IN 46033-1952

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

Name of Employer Occupation
University OB-gyn, INC Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 5

Transaction ID: C17721008

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)

Michael Levitan

Mailing Address 315 E 72nd St

City State Zip Code
Indianapolis IN 46240-3001

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

Name of Employer Occupation
Emmis Human Resources Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 5

Transaction ID: C30013

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)

Cheryl Gibson Sullivan

Mailing Address 5854 Lawton Loop

City State Zip Code
Indianapolis IN 46216

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

Name of Employer Occupation
Evan Bayh Evan Bayh

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: C197586

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

550.00

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 / 65
(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) L Irene Runnels		Date of Receipt MM / DD / YYYY 12 / 15 / 2005	
Mailing Address 250 S 27th St		Transaction ID: C17721709	
City Richmond	State IN	Zip Code 47374	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) Tamara Mitchell		Date of Receipt MM / DD / YYYY 12 / 16 / 2005	
Mailing Address 1517 N Gibson Ave		Transaction ID: C25466	
City Indianapolis	State IN	Zip Code 46219-4119	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 65
	(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)
American Federation of Teachers COPE

Mailing Address 555 New Jersey Ave NW

City Washington State DC Zip Code 20001-2029

FEC ID number of contributing federal political committee. **C** C00028860

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 Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: C94448

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Franklin Co Democratic Central Committee

Mailing Address 217 Canal St

City Brookville State IN Zip Code 47012-1417

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: C17720997

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	5025.00
TOTAL This Period (last page this line number only)	5025.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 65
(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)
Ellsworth for Congress Committee

Mailing Address PO Box 62

City State Zip Code
Evansville IN 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 ▼ 30074.04

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: C46790

Amount of Each Receipt this Period 5085.70

Offset for payroll on Line 29

B. 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 ▼ 38829.24

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: C215051

Amount of Each Receipt this Period 4629.62

Offset for payroll on Line 29

C. 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 ▼ 15138.40

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: C49476

Amount of Each Receipt this Period 2830.20

Offset for payroll on Line 29

SUBTOTAL of Receipts This Page (optional) ► 12545.52

TOTAL This Period (last page this line number only) ► 12545.52

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 65	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Old National Bank		Date of Receipt
Mailing Address PO Box 718		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2005"/>
City	State	Zip Code
Evansville	IN	47705-0718
FEC ID number of contributing federal political committee.		Transaction ID: C17582139
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="555.53"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3481.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="555.53"/>
TOTAL This Period (last page this line number only)	<input type="text" value="555.53"/>

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 15 / 65

<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>A.</p> <p>Full Name (Last, First, Middle Initial) Mr. Michael D. Edmondson</p> <p>Mailing Address 1530 E 81st St</p> <p>City Indianapolis State IN Zip Code 46240-2716</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>Transaction ID: D239634</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <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="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1370.34"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mr. Michael D. Edmondson</p> <p>Mailing Address 1530 E 81st St</p> <p>City Indianapolis State IN Zip Code 46240-2716</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>Transaction ID: D239626</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2555.28"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mr. Michael D. Edmondson</p> <p>Mailing Address 1530 E 81st St</p> <p>City Indianapolis State IN Zip Code 46240-2716</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>Transaction ID: D239627</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2555.28"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6480.90"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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>A. Full Name (Last, First, Middle Initial) Anthem BCBS IN GROUP</p> <p>Mailing Address PO Box 105113</p> <p>City Atlanta State GA Zip Code 30348-5113</p> <p>Purpose of Disbursement health insurance</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>Transaction ID: D6247</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="900.98"/></p>
<p>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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D6183</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3345.24"/></p>
<p>C. 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>Transaction ID: D6188</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2911.57"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="7157.79"/></p>
<p>TOTAL 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 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>A. 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>Transaction ID: D6193</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <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="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2631.16"/></p>
<p>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>Transaction ID: D6190</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="157.50"/></p>
<p>C. 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>Transaction ID: D6194</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <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="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="157.50"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 65

<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>A.</p> <p>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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D242471</p> <p>Date of Disbursement 12 / 23 / 2005</p> <p>Amount of Each Disbursement this Period 41.73</p>
<p>B.</p> <p>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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D242472</p> <p>Date of Disbursement 12 / 30 / 2005</p> <p>Amount of Each Disbursement this Period 98.94</p>
<p>C.</p> <p>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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D242479</p> <p>Date of Disbursement 12 / 09 / 2005</p> <p>Amount of Each Disbursement this Period 41.73</p>

SUBTOTAL of Disbursements This Page (optional)	182.40
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 65

