

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
MITCH FOR GOVERNOR CAMPAIGN COMMITTEE FEDERAL FUND

ADDRESS (number and street) 47 S. Meridian Street
Suite 200
 Check if different than previously reported. (ACC)
Indianapolis IN 46204

2. **FEC IDENTIFICATION NUMBER** C00398594
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 11 02 2004 in the State of IN

5. Covering Period 10 14 2004 through 11 22 2004

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 Trevor Belden

Signature of Treasurer Electronically Filed by Trevor Belden Date 04 12 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
MITCH FOR GOVERNOR CAMPAIGN COMMITTEE FEDERAL FUND

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	0	4

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	0	4

	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>4</td></tr></table>	Y	Y	Y	Y	2	0	0	4	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">5.00</td></tr></table>	5.00
Y	Y	Y	Y									
2	0	0	4									
5.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">7185.00</td></tr></table>	7185.00										
7185.00												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">16600.00</td></tr></table>	16600.00	<table border="1" style="width: 100%;"><tr><td align="right">23780.00</td></tr></table>	23780.00								
16600.00												
23780.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">23785.00</td></tr></table>	23785.00	<table border="1" style="width: 100%;"><tr><td align="right">23785.00</td></tr></table>	23785.00								
23785.00												
23785.00												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">7000.00</td></tr></table>	7000.00	<table border="1" style="width: 100%;"><tr><td align="right">7000.00</td></tr></table>	7000.00								
7000.00												
7000.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">16785.00</td></tr></table>	16785.00	<table border="1" style="width: 100%;"><tr><td align="right">16785.00</td></tr></table>	16785.00								
16785.00												
16785.00												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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
MITCH FOR GOVERNOR CAMPAIGN COMMITTEE FEDERAL FUND

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	0	4

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	0	4

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	17000.00	23500.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	-400.00	280.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16600.00	23780.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16600.00	23780.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16600.00	23780.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16600.00	23780.00

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	7000.00	7000.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7000.00	7000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	7000.00	7000.00

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)	16600.00	23780.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16600.00	23780.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 13
	<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

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)
MITCH FOR GOVERNOR CAMPAIGN COMMITTEE FEDERAL FUND

Full Name (Last, First, Middle Initial) A. Gina N. Bremner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 7431 Washington Blvd.		Transaction ID: SA11A1.4164	
City Indianapolis	State IN	Zip Code 46240	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer J.R. McMeyers	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. James D Bremner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 7431 North Washington Blvd.		Transaction ID: SA11A1.4165	
City Indianapolis	State IN	Zip Code 46240	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bremner & Wiley, Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. H. Patrick Callahan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 7302 N Pennsylvania St.		Transaction ID: SA11A1.4167	
City Indianapolis	State IN	Zip Code 46240	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Baker & Daniels	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 13
	<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)
MITCH FOR GOVERNOR CAMPAIGN COMMITTEE FEDERAL FUND

Full Name (Last, First, Middle Initial) A. Patrick R Corsi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 6111 Churchman Bypass		Transaction ID: SA11A1.4168
City Indianapolis State IN Zip Code 46203	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Info Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Info Requested Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Timothy J Dall		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 10448 Oak Ridge Drive		Transaction ID: SA11A1.4169
City Zionsville State IN Zip Code 46077	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Info Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Info Requested Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Donald R Dunbar		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 7615 Silver Pine Ct.		Transaction ID: SA11A1.4170
City Indianapolis State IN Zip Code 46250	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Info Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Info Requested Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 13
	<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)
MITCH FOR GOVERNOR CAMPAIGN COMMITTEE FEDERAL FUND

A. Full Name (Last, First, Middle Initial)
Dr. B. Robert Failey, Jr.

Mailing Address 7450 Lions Head Drive
Apartment B

City Indianapolis State IN Zip Code 46260

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

Name of Employer Info Requested Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 4

Transaction ID: SA11A1.4171

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
John Noel Failey

Mailing Address 57 E. 57th Street

City Indianapolis State IN Zip Code 46220

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

Name of Employer Info Requested Occupation Engineered Cooling Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 4

Transaction ID: SA11A1.4172

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Julie K Griffith

Mailing Address 3552 Towne Dr.

City Carmel State IN Zip Code 46032

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

Name of Employer Info Requested Occupation Cinergy Lobbyist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 4

Transaction ID: SA11A1.4173

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 13
	<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)
MITCH FOR GOVERNOR CAMPAIGN COMMITTEE FEDERAL FUND

Full Name (Last, First, Middle Initial) A. Glenn E Hoge		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 11724 Promontory Trail		Transaction ID: SA11A1.4174
City State Zip Code Zionsville IN 46077	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Info Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Info Requested Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Abigail W Hohmann		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 7156 N. Pennsylvania Street		Transaction ID: SA11A1.4175
City State Zip Code Indianapolis IN 46240	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Info Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Info Requested Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Lisa H Kobe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 4326 N. Washington Blvd.		Transaction ID: SA11A1.4176
City State Zip Code Indianapolis IN 46205	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cinergy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 13
	<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)
MITCH FOR GOVERNOR CAMPAIGN COMMITTEE FEDERAL FUND

A. Full Name (Last, First, Middle Initial)
Katherine M Kruse

Mailing Address 7443 Washington Blvd.

City State Zip Code
Indianapolis IN 46240

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 4

Transaction ID: SA11A1.4177

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
B. C. Patel

Mailing Address 6107 Midway Ct.

City State Zip Code
Indianapolis IN 46224

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

Name of Employer Occupation
Info Requested Info Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 4

Transaction ID: SA11A1.4178

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Hilary Stout Saltach

Mailing Address 5959 Spring Mill Road

City State Zip Code
Indianapolis IN 46208

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

Name of Employer Occupation
Phoenix Investments Info Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 4

Transaction ID: SA11A1.4179

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 13
	<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)
MITCH FOR GOVERNOR CAMPAIGN COMMITTEE FEDERAL FUND

Full Name (Last, First, Middle Initial) A. Jenny J Schalliol		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 12942 Brighton Avenue		Transaction ID: SA11A1.4180	
City State Zip Code Carmel IN 46032	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Info Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Info Requested Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. David N Shane		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 7430 N Washington Blvd		Transaction ID: SA11A1.4181	
City State Zip Code Indianapolis IN 46240	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer LDI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. David R Sherman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 8824 Classic View Dr		Transaction ID: SA11A1.4182	
City State Zip Code Indianapolis IN 46217	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Info Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Info Requested Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 13
	(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)
MITCH FOR GOVERNOR CAMPAIGN COMMITTEE FEDERAL FUND

A. Full Name (Last, First, Middle Initial)
G. William Tolbert

Mailing Address 7406 N Washington Blvd

City State Zip Code
Indianapolis IN 46240

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 4

Transaction ID: SA11A1.4183

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Susan M Tolbert

Mailing Address 4106 N Washington Blvd.

City State Zip Code
Indianapolis IN 46240

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 4

Transaction ID: SA11A1.4184

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	17000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

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

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NAME OF COMMITTEE (In Full)

MITCH FOR GOVERNOR CAMPAIGN COMMITTEE FEDERAL FUND

Full Name (Last, First, Middle Initial)

A. INDIANA REPUBLICAN STATE CENTRAL COMMITTEE

Mailing Address 47 S. Meridian St. Suite 200
Suite 200

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB22.4185

Date of Disbursement

10 / 26 / 2004

Amount of Each Disbursement this Period

7000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

7000.00