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NAME OF COMMITTEE (In Full)

Friends of Dick Lugar, Inc.

<p>A. Full Name, Mailing Address and Zip Code John Hammond 612 East 13th Street Indianapolis, IN 46202-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Johnson Smith Pence et al. Occupation Attorney</p> <p>Aggregate Year-to-Date -> \$350.00</p>	<p>Date (month, day, year) 07/10/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code John Hammond 612 East 13th Street Indianapolis, IN 46202-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Johnson Smith Pence et al. Occupation Attorney</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 07/17/2000</p>	<p>Amount of Each Receipt this Period \$650.00</p>
<p>C. Full Name, Mailing Address and Zip Code Wilbert Hamstra 12528 N. 200 W. Wheatfield, IN 46392-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self Occupation Builder</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 09/05/2000</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Nancy Hansen 815 Sugarbush Ridge Zionsville, IN 46077-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Retired</p> <p>Aggregate Year-to-Date -> \$1300.00</p>	<p>Date (month, day, year) 09/19/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Charles E. Harrell 1624 E. 3rd Street Bloomington, IN 47401-3735</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer IU Occupation Retired</p> <p>Aggregate Year-to-Date -> \$1140.00</p>	<p>Date (month, day, year) 08/15/2000</p>	<p>Amount of Each Receipt this Period \$600.00</p>
<p>F. Full Name, Mailing Address and Zip Code Michael Harris 6 West Rd. Dune Acres Chesterton, IN 46304-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Harris, Welsh & Lukmann Occupation Attorney</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 08/07/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Charles M. Hensler P.O. Box 885 Hanover, IN 47243</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Kreeger & Hensler Occupation Partner; Builder</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 08/21/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$4000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>