<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>A. Full Name (Last, First, Middle Initial) Gordon & Schwenkmeyer, Inc.</p> <p>Mailing Address 300 N Sepulveda Blvd</p> <p>City El Segundo State CA Zip Code 90245-4477</p> <p>Purpose of Disbursement telemarketing</p> <p>Candidate Name Gordon & Schwenkmeyer, Inc.</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>Transaction ID: D6228 Date of Disbursement 12 / 30 / 2005</p> <p>Amount of Each Disbursement this Period 5947.62</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Daniel J Parker</p> <p>Mailing Address 7458 Rooses Way</p> <p>City Indianapolis State IN Zip Code 46217-5484</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D241683 Date of Disbursement 12 / 09 / 2005</p> <p>Amount of Each Disbursement this Period 2822.47</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Daniel J Parker</p> <p>Mailing Address 7458 Rooses Way</p> <p>City Indianapolis State IN Zip Code 46217-5484</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D241696 Date of Disbursement 12 / 23 / 2005</p> <p>Amount of Each Disbursement this Period 3023.97</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11794.06

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 20 / 65

<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) Mr. Daniel J Parker	Transaction ID: D241697 Date of Disbursement 12 / 30 / 2005
	Mailing Address 7458 Rooses Way	Amount of Each Disbursement this Period 1640.35
	City Indianapolis State IN Zip Code 46217-5484	
	Purpose of Disbursement 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. Daniel J Parker	Transaction ID: D241699 Date of Disbursement 12 / 30 / 2005
	Mailing Address 7458 Rooses Way	Amount of Each Disbursement this Period 5000.00
	City Indianapolis State IN Zip Code 46217-5484	
	Purpose of Disbursement bonus 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) Mrs. Kimberly N Bostic	Transaction ID: D240386 Date of Disbursement 12 / 30 / 2005
	Mailing Address 6864 W Philadelphia Dr	Amount of Each Disbursement this Period 601.46
	City Mc Cordsville State IN Zip Code 46055-9325	
	Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional)	7241.81
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) Mrs. Kimberly N Bostic	Transaction ID: D240387 Date of Disbursement 12 / 30 / 2005
	Mailing Address 6864 W Philadelphia Dr	Amount of Each Disbursement this Period 5000.00
	City Mc Cordsville State IN Zip Code 46055-9325	
	Purpose of Disbursement bonus	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) Mrs. Kimberly N Bostic	Transaction ID: D240395 Date of Disbursement 12 / 09 / 2005
	Mailing Address 6864 W Philadelphia Dr	Amount of Each Disbursement this Period 1137.80
	City Mc Cordsville State IN Zip Code 46055-9325	
	Purpose of Disbursement 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. Kimberly N Bostic	Transaction ID: D240611 Date of Disbursement 12 / 23 / 2005
	Mailing Address 6864 W Philadelphia Dr	Amount of Each Disbursement this Period 1137.80
	City Mc Cordsville State IN Zip Code 46055-9325	
	Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional)	7275.60
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 22 / 65

<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) City National Bank Mailing Address 2029 Century Park E City Los Angeles State CA Zip Code 90067-1906 Purpose of Disbursement bank fees 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: D6229 Date of Disbursement 12 / 31 / 2005 Amount of Each Disbursement this Period 35.44 Category/Type	
B.	Full Name (Last, First, Middle Initial) Old National Bank Mailing Address PO Box 718 City Evansville State IN Zip Code 47705-0718 Purpose of Disbursement bank fee 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: D244642 Date of Disbursement 12 / 05 / 2005 Amount of Each Disbursement this Period 25.20 Category/Type 001	
C.	Full Name (Last, First, Middle Initial) Old National Bank Mailing Address PO Box 718 City Evansville State IN Zip Code 47705-0718 Purpose of Disbursement Merchant Fees 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: D336560 Date of Disbursement 12 / 01 / 2005 Amount of Each Disbursement this Period 0.56 Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶

61.20

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>A.</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 Merchant Fees</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>Transaction ID: D336561</p> <p>Date of Disbursement 12 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 5.15</p>
<p>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 Merchant Fees</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>Transaction ID: D336562</p> <p>Date of Disbursement 12 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 1.12</p>
<p>C.</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 Merchant Fees</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>Transaction ID: D336563</p> <p>Date of Disbursement 12 / 20 / 2005</p> <p>Amount of Each Disbursement this Period 2.24</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8.51

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: D336564 Date of Disbursement
	Mailing Address PO Box 718	<input type="text" value="12"/> <input type="text" value="30"/> / <input type="text" value="2005"/>
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="2.24"/>
	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. Jennifer D Weiser	Transaction ID: D240671 Date of Disbursement
	Mailing Address 1128 E 56th St	<input type="text" value="12"/> <input type="text" value="23"/> / <input type="text" value="2005"/>
	City Indianapolis State IN Zip Code 46220-3222	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll	<input type="text" value="1639.89"/>
	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 D Weiser	Transaction ID: D240672 Date of Disbursement
	Mailing Address 1128 E 56th St	<input type="text" value="12"/> <input type="text" value="09"/> / <input type="text" value="2005"/>
	City Indianapolis State IN Zip Code 46220-3222	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll	<input type="text" value="1639.89"/>
	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)	<input type="text" value="3282.02"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 65

