

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)
Chris Chocola for Congress, Inc.

ADDRESS (number and street) Check if different than previously reported.
P.O. Box 6728

CITY, STATE and ZIP CODE STATE/DISTRICT
South Bend, IN 46660 IN 03

2. FEC IDENTIFICATION NUMBER **2-39**
C00350926

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- July 15 Quarterly Report Thirtieth day report following the General Election on _____ in the State of _____
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

This Report Contains Activity For Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>1/1/2000</u> through <u>3/31/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$99,838.70	\$99,838.70
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	\$99,838.70	\$99,838.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$48,461.56	\$48,461.56
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$48,461.56	\$48,461.56
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$160,970.22	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$56,347.88	

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 **James R. Evans**

Signature of Treasurer *James R. Evans* Date **4/13/2000**

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Chris Chocola for Congress, Inc.	CD0350928	Report Covering the Period From: 1/1/2000	To: 3/31/2000
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I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	\$84,643.70		11(a)(i)
(ii) Unitemized	\$10,195.00		11(a)(ii)
(iii) Total of Contributions from individuals	\$94,838.70	\$94,838.70	11(a)(iii)
(b) Political Party Committees	\$2,000.00	\$2,000.00	11(b)
(c) Other Political Committees (such as PACs)	\$3,000.00	\$3,000.00	11(c)
(d) The Candidate	\$0.00	\$0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c), and (d))	\$99,838.70	\$99,838.70	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00	13(a)
(b) All Other Loans	\$0.00	\$0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$0.00	\$0.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$0.00	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and 15)	\$99,838.70	\$99,838.70	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	\$48,461.56	\$48,461.56	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00	19(a)
(b) Of All Other Loans	\$0.00	\$0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$0.00	20(a)
(b) Political Party Committees	\$0.00	\$0.00	20(b)
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b), and (c))	\$0.00	\$0.00	20(d)
21. OTHER DISBURSEMENTS	\$0.00	\$0.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d), and 21)	\$48,461.56	\$48,461.56	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$109,593.08	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$99,838.70	24
25. SUBTOTAL (add Line 23 and Line 24)		\$209,431.78	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$48,461.56	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$160,970.22	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 19
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

Any information copied from each Report 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) **Chris Chocola for Congress, Inc.** **C00350926**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ball-Miller, Paris 891 E. Shady Banks Ln. Milford IN 46542	Troyer Foods	3/20/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$1,000.00	
Banks, Hollie 1504 E. Colfax Ave. South Bend IN 46617		1/18/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker	Aggregate Year-to-Date > \$1,000.00	
Banks, John 54693 C.R. 17 S. Elkhart IN 46516	Banks Lumber	3/29/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Owner	Aggregate Year-to-Date > \$1,000.00	
Banks, Stephen 1504 E. Colfax Ave. South Bend IN 46617	Banks Hardwoods	3/15/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$1,050.00	
Banks, Stephen 1504 E. Colfax Ave. South Bend IN 46617	Banks Hardwoods	1/17/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$1,050.00	
Bennett, R. Steve 23434 Shorelane Elkhart IN 46514	Voyager Products, Inc.	2/5/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$1,000.00	
Best, Richard 3550 Park Place Suite 300 Mishawaka IN 46545	Best Beef Inc.	3/21/2000	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Owner	Aggregate Year-to-Date > \$300.00	

SUBTOTAL of Receipts This Page (optional)	\$5,350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

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NAME OF COMMITTEE (In Full) **Chris Chocola for Congress, Inc.** **C00350926**

A. Full Name, Mailing Address and ZIP Code Blyly, Dennis 14781 U.S. 20 Middlebury IN 46540 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Martin Capital Management, LLP Occupation Stockbroker Aggregate Year-to-Date > \$250.00	Date (month, day, year) 3/16/2000	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Borger, Thomas 2225 Greenleaf Blvd. Elkhart IN 46514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Borger Associates, Inc. Occupation Developer Aggregate Year-to-Date > \$550.00	Date (month, day, year) 3/16/2000	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Borger, Thomas 2225 Greenleaf Blvd. Elkhart IN 46514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Borger Associates, Inc. Occupation Developer Aggregate Year-to-Date > \$550.00	Date (month, day, year) 3/20/2000	Amount of Each Receipt this Period \$50.00
D. Full Name, Mailing Address and ZIP Code Borrell, Rosemary 22665 Greenleaf Blvd. Elkhart IN 46514 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$1,050.00	Date (month, day, year) 3/20/2000	Amount of Each Receipt this Period \$50.00
E. Full Name, Mailing Address and ZIP Code Borrell, Rosemary 22665 Greenleaf Blvd. Elkhart IN 46514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$1,050.00	Date (month, day, year) 3/20/2000	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Brembeck, Howard 2808 Martin Manor Dr. Goshen IN 46528 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 1/21/2000	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Brembeck, Myra 2808 Martin Manor Dr. Goshen IN 46526 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 1/21/2000	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional) >	\$3,850.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 19

