

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 Indianapolis IN 46204 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2006 through 03 31 2006

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

Type or Print Name of Treasurer Mrs Linda M Buzinec

Signature of Treasurer Electronically Filed by Mrs Linda M Buzinec Date 11 07 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.

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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Indiana Democratic Congressional Victory Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		286404.72
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	243860.56									
(c) Total Receipts (from Line 19) .....	174592.73	502178.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	418453.29	788583.02								
7. Total Disbursements (from Line 31) .....	153126.81	523256.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	265326.48	265326.48								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Indiana Democratic Congressional Victory Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10500.00	41050.00
(i) Itemized (use Schedule A) .....	5438.00	13008.00
(ii) Unitemized .....	15938.00	54058.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	15938.00	54058.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	6947.85
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) .....	40897.60	83240.37
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	607.26	1801.38
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	117149.87	356130.70
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	117149.87	356130.70
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	174592.73	502178.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	57442.86	146047.60

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	3724.08	30875.61
(ii) Non-Federal Share.....	14009.64	120389.21
(b) Other Federal Operating Expenditures.....	61927.92	172858.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	79661.64	324123.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent 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.....	69465.17	191133.45
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 .....	4000.00	8000.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	4000.00	8000.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	153126.81	523256.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	139117.17	402867.33

**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 .....	15938.00	54058.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15938.00	54058.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	65652.00	203733.88
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	40897.60	83240.37
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	24754.40	120493.51

# 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 6 / 60
	<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)  
Indiana Democratic Congressional Victory Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dennis W. Cobb	Date of Receipt MM / DD / YYYY 03 / 03 / 2006
	Mailing Address 7863 W Whiteland Rd	<b>Transaction ID:</b> C144233
	City State Zip Code Bargersville IN 46106-8700	Amount of Each Receipt this Period 1700.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation First Group Engineer Civil Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard A. Rampone	Date of Receipt MM / DD / YYYY 03 / 03 / 2006
	Mailing Address 2023 Lawrence Ave	<b>Transaction ID:</b> C79937
	City State Zip Code Indianapolis IN 46227-8629	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Earth Tech, Inc Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dollars for Democrats	Date of Receipt MM / DD / YYYY 03 / 28 / 2006
	Mailing Address 430 S Capitol St	<b>Transaction ID:</b> C33999
	City State Zip Code Washington DC 20003-2620	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 60  
(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)  
Randall M. Willing

Mailing Address 350 N Meridian St  
Unit 204

City Indianapolis State IN Zip Code 46204-1772

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

Name of Employer First Group Engineering Occupation Business Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 03 / 03 / 2006  
Transaction ID: C132729  
Amount of Each Receipt this Period 1700.00

**B.** Full Name (Last, First, Middle Initial)  
Lawrence C. Suhre

Mailing Address 1337 Wood Sage Dr

City Avon State IN Zip Code 46123-7758

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

Name of Employer Self-Employed Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 03 / 03 / 2006  
Transaction ID: C173789  
Amount of Each Receipt this Period 1600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3300.00

**TOTAL** This Period (last page this line number only) ..... ► 10500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 60  
(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)  
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 ▼ 12584.71

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** C215067

Amount of Each Receipt this Period 4150.21

Offset for Payroll on Line 29

**B.** 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 ▼ 35960.45

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** C46799

Amount of Each Receipt this Period 11786.15

Offset for Payroll on Line 29

**C.** Full Name (Last, First, Middle Initial)  
Evan Bayh Committee  
Mailing Address 1099 N Meridian St

City State Zip Code  
Indianapolis IN 46204-1030

FEC ID number of contributing federal political committee. C C00306860

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5367.94

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** C82659

Amount of Each Receipt this Period 2703.43

Offset for Payroll on Line 29

**SUBTOTAL** of Receipts This Page (optional) ..... 18639.79

**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 9 / 60  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Marion County Democratic Central Cmte  
Mailing Address 603 E Washington St  
City Indianapolis State IN Zip Code 46204-2695  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 18074.70  
Date of Receipt 03 / 28 / 2006  
Transaction ID: C64980  
Amount of Each Receipt this Period 18074.70  
Offset for Payroll on Line 29

**B.** Full Name (Last, First, Middle Initial)  
Hoosiers for Hill  
Mailing Address PO Box 1071  
City Seymour State IN Zip Code 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 ▼ 7467.88  
Date of Receipt 03 / 12 / 2006  
Transaction ID: C49484  
Amount of Each Receipt this Period 2388.95  
Offset for Payroll on Line 29