<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. Jennifer D Weiser <hr/> Mailing Address 1128 E 56th St <hr/> City Indianapolis State IN Zip Code 46220-3222 <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) ▼	Transaction ID: D240673 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 893.16
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ms. Jennifer D Weiser <hr/> Mailing Address 1128 E 56th St <hr/> City Indianapolis State IN Zip Code 46220-3222 <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) ▼	Transaction ID: D240674 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Anthem Life Insurance Company of Indiana <hr/> Mailing Address L8111 Department <hr/> City Columbus State OH Zip Code 43268 <hr/> Purpose of Disbursement insurance 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: D332369 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
	Amount of Each Disbursement this Period 331.07
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6224.23
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 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>A.</p> <p>Full Name (Last, First, Middle Initial) PrimePay</p> <p>Mailing Address 9382 Priority Way West Dr</p> <p>City Indianapolis State IN Zip Code 46240</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>Transaction ID: D336565</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2405.54"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Anthem Blue Cross and Blue Shield</p> <p>Mailing Address PO Box 790444</p> <p>City Saint Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement health insurance</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>Transaction ID: D244406</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7037.75"/></p>
<p>C.</p> <p>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>Transaction ID: D240914</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="867.25"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10310.54"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 27 / 65

<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>A. 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>Transaction ID: D240915</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="442.65"/></p>
<p>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>Transaction ID: D240922</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="867.25"/></p>
<p>C. 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>Transaction ID: D6184</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="269.93"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1579.83"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input 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: D6189 Date of Disbursement 12 / 23 / 2005
	Mailing Address 100 North Senate Ave	Amount of Each Disbursement this Period 425.93
	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: D6195 Date of Disbursement 12 / 30 / 2005
	Mailing Address 100 North Senate Ave	Amount of Each Disbursement this Period 867.25
	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) Mark A. Lee	Transaction ID: D244502 Date of Disbursement 12 / 30 / 2005
	Mailing Address 402 N Meridian St Apt 208	Amount of Each Disbursement this Period 380.70
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional)	1673.88
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) Mark A. Lee	Transaction ID: D244503 Date of Disbursement 12 / 30 / 2005
	Mailing Address 402 N Meridian St Apt 208	Amount of Each Disbursement this Period 2500.00
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement bonus	
	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) Mark A. Lee	Transaction ID: D244504 Date of Disbursement 12 / 23 / 2005
	Mailing Address 402 N Meridian St Apt 208	Amount of Each Disbursement this Period 732.39
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement 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) Mark A. Lee	Transaction ID: D244505 Date of Disbursement 12 / 09 / 2005
	Mailing Address 402 N Meridian St Apt 208	Amount of Each Disbursement this Period 732.39
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional)	3964.78
TOTAL This Period (last page this line number only)	70183.71

**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 30 / 65

<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. Linda K. Harris <hr/> Mailing Address 11129 Peppermill Ln <hr/> City Fishers State IN Zip Code 46037-9082 <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) ▼	Transaction ID: D239643 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5
	Amount of Each Disbursement this Period 2540.15
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris <hr/> Mailing Address 11129 Peppermill Ln <hr/> City Fishers State IN Zip Code 46037-9082 <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) ▼	Transaction ID: D239644 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
	Amount of Each Disbursement this Period 2540.15
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris <hr/> Mailing Address 11129 Peppermill Ln <hr/> City Fishers State IN Zip Code 46037-9082 <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) ▼	Transaction ID: D239650 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 1463.79
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6544.09
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Michael D. Edmondson <hr/> Mailing Address 1530 E 81st St <hr/> City Indianapolis State IN Zip Code 46240-2716 <hr/> Purpose of Disbursement bonus 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: D239632 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	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 <hr/> Mailing Address Cincinnati Commerce Ctr <hr/> City Cincinnati State OH Zip Code 45999 <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) ▼	Transaction ID: D239238 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
	Amount of Each Disbursement this Period 3364.53
	Category/ Type
	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 <hr/> Mailing Address Cincinnati Commerce Ctr <hr/> City Cincinnati State OH Zip Code 45999 <hr/> Purpose of Disbursement payroll taxes 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: D239239 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 1884.49
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10249.02