**C.** Full Name (Last, First, Middle Initial)  
Evan Bayh Committee  
Mailing Address 1099 N Meridian St  
City Indianapolis State IN Zip Code 46204-1030  
FEC ID number of contributing federal political committee. **C** C00306860  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5367.94  
Date of Receipt 03 / 03 / 2006  
Transaction ID: C82642  
Amount of Each Receipt this Period 1794.16  
Offset for Payroll on Line 29

**SUBTOTAL** of Receipts This Page (optional) ..... ► 22257.81  
**TOTAL** This Period (last page this line number only) ..... ► 40897.60

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 60	
	(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="03"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City	State	Zip Code
Evansville	IN	47705-0718
FEC ID number of contributing federal political committee.		Transaction ID: C226705
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="607.26"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1801.38"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="607.26"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="607.26"/>

# 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) Sandler & Reiff	Transaction ID: D6420 Date of Disbursement 03 / 27 / 2006
	Mailing Address 50 E St SE Ste 300	Amount of Each Disbursement this Period 400.00
	City Washington State DC Zip Code 20003-2620	
	Purpose of Disbursement retainer	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) Internal Revenue Service	Transaction ID: D6385 Date of Disbursement 03 / 15 / 2006
	Mailing Address Cincinnati Commerce Ctr	Amount of Each Disbursement this Period 6347.58
	City Cincinnati State OH Zip Code 45999	
	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) Internal Revenue Service	Transaction ID: D6389 Date of Disbursement 03 / 15 / 2006
	Mailing Address Cincinnati Commerce Ctr	Amount of Each Disbursement this Period 39.74
	City Cincinnati State OH Zip Code 45999	
	Purpose of Disbursement taxes	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6787.32

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) Internal Revenue Service	Transaction ID: D6429 Date of Disbursement 03 / 30 / 2006
	Mailing Address Cincinnati Commerce Ctr	
	City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period 2692.71
	Purpose of Disbursement payroll taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development	Transaction ID: D6386 Date of Disbursement 03 / 15 / 2006
	Mailing Address 10 N Senate Ave	
	City Indianapolis State IN Zip Code 46204-2201	Amount of Each Disbursement this Period 82.00
	Purpose of Disbursement payroll taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development	Transaction ID: D6430 Date of Disbursement 03 / 30 / 2006
	Mailing Address 10 N Senate Ave	
	City Indianapolis State IN Zip Code 46204-2201	Amount of Each Disbursement this Period 126.42
	Purpose of Disbursement payroll taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2901.13
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development</p> <p>Mailing Address 10 N Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204-2201</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D242447</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="605.78"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development</p> <p>Mailing Address 10 N Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204-2201</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D242448</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="34.17"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development</p> <p>Mailing Address 10 N Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204-2201</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D242484</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="393.77"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1033.72"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Skyline Club	Transaction ID: D6400 Date of Disbursement																			
	Mailing Address 1 American Sq Fl 36	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	7		2	0	0	6												
	City Indianapolis State IN Zip Code 46282	Amount of Each Disbursement this Period																			
	Purpose of Disbursement travel	<table border="1"><tr><td>237.01</td></tr></table>	237.01																		
237.01																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Jewett Printing	Transaction ID: D6390 Date of Disbursement																			
	Mailing Address 101 W Ohio St Ste 2000	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	7		2	0	0	6												
	City Indianapolis State IN Zip Code 46204-4204	Amount of Each Disbursement this Period																			
	Purpose of Disbursement printing	<table border="1"><tr><td>201.90</td></tr></table>	201.90																		
201.90																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Jewett Printing	Transaction ID: D6391 Date of Disbursement																			
	Mailing Address 101 W Ohio St Ste 2000	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	7		2	0	0	6												
	City Indianapolis State IN Zip Code 46204-4204	Amount of Each Disbursement this Period																			
	Purpose of Disbursement printing	<table border="1"><tr><td>3028.46</td></tr></table>	3028.46																		
3028.46																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>3467.37</td></tr></table>	3467.37
3467.37		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jewett Printing</p> <p>Mailing Address 101 W Ohio St Ste 2000</p> <p>City Indianapolis State IN Zip Code 46204-4204</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6395</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1304.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jewett Printing</p> <p>Mailing Address 101 W Ohio St Ste 2000</p> <p>City Indianapolis State IN Zip Code 46204-4204</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6396</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="742.20"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) IKON Office Solutions</p> <p>Mailing Address PO Box 802558</p> <p>City Chicago State IL Zip Code 60680-2558</p> <p>Purpose of Disbursement office equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6403</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1951.46"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3997.66"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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) LexisNexis  Mailing Address PO Box 2314  City Carol Stream State IL Zip Code 60132-0001  Purpose of Disbursement legal press 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: D6408 Date of Disbursement 03 / 27 / 2006	Amount of Each Disbursement this Period 457.00
B.	Full Name (Last, First, Middle Initial) Simple Distributors LLC  Mailing Address 2000 W Carroll Ave Ste 403  City Chicago State IL Zip Code 60612-1677  Purpose of Disbursement supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D6397 Date of Disbursement 03 / 27 / 2006	Amount of Each Disbursement this Period 245.92
C.	Full Name (Last, First, Middle Initial) Simple Distributors LLC  Mailing Address 2000 W Carroll Ave Ste 403  City Chicago State IL Zip Code 60612-1677  Purpose of Disbursement office supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D6401 Date of Disbursement 03 / 27 / 2006	Amount of Each Disbursement this Period 116.60