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>A.</p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <hr/> <p>Mailing Address Cincinnati Commerce Ctr</p> <hr/> <p>City Cincinnati State OH Zip Code 45999</p> <hr/> <p>Purpose of Disbursement payroll taxes</p> <hr/> <p>Candidate Name</p> <hr/> <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>Transaction ID: D239475</p> <p>Date of Disbursement</p> <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>1</td><td>2</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">5770.07</td> </tr> </table> <hr/> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	9	/	2	0	0	5	5770.07
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	9	/	2	0	0	5													
5770.07																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ms. Melissa A. Lear</p> <hr/> <p>Mailing Address 627 SE Riverside Dr Apt D</p> <hr/> <p>City Evansville State IN Zip Code 47713-1150</p> <hr/> <p>Purpose of Disbursement carson payroll</p> <hr/> <p>Candidate Name</p> <hr/> <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>Transaction ID: D6180</p> <p>Date of Disbursement</p> <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>1</td><td>2</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">1210.78</td> </tr> </table> <hr/> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	9	/	2	0	0	5	1210.78
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	9	/	2	0	0	5													
1210.78																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ms. Melissa A. Lear</p> <hr/> <p>Mailing Address 627 SE Riverside Dr Apt D</p> <hr/> <p>City Evansville State IN Zip Code 47713-1150</p> <hr/> <p>Purpose of Disbursement carson payroll</p> <hr/> <p>Candidate Name</p> <hr/> <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>Transaction ID: D6185</p> <p>Date of Disbursement</p> <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>1</td><td>2</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">1210.78</td> </tr> </table> <hr/> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	3	/	2	0	0	5	1210.78
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	2	3	/	2	0	0	5													
1210.78																						

SUBTOTAL of Disbursements This Page (optional)	8191.63
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>A. 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>Transaction ID: D6191 Date of Disbursement 12 / 30 / 2005</p> <p>Amount of Each Disbursement this Period 645.96</p>
<p>B. Full Name (Last, First, Middle Initial) Ms. Leatrice Webb-Parks</p> <p>Mailing Address 5443 Milroy Rd</p> <p>City Indianapolis State IN Zip Code 46216-2087</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D239752 Date of Disbursement 12 / 30 / 2005</p> <p>Amount of Each Disbursement this Period 399.83</p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Leatrice Webb-Parks</p> <p>Mailing Address 5443 Milroy Rd</p> <p>City Indianapolis State IN Zip Code 46216-2087</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D239756 Date of Disbursement 12 / 09 / 2005</p> <p>Amount of Each Disbursement this Period 752.49</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1798.28

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 34 / 65

<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. Leatrice Webb-Parks

Transaction ID: D239757
Date of Disbursement

Mailing Address 5443 Milroy Rd

^M 1	^M 2	/	^D 2	^D 3	/	^Y 2	^Y 0	^Y 5	^Y 5
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City Indianapolis State IN Zip Code 46216-2087

Amount of Each Disbursement this Period

752.49

Purpose of Disbursement
marion co. payroll

Category/ Type

Candidate Name

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

B.

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

Transaction ID: D6182
Date of Disbursement

Mailing Address 506 N Indiana Ave

^M 1	^M 2	/	^D 0	^D 9	/	^Y 2	^Y 0	^Y 5	^Y 5
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City Bloomington State IN Zip Code 47408-3620

Amount of Each Disbursement this Period

722.58

Purpose of Disbursement
hill payroll

Category/ Type

Candidate Name

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

C.

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

Transaction ID: D6187
Date of Disbursement

Mailing Address 506 N Indiana Ave

^M 1	^M 2	/	^D 2	^D 3	/	^Y 2	^Y 0	^Y 5	^Y 5
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City Bloomington State IN Zip Code 47408-3620

Amount of Each Disbursement this Period

722.58

Purpose of Disbursement
hill payroll

Category/ Type

Candidate Name

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

SUBTOTAL of Disbursements This Page (optional) ▶

2197.65

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

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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)

PAGE 35 / 65

<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>A. Full Name (Last, First, Middle Initial) Mr. Joel Riethmiller</p> <p>Mailing Address 506 N Indiana Ave</p> <p>City Bloomington State IN Zip Code 47408-3620</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>Transaction ID: D6192</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="384.05"/></p>
<p>B. Full Name (Last, First, Middle Initial) Martin Mooradian</p> <p>Mailing Address 122 Chanel Ter Apt 202</p> <p>City Falls Church State VA Zip Code 22046-4106</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D6186</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3333.50"/></p>
<p>C. Full Name (Last, First, Middle Initial) Mr Jeremy Howser</p> <p>Mailing Address 1214 Hatfield Dr</p> <p>City Evansville State IN Zip Code 47714-0715</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D6181</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3422.83"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7140.38"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 65

<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. 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 <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: D238184 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
	Amount of Each Disbursement this Period 898.83
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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 <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: D238185 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5
	Amount of Each Disbursement this Period 898.83
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. 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 <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: D238187 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 463.94
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2261.60