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>819.52</b>
<b>TOTAL</b> 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)

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<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) Simple Distributors LLC	Transaction ID: D6407 Date of Disbursement 03 / 27 / 2006
	Mailing Address 2000 W Carroll Ave Ste 403	Amount of Each Disbursement this Period 56.39
	City Chicago State IL Zip Code 60612-1677	
	Purpose of Disbursement toner	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) Simple Distributors LLC	Transaction ID: D6417 Date of Disbursement 03 / 27 / 2006
	Mailing Address 2000 W Carroll Ave Ste 403	Amount of Each Disbursement this Period 128.08
	City Chicago State IL Zip Code 60612-1677	
	Purpose of Disbursement office supplies	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) EchoPoint Media	Transaction ID: D6378 Date of Disbursement 03 / 07 / 2006
	Mailing Address 407 Fulton Street	Amount of Each Disbursement this Period 15228.60
	City Indianapolis State IN Zip Code 46202	
	Purpose of Disbursement Issue Ad Media Buy	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>15413.07</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input 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

<b>A.</b> Full Name (Last, First, Middle Initial) Barth Electric Co., Incorporated <hr/> Mailing Address PO Box 441563 <hr/> City Indianapolis State IN Zip Code 46244-1563 Purpose of Disbursement office repairs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D6416 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
	Amount of Each Disbursement this Period 219.54
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) SBC Capital Services <hr/> Mailing Address 13160 Collection Center Dr <hr/> City Chicago State IL Zip Code 60693-0131 Purpose of Disbursement phones Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D6411 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
	Amount of Each Disbursement this Period 541.71
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) PBCC <hr/> Mailing Address PO Box 856460 <hr/> City Louisville State KY Zip Code 40285-6460 Purpose of Disbursement postage meter Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D6402 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
	Amount of Each Disbursement this Period 453.34
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1214.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D276983 Date of Disbursement
	Mailing Address 101 W Washington St	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement merchant fee	<input type="text" value="35.22"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D334163 Date of Disbursement
	Mailing Address 101 W Washington St	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="30.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cingular Wireless	Transaction ID: D6392 Date of Disbursement
	Mailing Address 10617 E Washington St	<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
	City Indianapolis State IN Zip Code 46229-2611	Amount of Each Disbursement this Period
	Purpose of Disbursement phones	<input type="text" value="2412.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2478.12"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 60

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cingular Wireless</p> <p>Mailing Address 10617 E Washington St</p> <p>City Indianapolis State IN Zip Code 46229-2611</p> <p>Purpose of Disbursement cell phones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6398 <b>Date of Disbursement</b> 03 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 96.25</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bucher &amp; Christian Consulting, Inc.</p> <p>Mailing Address 10 W Market St Suite 300</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement computer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6418 <b>Date of Disbursement</b> 03 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 1790.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gregory &amp; Appel Insurance</p> <p>Mailing Address 1402 N. Capitol, Suite 400</p> <p>City Indianapolis State IN Zip Code 46202</p> <p>Purpose of Disbursement professional liability</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6404 <b>Date of Disbursement</b> 03 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 3594.00</p>

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

5480.25

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) SBC Ameritech</p> <p>Mailing Address PO Box 660011</p> <p>City Dallas State TX Zip Code 75266-0011</p> <p>Purpose of Disbursement phones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6406</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1021.68"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mrs. Abigail F. Curran</p> <p>Mailing Address 7930 Carrleigh Pkwy</p> <p>City Springfield State VA Zip Code 22152-1216</p> <p>Purpose of Disbursement hill payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6422</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="991.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ArmourMedia, Inc.</p> <p>Mailing Address 627 Euclid St</p> <p>City Santa Monica State CA Zip Code 90402-2923</p> <p>Purpose of Disbursement media buy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6449</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2279.15"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="4291.83"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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<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) Zent Consulting, LLC	Transaction ID: D6419 Date of Disbursement 03 / 27 / 2006
	Mailing Address 500 E Ohio St Ste 200	Amount of Each Disbursement this Period 2000.00
	City Indianapolis State IN Zip Code 46204-4608	
	Purpose of Disbursement computer	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) Old National Bank	Transaction ID: D343795 Date of Disbursement 03 / 03 / 2006
	Mailing Address PO Box 718	Amount of Each Disbursement this Period 3.02
	City Evansville State IN Zip Code 47705-0718	
	Purpose of Disbursement Merchant Fees	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) Old National Bank	Transaction ID: D343796 Date of Disbursement 03 / 03 / 2006
	Mailing Address PO Box 718	Amount of Each Disbursement this Period 2.24
	City Evansville State IN Zip Code 47705-0718	
	Purpose of Disbursement Merchant Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2005.26
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 60