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) Mrs. Michele Miller	Transaction ID: D238736
	Mailing Address 11342 Fairweather Pl	Date of Disbursement MM / DD / YYYY 12 / 09 / 2005
	City Indianapolis State IN Zip Code 46229-4982	Amount of Each Disbursement this Period 918.27
	Purpose of Disbursement peterson payroll 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) ▼	Category/Type
B.	Full Name (Last, First, Middle Initial) Mrs. Michele Miller	Transaction ID: D238745
	Mailing Address 11342 Fairweather Pl	Date of Disbursement MM / DD / YYYY 12 / 23 / 2005
	City Indianapolis State IN Zip Code 46229-4982	Amount of Each Disbursement this Period 918.27
	Purpose of Disbursement peterson payroll 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) ▼	Category/Type
C.	Full Name (Last, First, Middle Initial) Mrs. Michele Miller	Transaction ID: D238746
	Mailing Address 11342 Fairweather Pl	Date of Disbursement MM / DD / YYYY 12 / 30 / 2005
	City Indianapolis State IN Zip Code 46229-4982	Amount of Each Disbursement this Period 481.63
	Purpose of Disbursement peterson payroll 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2318.17

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 <hr/> Mailing Address 1451 Central Ave Apt 107 <hr/> City Indianapolis State IN Zip Code 46202 <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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D242789 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 541.47
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Ms Karina E. Straub <hr/> Mailing Address 1451 Central Ave Apt 107 <hr/> City Indianapolis State IN Zip Code 46202 <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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D242790 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
	Amount of Each Disbursement this Period 1032.67
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Ms Karina E. Straub <hr/> Mailing Address 1451 Central Ave Apt 107 <hr/> City Indianapolis State IN Zip Code 46202 <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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D242791 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5
	Amount of Each Disbursement this Period 1032.67
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2606.81
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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. Jennifer L. Grawcock <hr/> Mailing Address 5954 Dewey Ave <hr/> City Indianapolis State IN Zip Code 46219 <hr/> Purpose of Disbursement marion co. 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) ▼	Transaction ID: D242923 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 696.21
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Ms. Jennifer L. Grawcock <hr/> Mailing Address 5954 Dewey Ave <hr/> City Indianapolis State IN Zip Code 46219 <hr/> Purpose of Disbursement marion co. 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) ▼	Transaction ID: D242924 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
	Amount of Each Disbursement this Period 1299.84
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Ms. Jennifer L. Grawcock <hr/> Mailing Address 5954 Dewey Ave <hr/> City Indianapolis State IN Zip Code 46219 <hr/> Purpose of Disbursement marion co. 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) ▼	Transaction ID: D242925 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5
	Amount of Each Disbursement this Period 1299.84
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3295.89
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 40 / 65

<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

<p>A. 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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D243012 Date of Disbursement 12 / 30 / 2005</p> <p>Amount of Each Disbursement this Period 732.41</p>
<p>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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D243013 Date of Disbursement 12 / 23 / 2005</p> <p>Amount of Each Disbursement this Period 1364.63</p>
<p>C. 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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D243014 Date of Disbursement 12 / 09 / 2005</p> <p>Amount of Each Disbursement this Period 1364.63</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3461.67

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

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) Mrs. Barbara Ziemer	Transaction ID: D243853 Date of Disbursement 12 / 30 / 2005
	Mailing Address 804 Kingswood Dr	Amount of Each Disbursement this Period 585.41
	City Evansville State IN Zip Code 47715	
	Purpose of Disbursement weinzapfel 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) Mrs. Barbara Ziemer	Transaction ID: D243854 Date of Disbursement 12 / 23 / 2005
	Mailing Address 804 Kingswood Dr	Amount of Each Disbursement this Period 1112.38
	City Evansville State IN Zip Code 47715	
	Purpose of Disbursement weinzapfel 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) Mrs. Barbara Ziemer	Transaction ID: D243855 Date of Disbursement 12 / 09 / 2005
	Mailing Address 804 Kingswood Dr	Amount of Each Disbursement this Period 1112.38
	City Evansville State IN Zip Code 47715	
	Purpose of Disbursement weinzapfel 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) ▼

SUBTOTAL of Disbursements This Page (optional)	2810.17
TOTAL This Period (last page this line number only)	52875.36

**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 1 2 / 0 8 / 2 0 0 5	TOTAL AMOUNT TRANSFERRED 25486.14
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	25486.14	Transaction ID: T1817
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 IDP NonFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	TOTAL AMOUNT TRANSFERRED 25687.64
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	25687.64	Transaction ID: T1818
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	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
IDP NonFederal	M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	22964.39

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	22964.39	Transaction ID: T1819
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 IDP NONFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5	TOTAL AMOUNT TRANSFERRED 38005.95
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	38005.95	Transaction ID: T1820
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 IDP NonFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5	TOTAL AMOUNT TRANSFERRED 6591.01
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	6591.01	Transaction ID: T1821
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 1 2 / 0 1 / 2 0 0 5	TOTAL AMOUNT TRANSFERRED 13732.38
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	13732.38	Transaction ID: T337
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	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Indiana Democratic S	M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5	3446.38