<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: D343797 Date of Disbursement
	Mailing Address PO Box 718	<input type="text" value="03"/> <input type="text" value="07"/> / <input type="text" value="2006"/>
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="36.42"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Old National Bank	Transaction ID: D343798 Date of Disbursement
	Mailing Address PO Box 718	<input type="text" value="03"/> <input type="text" value="09"/> / <input type="text" value="2006"/>
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="0.56"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Old National Bank	Transaction ID: D343799 Date of Disbursement
	Mailing Address PO Box 718	<input type="text" value="03"/> <input type="text" value="13"/> / <input type="text" value="2006"/>
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="0.56"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

**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)

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<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: D343800 Date of Disbursement
	Mailing Address PO Box 718	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
	City Evansville State IN Zip Code 47705-0718	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="3.36"/>
	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) DHL Express Inc.	Transaction ID: D6405 Date of Disbursement
	Mailing Address 1200 S Pine Island Rd	<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
	City Plantation State FL Zip Code 33324	Amount of Each Disbursement this Period
	Purpose of Disbursement delivery service	<input type="text" value="138.14"/>
	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) DHL Express Inc.	Transaction ID: D6410 Date of Disbursement
	Mailing Address 1200 S Pine Island Rd	<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
	City Plantation State FL Zip Code 33324	Amount of Each Disbursement this Period
	Purpose of Disbursement delivery service	<input type="text" value="154.92"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="296.42"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DHL Express Inc.	Transaction ID: D6413 Date of Disbursement 03 / 27 / 2006
	Mailing Address 1200 S Pine Island Rd	Amount of Each Disbursement this Period 71.36
	City Plantation State FL Zip Code 33324	
	Purpose of Disbursement delivery service	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Lord & Abbett	Transaction ID: D276984 Date of Disbursement 03 / 31 / 2006
	Mailing Address PO Box 219336	Amount of Each Disbursement this Period 851.66
	City Kansas City State MO Zip Code 64121	
	Purpose of Disbursement 401K	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Lord & Abbett	Transaction ID: D6388 Date of Disbursement 03 / 09 / 2006
	Mailing Address PO Box 219336	Amount of Each Disbursement this Period 851.66
	City Kansas City State MO Zip Code 64121	
	Purpose of Disbursement 401K	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1774.68
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lord & Abbett	Transaction ID: D6432 Date of Disbursement 03 / 31 / 2006
	Mailing Address PO Box 219336	Amount of Each Disbursement this Period 851.66
	City Kansas City State MO Zip Code 64121	
	Purpose of Disbursement 401K	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) PrimePay	Transaction ID: D337157 Date of Disbursement 03 / 15 / 2006
	Mailing Address 9382 Priority Way West Dr	Amount of Each Disbursement this Period 4752.59
	City Indianapolis State IN Zip Code 46240	
	Purpose of Disbursement Payroll Taxes	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D6387 Date of Disbursement 03 / 15 / 2006
	Mailing Address 100 North Senate Ave	Amount of Each Disbursement this Period 785.72
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement payroll taxes	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

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

6389.97

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D6431 Date of Disbursement 03 / 30 / 2006
	Mailing Address 100 North Senate Ave	Amount of Each Disbursement this Period 438.72
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement payroll taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D240794 Date of Disbursement 03 / 30 / 2006
	Mailing Address 100 North Senate Ave	Amount of Each Disbursement this Period 1258.31
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement payroll taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D240911 Date of Disbursement 03 / 15 / 2006
	Mailing Address 100 North Senate Ave	Amount of Each Disbursement this Period 1184.55
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement payroll taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2881.58
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)  
Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
payroll taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D240912

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

67.84

B. Full Name (Last, First, Middle Initial)  
Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
payroll taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D241120