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	Transaction ID: T339	3446.38
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)	135913.89
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)	135913.89

**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) Denison Parking, INC. Mailing Address 36 S Pennsylvania St Ste 200 City State Zip Code Indianapolis IN 46204-3627 Purpose of Disbursement: parking Activity or Event Identifier: Administrative	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 Allocated Activity or Event Year-To-Date 430874.45 Date MM / DD / YYYY 12 / 01 / 2005 Transaction ID: D6197
--	---

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
231.00		869.00		1100.00

B. Full Name (Last, First, Middle Initial) Denison Parking, INC. Mailing Address 36 S Pennsylvania St Ste 200 City State Zip Code Indianapolis IN 46204-3627 Purpose of Disbursement: parking Activity or Event Identifier: Administrative	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 Allocated Activity or Event Year-To-Date 430874.45 Date MM / DD / YYYY 12 / 20 / 2005 Transaction ID: D6214
--	---

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.30		102.70		130.00

C. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 790406 City State Zip Code Saint Louis MO 63179-0406 Purpose of Disbursement: phones Activity or Event Identifier: Administrative	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 Allocated Activity or Event Year-To-Date 430874.45 Date MM / DD / YYYY 12 / 20 / 2005 Transaction ID: D6219
--	---

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.86		40.86		51.72

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
269.16		1012.56		1281.72

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)
Skyline Club
Mailing Address
1 American Sq Fl 36
City Indianapolis **State** IN **Zip Code** 46282
Purpose of Disbursement:
office supplies
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
430874.45
Date 12 / 20 / 2005
Transaction ID: D6225

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.50		65.83		83.33

B. Full Name (Last, First, Middle Initial)
Jewett Printing
Mailing Address
101 W Ohio St Ste 2000
City Indianapolis **State** IN **Zip Code** 46204-4204
Purpose of Disbursement:
printing
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
430874.45
Date 12 / 08 / 2005
Transaction ID: D6209

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
202.98		763.57		966.55

C. Full Name (Last, First, Middle Initial)
Jewett Printing
Mailing Address
101 W Ohio St Ste 2000
City Indianapolis **State** IN **Zip Code** 46204-4204
Purpose of Disbursement:
printing
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
430874.45
Date 12 / 20 / 2005
Transaction ID: D6217

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
264.18		993.82		1258.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
484.66		1823.22		2307.88

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) 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;">430874.45</div>	
City	State	Zip Code	Category/ Type	
Cincinnati	OH	45274-1855		
Purpose of Disbursement: delivery service			Date M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5	
Activity or Event Identifier: Administrative			Transaction ID: D6210	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.29		57.51		72.80

B. Full Name (Last, First, Middle Initial) 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;">430874.45</div>	
City	State	Zip Code	Category/ Type	
Saginaw	MI	48605-5075		
Purpose of Disbursement: phones			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Activity or Event Identifier: Administrative			Transaction ID: D6218	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.23		234.10		296.33

C. Full Name (Last, First, Middle Initial) 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;">430874.45</div>	
City	State	Zip Code	Category/ Type	
Chicago	IL	60675-3205		
Purpose of Disbursement: rent			Date M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Activity or Event Identifier: Administrative			Transaction ID: D6203	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1594.56		5998.57		7593.13

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1672.08		6290.18		7962.26

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) 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 430874.45		
City Chicago	State IL	Zip Code 60675-3205	Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5		
Purpose of Disbursement: rent			Transaction ID: D6262		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1628.37		6125.76		7754.13

B. Full Name (Last, First, Middle Initial) IKON Office Solutions			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 802558			Allocated Activity or Event Year-To-Date 430874.45		
City Chicago	State IL	Zip Code 60680-2558	Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5		
Purpose of Disbursement: equipment lease			Transaction ID: D6224		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
409.81		1541.65		1951.46

C. Full Name (Last, First, Middle Initial) 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 430874.45		
City Carol Stream	State IL	Zip Code 60132-0001	Date M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5		
Purpose of Disbursement: legal press			Transaction ID: D6213		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
95.97		361.03		457.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2134.15		8028.44		10162.59

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) 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 430874.45		
City Chicago	State IL	Zip Code 60612-1677	Date M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5		
Purpose of Disbursement: office supplies			Transaction ID: D6206		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.27		98.81		125.08

B. Full Name (Last, First, Middle Initial) 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 430874.45		
City Chicago	State IL	Zip Code 60612-1677	Date M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5		
Purpose of Disbursement: office supplies			Transaction ID: D6208		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.27		98.81		125.08

C. Full Name (Last, First, Middle Initial) 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 430874.45		
City Chicago	State IL	Zip Code 60612-1677	Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5		
Purpose of Disbursement: office supplies			Transaction ID: D6220		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.27		98.81		125.08