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

67.84

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

135.68

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

61405.71

**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)

<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	Transaction ID: D239165 Date of Disbursement 03 / 30 / 2006
	Mailing Address 11129 Peppermill Ln	
	City Fishers State IN Zip Code 46037-9082	Amount of Each Disbursement this Period 2761.38
	Purpose of Disbursement peterson payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris	Transaction ID: D239397 Date of Disbursement 03 / 15 / 2006
	Mailing Address 11129 Peppermill Ln	
	City Fishers State IN Zip Code 46037-9082	Amount of Each Disbursement this Period 2761.38
	Purpose of Disbursement peterson 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) Internal Revenue Service	Transaction ID: D239013 Date of Disbursement 03 / 30 / 2006
	Mailing Address Cincinnati Commerce Ctr	
	City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period 8308.23
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>13830.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Internal Revenue Service  Mailing Address Cincinnati Commerce Ctr  City Cincinnati State OH Zip Code 45999  Purpose of Disbursement payroll taxes 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: D239014 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6  Amount of Each Disbursement this Period 386.07
<b>B.</b>	Full Name (Last, First, Middle Initial) Internal Revenue Service  Mailing Address Cincinnati Commerce Ctr  City Cincinnati State OH Zip Code 45999  Purpose of Disbursement payroll taxes 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: D239026 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6  Amount of Each Disbursement this Period 7858.81
<b>C.</b>	Full Name (Last, First, Middle Initial) Internal Revenue Service  Mailing Address Cincinnati Commerce Ctr  City Cincinnati State OH Zip Code 45999  Purpose of Disbursement payroll taxes 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: D239027 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6  Amount of Each Disbursement this Period 392.74

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

8637.62

**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) Ms. Melissa A. Lear	Transaction ID: D6381 Date of Disbursement 03 / 15 / 2006
	Mailing Address 627 SE Riverside Dr Apt D	Amount of Each Disbursement this Period 1317.27
	City Evansville State IN Zip Code 47713-1150	
	Purpose of Disbursement carson 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) Ms. Melissa A. Lear	Transaction ID: D6425 Date of Disbursement 03 / 30 / 2006
	Mailing Address 627 SE Riverside Dr Apt D	Amount of Each Disbursement this Period 1317.27
	City Evansville State IN Zip Code 47713-1150	
	Purpose of Disbursement carson 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) Ms Kristin Self	Transaction ID: D6379 Date of Disbursement 03 / 15 / 2006
	Mailing Address 8813 Sunbow Dr	Amount of Each Disbursement this Period 1534.46
	City Indianapolis State IN Zip Code 46231-1171	
	Purpose of Disbursement carson 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4169.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> 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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6421</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="907.67"/></p>
<p><b>B.</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D239748</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="907.67"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms. Monica Lee Swintz</p> <p>Mailing Address 3920 Noth Pennsylvania</p> <p>City Indianapolis State IN Zip Code 46205</p> <p>Purpose of Disbursement bayh payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6384</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="623.43"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2438.77"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 60

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms. Monica Lee Swintz</p> <p>Mailing Address 3920 Noth Pennsylvania</p> <p>City Indianapolis State IN Zip Code 46205</p> <p>Purpose of Disbursement bayh payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D337066</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="623.43"/></p>
<p><b>B.</b> 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><b>Transaction ID:</b> D6383</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="783.85"/></p>
<p><b>C.</b> 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><b>Transaction ID:</b> D6427</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="783.85"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2191.13"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Martin Mooradian	Transaction ID: D6382 Date of Disbursement 03 / 15 / 2006
	Mailing Address 122 Chanel Ter Apt 202	Amount of Each Disbursement this Period 1672.34
	City Falls Church State VA Zip Code 22046-4106	
	Purpose of Disbursement ellsworth payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Martin Mooradian	Transaction ID: D6426 Date of Disbursement 03 / 30 / 2006
	Mailing Address 122 Chanel Ter Apt 202	Amount of Each Disbursement this Period 1672.34
	City Falls Church State VA Zip Code 22046-4106	
	Purpose of Disbursement ellsworth payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr Jeremy Howser	Transaction ID: D6380 Date of Disbursement 03 / 15 / 2006
	Mailing Address 1214 Hatfield Dr	Amount of Each Disbursement this Period 2090.92
	City Evansville State IN Zip Code 47714-0715	
	Purpose of Disbursement ellsworth payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr Jeremy Howser <hr/> Mailing Address 1214 Hatfield Dr <hr/> City Evansville State IN Zip Code 47714-0715 <hr/> Purpose of Disbursement ellsworth 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: D6424 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 2090.92
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. John Riordan <hr/> Mailing Address 27 S Downey Ave <hr/> City Indianapolis State IN Zip Code 46219-6403 <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: D6428 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 1405.91
	Category/ Type
	Category/ Type
<b>C.</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: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D238194 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 1024.71
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4521.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) 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: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D238196 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 966.08
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Mr Nicholas Grawcock <hr/> Mailing Address 5954 Dewey Ave <hr/> City Indianapolis State IN Zip Code 46219-7209 <hr/> Purpose of Disbursement marion co. payroll Candidate Name <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: D238115 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 119.29
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Mr Nicholas Grawcock <hr/> Mailing Address 5954 Dewey Ave <hr/> City Indianapolis State IN Zip Code 46219-7209 <hr/> Purpose of Disbursement marion co. payroll Candidate Name <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: D238121 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 785.75
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1871.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 60

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Angela M. Nussmeyer <hr/> Mailing Address 1022 N Downey Ave <hr/> City Indianapolis State IN Zip Code 46219-3005 <hr/> Purpose of Disbursement senate payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D238435 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 1272.62
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Angela M. Nussmeyer <hr/> Mailing Address 1022 N Downey Ave <hr/> City Indianapolis State IN Zip Code 46219-3005 <hr/> Purpose of Disbursement senate payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D238437 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 1272.62
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Michele Miller <hr/> Mailing Address 11342 Fairweather Pl <hr/> City Indianapolis State IN Zip Code 46229-4982 <hr/> Purpose of Disbursement peterson payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D238710 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 995.42
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3540.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mrs. Michele Miller	Transaction ID: D239081 Date of Disbursement 03 / 15 / 2006
	Mailing Address 11342 Fairweather Pl	Amount of Each Disbursement this Period 995.42
	City Indianapolis State IN Zip Code 46229-4982	
	Purpose of Disbursement peterson payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
B.	Full Name (Last, First, Middle Initial) Mr. Tim Moriarty	Transaction ID: D242168 Date of Disbursement 03 / 15 / 2006
	Mailing Address 129 Catherine Dr	Amount of Each Disbursement this Period 637.34
	City Carmel State IN Zip Code 46032-1421	
	Purpose of Disbursement kennedy payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
C.	Full Name (Last, First, Middle Initial) Mr. Tim Moriarty	Transaction ID: D242177 Date of Disbursement 03 / 30 / 2006
	Mailing Address 129 Catherine Dr	Amount of Each Disbursement this Period 637.34
	City Carmel State IN Zip Code 46032-1421	
	Purpose of Disbursement kennedy payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

2270.10

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) Mr. Matthew Riordan	Transaction ID: D240082 Date of Disbursement 03 / 15 / 2006
	Mailing Address 817 W 11th St	Amount of Each Disbursement this Period 793.76
	City Bloomington State IN Zip Code 47404-3233	
	Purpose of Disbursement marion co. 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) Ms Karina E. Straub	Transaction ID: D242783 Date of Disbursement 03 / 30 / 2006
	Mailing Address 1451 Central Ave Apt 107	Amount of Each Disbursement this Period 1121.01
	City Indianapolis State IN Zip Code 46202	
	Purpose of Disbursement kennedy 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) Ms Karina E. Straub	Transaction ID: D242784 Date of Disbursement 03 / 15 / 2006
	Mailing Address 1451 Central Ave Apt 107	Amount of Each Disbursement this Period 1121.01
	City Indianapolis State IN Zip Code 46202	
	Purpose of Disbursement kennedy 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	3035.78
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ms. Jennifer L. Grawcock	Transaction ID: D242919 Date of Disbursement 03 / 15 / 2006
	Mailing Address 5954 Dewey Ave	Amount of Each Disbursement this Period 1429.46
	City Indianapolis State IN Zip Code 46219	
	Purpose of Disbursement marion co. 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) Ms. Jennifer L. Grawcock	Transaction ID: D6423 Date of Disbursement 03 / 30 / 2006
	Mailing Address 5954 Dewey Ave	Amount of Each Disbursement this Period 1429.46
	City Indianapolis State IN Zip Code 46219	
	Purpose of Disbursement marion co. 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) Ms Kristen L Self	Transaction ID: D243007 Date of Disbursement 03 / 30 / 2006
	Mailing Address 8813 Sunbow Dr	Amount of Each Disbursement this Period 1534.46
	City Indianapolis State IN Zip Code 46231	
	Purpose of Disbursement house 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) ..... ▶