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
78.81		296.43		375.24

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

A. Full Name (Last, First, Middle Initial) 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 430874.45		
City Cambridge	State MA	Zip Code 02140-2112	Date M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5		
Purpose of Disbursement: voter file maintenance			Transaction ID: D6211		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
483.00		1817.00		2300.00

B. Full Name (Last, First, Middle Initial) SBC Ameritech			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 Bill Payment Ctr			Allocated Activity or Event Year-To-Date 430874.45		
City Chicago	State IL	Zip Code 60663-0001	Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5		
Purpose of Disbursement: phones			Transaction ID: D6216		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
209.87		789.52		999.39

C. Full Name (Last, First, Middle Initial) SBC Ameritech			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 Bill Payment Ctr			Allocated Activity or Event Year-To-Date 430874.45		
City Chicago	State IL	Zip Code 60663-0001	Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5		
Purpose of Disbursement: phones			Transaction ID: D6223		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.77		85.67		108.44

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
715.64		2692.19		3407.83

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) SBC 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 430874.45		
City Chicago	State IL	Zip Code 60693-0131	Date <input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: phones			Transaction ID: D6222		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
113.76		427.95		541.71

B. Full Name (Last, First, Middle Initial) OneNation			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 430874.45		
City Columbus	State OH	Zip Code 43260-0001	Date <input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: health insurance			Transaction ID: D6221		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.50		39.50		50.00

C. Full Name (Last, First, Middle Initial) 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 430874.45		
City Louisville	State KY	Zip Code 40285-6042	Date <input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: postage meter			Transaction ID: D6196		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
423.57		1593.42		2016.99

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
547.83		2060.87		2608.70

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			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 430874.45		
City Newark	State DE	Zip Code 19702	Date MM / DD / YYYY 12 / 20 / 2005		
Purpose of Disbursement: phones			Transaction ID: D6215		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.11		45.55		57.66

B. Full Name (Last, First, Middle Initial) 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 430874.45		
City Indianapolis	State IN	Zip Code 46229-2611	Date MM / DD / YYYY 12 / 01 / 2005		
Purpose of Disbursement: phones			Transaction ID: D6198		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
268.52		1010.14		1278.66

C. Full Name (Last, First, Middle Initial) Bucher & Christian Consulting, 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 10 W Market St Suite 300			Allocated Activity or Event Year-To-Date 430874.45		
City Indianapolis	State IN	Zip Code 46204	Date MM / DD / YYYY 12 / 20 / 2005		
Purpose of Disbursement: computer			Transaction ID: D6226		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
375.90		1414.10		1790.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
656.53		2469.79		3126.32

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

A. Full Name (Last, First, Middle Initial) 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 430874.45		
City Plantation	State FL	Zip Code 33324	Date <input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: office supplies			Transaction ID: D269120		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.96		105.17		133.13

B. Full Name (Last, First, Middle Initial) 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 430874.45		
City Plantation	State FL	Zip Code 33324	Date <input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: delivery service			Transaction ID: D6199		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.80		112.09		141.89

C. Full Name (Last, First, Middle Initial) 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 430874.45		
City Plantation	State FL	Zip Code 33324	Date <input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: delivery service			Transaction ID: D6212		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.96		105.17		133.13

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
85.72		322.43		408.15

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) PrimePay			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 9382 Priority Way West Dr			Allocated Activity or Event Year-To-Date 430874.45		
City Indianapolis	State IN	Zip Code 46240	Date <input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: payroll service			Transaction ID: D6207		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.39		95.51		120.90

B. Full Name (Last, First, Middle Initial) Mark A. Lee			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 402 N Meridian St Apt 208			Allocated Activity or Event Year-To-Date 430874.45		
City Indianapolis	State IN	Zip Code 46204	Date <input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: travel			Transaction ID: D6204		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.30		23.70		30.00

C. Full Name (Last, First, Middle Initial) Mark A. Lee			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 402 N Meridian St Apt 208			Allocated Activity or Event Year-To-Date 430874.45		
City Indianapolis	State IN	Zip Code 46204	Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: travel			Transaction ID: D244598		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.92		22.28		28.20