4393.38

**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. Myla Eldridge	Transaction ID: D243586 Date of Disbursement 03 / 30 / 2006
	Mailing Address 2017 W 63rd St	
	City Indianapolis State IN Zip Code 46260	Amount of Each Disbursement this Period 1143.39
	Purpose of Disbursement kennedy payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Myla Eldridge	Transaction ID: D243587 Date of Disbursement 03 / 15 / 2006
	Mailing Address 2017 W 63rd St	
	City Indianapolis State IN Zip Code 46260	Amount of Each Disbursement this Period 1143.39
	Purpose of Disbursement kennedy 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. Barbara Ziemer	Transaction ID: D243847 Date of Disbursement 03 / 30 / 2006
	Mailing Address 804 Kingswood Dr	
	City Evansville State IN Zip Code 47715	Amount of Each Disbursement this Period 1205.69
	Purpose of Disbursement weinzapfel payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3492.47
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Barbara Ziemer</p> <p>Mailing Address 804 Kingswood Dr</p> <p>City Evansville State IN Zip Code 47715</p> <p>Purpose of Disbursement weinzapfel payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D243848</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1205.69"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Timothy J. Jeffers</p> <p>Mailing Address 6854 Chorleywood Cir</p> <p>City Indianapolis State IN Zip Code 46259-5501</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D241724</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2626.54"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Timothy J. Jeffers</p> <p>Mailing Address 6854 Chorleywood Cir</p> <p>City Indianapolis State IN Zip Code 46259-5501</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D241741</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2626.54"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6458.77"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mark A. Lee</p> <p>Mailing Address 402 N Meridian St Apt 208</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D244496</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="793.83"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mark A. Lee</p> <p>Mailing Address 402 N Meridian St Apt 208</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D244497</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="793.83"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) National City</p> <p>Mailing Address 101 W Washington St</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D6448</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1590.58"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3178.24"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 60

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Nordstrom</p> <p>Mailing Address 130 S. Meridian St.</p> <p>City Indianapolis State IN Zip Code 46217</p> <p>Purpose of Disbursement Clothing &amp; Home Goods</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D344844 <b>Date of Disbursement</b> 03 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 137.80</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) National City</p> <p>Mailing Address 101 W Washington St</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement Credit Card 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><b>Transaction ID:</b> D344848 <b>Date of Disbursement</b> 03 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 107.72</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic</p> <p>Mailing Address 6864 W Philadelphia Dr</p> <p>City Mc Cordsville State IN Zip Code 46055-9325</p> <p>Purpose of Disbursement Cash Advance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D344783 <b>Date of Disbursement</b> 03 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic</p> <p>Mailing Address 6864 W Philadelphia Dr</p> <p>City Mc Cordsville State IN Zip Code 46055-9325</p> <p>Purpose of Disbursement Cash Advance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D344784</p> <p>Date of Disbursement 03 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 800.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic</p> <p>Mailing Address 6864 W Philadelphia Dr</p> <p>City Mc Cordsville State IN Zip Code 46055-9325</p> <p>Purpose of Disbursement Cash Advance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D344785</p> <p>Date of Disbursement 03 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) H&amp;M</p> <p>Mailing Address 49 W Maryland St</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement Clothing &amp; Home Goods</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D344845</p> <p>Date of Disbursement 03 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 222.23</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	69465.17

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

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

FOR LINE NUMBER:  
(check only one)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)  
Voter Activation Network LLC

Transaction ID: D6414  
Date of Disbursement

Mailing Address 54 Regent St

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

City State Zip Code  
Cambridge MA 02140-2112

Amount of Each Disbursement this Period

4000.00
---------

Purpose of Disbursement  
voter file maintenance

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

4000.00
---------

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

4000.00
---------

**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 03 / 29 / 2006	TOTAL AMOUNT TRANSFERRED 686.66
-----------------------------------	--	------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

<b>i) Total Administrative</b> .....	686.66	Transaction ID: T1858
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT IDP NonFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 03 / 29 / 2006	TOTAL AMOUNT TRANSFERRED 494.75
-----------------------------------	--	------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	494.75	Transaction ID: T1859
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT IDP NonFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 03 / 08 / 2006	TOTAL AMOUNT TRANSFERRED 343.33
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	Transaction ID: T1860	343.33
<b>ii) Generic Voter Drive</b> .....	Transaction ID:	
<b>iii) Exempt Activities</b> .....	Transaction ID:	
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____	Transaction ID:	
b) _____	Transaction ID:	
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____	Transaction ID:	
b) _____	Transaction ID:	
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		
	Transaction ID:	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT IDP NonFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 03 / 01 / 2006	TOTAL AMOUNT TRANSFERRED 46429.46
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BREAKDOWN OF TRANSFER RECEIVED

<b>i) Total Administrative</b> .....	46429.46	Transaction ID: T349
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT  
 Indiana Democratic  
 S

DATE OF RECEIPT

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

TOTAL AMOUNT TRANSFERRED

1383.03

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

1383.03

Transaction ID: T350

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 03 / 29 / 2006	TOTAL AMOUNT TRANSFERRED 33853.19
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BREAKDOWN OF TRANSFER RECEIVED

<b>i) Total Administrative</b> .....	33853.19	Transaction ID: T352
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT IDP NonFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 03 / 14 / 2006	TOTAL AMOUNT TRANSFERRED 33959.45
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	Transaction ID: T353	33959.45
<b>ii) Generic Voter Drive</b> .....	Transaction ID:	
<b>iii) Exempt Activities</b> .....	Transaction ID:	
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____	Transaction ID:	
b) _____	Transaction ID:	
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____	Transaction ID:	
b) _____	Transaction ID:	
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)	Transaction ID:	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	117149.87
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	117149.87

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Mr. Michael D. Edmondson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 1530 E 81st St			Allocated Activity or Event Year-To-Date 151264.82																						
City Indianapolis	State IN	Zip Code 46240-2716	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	3	/	1	5	/	2	0	0	6																
Purpose of Disbursement: payroll			Category/ Type																						
Activity or Event Identifier: Administrative			Transaction ID: D6451																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
588.24		2212.92		2801.16

<b>B. Full Name (Last, First, Middle Initial)</b> Mr. Michael D. Edmondson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 1530 E 81st St			Allocated Activity or Event Year-To-Date 151264.82																						
City Indianapolis	State IN	Zip Code 46240-2716	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	3	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	3	/	3	0	/	2	0	0	6																
Purpose of Disbursement: payroll			Category/ Type																						
Activity or Event Identifier: Administrative			Transaction ID: D6455																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
588.24		2212.92		2801.16

<b>C. Full Name (Last, First, Middle Initial)</b> Mr. Daniel J Parker			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 7458 Roosees Way			Allocated Activity or Event Year-To-Date 151264.82																						
City Indianapolis	State IN	Zip Code 46217-5484	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	3	/	1	5	/	2	0	0	6																
Purpose of Disbursement: payroll			Category/ Type																						
Activity or Event Identifier: Administrative			Transaction ID: D6452																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
594.73		2237.31		2832.04

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1771.21		6663.15		8434.36

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Mr. Daniel J Parker			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 7458 Rooses Way			Allocated Activity or Event Year-To-Date 151264.82																						
City	State	Zip Code	Category/ Type																						
Indianapolis	IN	46217-5484																							
Purpose of Disbursement: payroll			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	3	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	3	/	3	0	/	2	0	0	6																
Activity or Event Identifier: Administrative			Transaction ID: D6457																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
594.73		2237.31		2832.04

<b>B. Full Name (Last, First, Middle Initial)</b> Mrs. Kimberly N Bostic			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 6864 W Philadelphia Dr			Allocated Activity or Event Year-To-Date 151264.82																						
City	State	Zip Code	Category/ Type																						
Mc Cordsville	IN	46055-9325																							
Purpose of Disbursement: payroll			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	3	/	1	5	/	2	0	0	6																
Activity or Event Identifier: Administrative			Transaction ID: D6450																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
277.46		1043.76		1321.22

<b>C. Full Name (Last, First, Middle Initial)</b> Mrs. Kimberly N Bostic			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 6864 W Philadelphia Dr			Allocated Activity or Event Year-To-Date 151264.82																						
City	State	Zip Code	Category/ Type																						
Mc Cordsville	IN	46055-9325																							
Purpose of Disbursement: payroll			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	3	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	3	/	3	0	/	2	0	0	6																
Activity or Event Identifier: Administrative			Transaction ID: D6454																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
277.46		1043.76		1321.22

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1149.65		4324.83		5474.48

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Ms. Jennifer D. Hill			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1128 E 56th St			Allocated Activity or Event Year-To-Date 151264.82		
City Indianapolis	State IN	Zip Code 46220-3222	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: payroll			Transaction ID: D6453		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
401.61		1510.83		1912.44

<b>B. Full Name (Last, First, Middle Initial)</b> Ms. Jennifer D. Hill			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1128 E 56th St			Allocated Activity or Event Year-To-Date 151264.82		
City Indianapolis	State IN	Zip Code 46220-3222	Date <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: payroll			Transaction ID: D6456		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
401.61		1510.83		1912.44

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
803.22		3021.66		3824.88

**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
3724.08		14009.64		17733.72

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. Further, all credit card transactions are now properly itemized. Please note that there are several unauthorized transactions in these reports that are subject to an ongoing criminal matter.

Form/Schedule: **SB29**

Transaction ID: **D344783**

Fraudulent charge, see main memo text for explanation

**Image# 28934206021**

Form/Schedule: **SB29**

Transaction ID: **D344784**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D344785**

Fraudulent charge, see main memo text for explanation

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**Image# 28934206022**

Form/Schedule: **SB29**  
Transaction ID: **D344844**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**  
Transaction ID: **D344845**

Fraudulent charge, see main memo text for explanation

\*\*\*\*\*

**Image# 28934206023**

Form/Schedule: **SB29**

Transaction ID: **D344848**

Fraudulent charge, see main memo text for explanation

\*\*\*\*\*