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.61		141.49		179.10

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)
National City

Mailing Address
101 W Washington St

City	State	Zip Code
Indianapolis	IN	46204

Purpose of Disbursement:
travel see memo schedule below

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
430874.45

Date / /
Transaction ID: D6200

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
479.10		1802.32		2281.42

B. Full Name (Last, First, Middle Initial)
Coolbaker's International

Mailing Address
1515 Ormsby Station Ct., Suite 100

City	State	Zip Code
Louisville	KY	40223

Purpose of Disbursement:
catering

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
430874.45

Date / /
Transaction ID: D6234

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
161.86		608.89		770.75

C. Full Name (Last, First, Middle Initial)
Speedway

Mailing Address
7103 N Meridian

City	State	Zip Code
Indianapolis	IN	46260

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
430874.45

Date / /
Transaction ID: D6235

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.63		55.04		69.67

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
479.10		1802.32		2281.42

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)
Marathon Ashland

Mailing Address
1304 Olin Ave

City State Zip Code
Indianapolis IN 46222-3294

Purpose of Disbursement:
travel

Category/
Type

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

430874.45

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 12 / 01 / 2005

Transaction ID: D6237

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.44		46.82		59.26

B. Full Name (Last, First, Middle Initial)
Mo's A Place for Steak

Mailing Address
47 S. Pennsylvania

City State Zip Code
Indianapolis IN 46204

Purpose of Disbursement:
travel

Category/
Type

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

430874.45

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 12 / 01 / 2005

Transaction ID: D6233

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
272.16		1023.84		1296.00

C. Full Name (Last, First, Middle Initial)
Eat at Moe's

Mailing Address
3301 Franklin St

City State Zip Code
Michigan City IN 46360-7075

Purpose of Disbursement:
travel

Category/
Type

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

430874.45

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 12 / 01 / 2005

Transaction ID: D6236

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.01		67.73		85.74

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

A. Full Name (Last, First, Middle Initial)
National City

Mailing Address
101 W Washington St

City	State	Zip Code
Indianapolis	IN	46204

Purpose of Disbursement:
travel see memo schedule below

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
430874.45

Date / /
Transaction ID: D6201

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
142.71		536.87		679.58

B. Full Name (Last, First, Middle Initial)
Meijer

Mailing Address
5349 Pike Plaza Road

City	State	Zip Code
Indianapolis	IN	46254

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
430874.45

Date / /
Transaction ID: D6241

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.44		24.25		30.69

C. Full Name (Last, First, Middle Initial)
Dell Account

Mailing Address
PO Box 9020

City	State	Zip Code
Des Moines	IA	50368-9020

Purpose of Disbursement:
computer

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
430874.45

Date / /
Transaction ID: D6240

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.30		181.68		229.98

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
142.71		536.87		679.58

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) Shell 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 8924 E 116th			Allocated Activity or Event Year-To-Date 430874.45	
City Fishers	State IN	Zip Code 46038		
Purpose of Disbursement: travel			Category/ Type	
Activity or Event Identifier: Administrative [MEMO ITEM]			Date M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 Transaction ID: D6239	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.39		106.78		135.17

B. Full Name (Last, First, Middle Initial) Marathon Ashland			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 1304 Olin Ave			Allocated Activity or Event Year-To-Date 430874.45	
City Indianapolis	State IN	Zip Code 46222-3294		
Purpose of Disbursement: travel			Category/ Type	
Activity or Event Identifier: Administrative [MEMO ITEM]			Date M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 Transaction ID: D6238	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.70		141.82		179.52

C. Full Name (Last, First, Middle Initial) Abe's Phillips 66			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 3410 N Emerson Ave			Allocated Activity or Event Year-To-Date 430874.45	
City Indianapolis	State IN	Zip Code 46218-1732		
Purpose of Disbursement: travel			Category/ Type	
Activity or Event Identifier: Administrative [MEMO ITEM]			Date M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 Transaction ID: D6242	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.89		82.33		104.22

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)
National City

Mailing Address
101 W Washington St

City Indianapolis	State IN	Zip Code 46204	Category/ Type
Purpose of Disbursement: travel see memo schedule below			

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
430874.45

Date / /
Transaction ID: D6202

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
95.97		361.05		457.02

B. Full Name (Last, First, Middle Initial)
Amoco

Mailing Address
1850 E 151st St

City Carmel	State IN	Zip Code 46033-7732	Category/ Type
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
430874.45

Date / /
Transaction ID: D6246

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.79		29.31		37.10

C. Full Name (Last, First, Middle Initial)
Expedia

Mailing Address
13810 SE Eastgate Way Ste 400

City Bellevue	State WA	Zip Code 98005-4425	Category/ Type
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
430874.45

Date / /
Transaction ID: D6245

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.05		3.95		5.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
95.97		361.05		457.02

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)
American Airlines

Mailing Address
www.aa.com

City	State	Zip Code
Tulsa	OK	74133

Purpose of Disbursement:
travel

Category/
Type

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

430874.45

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	5

Transaction ID: D6244

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.96		180.44		228.40

B. Full Name (Last, First, Middle Initial)
Cingular Wireless

Mailing Address
10617 E Washington St

City	State	Zip Code
Indianapolis	IN	46229-2611

Purpose of Disbursement:
phones

Category/
Type

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

430874.45

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	5

Transaction ID: D6243

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
39.17		147.35		186.52

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
7399.97	27837.84	35237.81

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.