FOR LINE NUMBER

11(a)(1)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cameron, Ronald P.O. Box 5726 North Little Rock AR 72119		3/13/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: Aggregate Year-to-Date > \$500.00		
Chevalier, Ronald 64887 Orchard Dr. Goshen IN 46526	AM General	3/28/2000	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: Sales Aggregate Year-to-Date > \$500.00		
Chevallier, Ronald 64887 Orchard Dr. Goshen IN 46526	AM General	3/13/2000	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: Sales Aggregate Year-to-Date > \$500.00		
Chocola, Augusta 1987 Searl Ct. East Lansing MI 48823		3/27/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: Retired Aggregate Year-to-Date > \$2,000.00		
Chocola, Augusta 1987 Searl Ct. East Lansing MI 48823		3/27/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: Retired Aggregate Year-to-Date > \$2,000.00		
Chocola, J.R. 1987 Searl Ct. East Lansing MI 48823		3/27/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: Retired Aggregate Year-to-Date > \$2,000.00		
Chocola, J.R. 1987 Searl Ct. East Lansing MI 48823		3/27/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: Retired Aggregate Year-to-Date > \$2,000.00		

SUBTOTAL of Receipts This Page (optional)

\$5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 4 OF 18
FOR LINE NUMBER 11(a)(1)

Contributions from Individuals

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NAME OF COMMITTEE (in Full) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code Chocola, Sarah 20380 County Road 14 Bristol IN 46507	Name of Employer Occupation Homemaker	Date (month, day, year) 3/13/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
B. Full Name, Mailing Address and ZIP Code Chocola, Sarah 20380 County Road 14 Bristol IN 46507	Name of Employer Occupation Homemaker	Date (month, day, year) 3/6/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
C. Full Name, Mailing Address and ZIP Code Cittadine, Jack 2303 Greenleaf Elkhart IN 46517	Name of Employer Occupation Attorney	Date (month, day, year) 2/16/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$250.00		
D. Full Name, Mailing Address and ZIP Code Corson, Tom P.O. Box 504 Middlebury IN 46540	Name of Employer Coachmen Industries Occupation Retired	Date (month, day, year) 3/7/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$500.00		
E. Full Name, Mailing Address and ZIP Code Dashiell, Leslie 1720 Lawndale Elkhart IN 46514	Name of Employer Occupation Homemaker	Date (month, day, year) 1/8/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
F. Full Name, Mailing Address and ZIP Code Dashiell, Leslie 1720 Lawndale Elkhart IN 46514	Name of Employer Occupation Homemaker	Date (month, day, year) 1/8/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
G. Full Name, Mailing Address and ZIP Code Dashiell, Sam 1720 Lawndale Elkhart IN 46514	Name of Employer Landmark Realty Occupation Partner	Date (month, day, year) 1/8/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		

SUBTOTAL of Receipts This Page (optional)	\$5,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 18

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)
Chris Chocola for Congress, Inc. **C00350926**

<p>A. Full Name, Mailing Address and ZIP Code Dashiell, Sam 1720 Lawndale Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Landmark Realty</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$2,000.00</p>	<p>Date (month, day, year) 1/8/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Davis, Jeannine 3819 Augusta Lane Elkhart IN 46517</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer CTS Corporation</p> <p>Occupation Executive V.P. of Admin</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/30/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Deputy, Robert 22628 Weatherby Lane Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Godrey Marine</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/1/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Dusthimer, Thomas 3227 E. Lake Dr. N. Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Key Bank</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Ebersole, Carol 814 Bainbridge Pl. Goshen IN 46526</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 3/15/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Eby, Arthur P.O. Box 78 Goshen IN 46527</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Eby Ford</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 1/10/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Elkin, Tom P.O. Box 1828 Elkhart IN 46515</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Shultz Insurance</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 2/2/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$5,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 19
FOR LINE NUMBER 11(a)(6)

Contributions from Individuals

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NAME OF COMMITTEE (in Full) **Chris Chocola for Congress, Inc.** C00350926

<p>A. Full Name, Mailing Address and ZIP Code Frech, Andrew 55992 Dana Dr. Bristol IN 46507</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Ancon Construction</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 2/19/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Fulmer, L. Craig 120 W. Lexington Elkhart IN 46516</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Heritage Group</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$350.00</p>	<p>Date (month, day, year) 2/15/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Fulmer, L. Craig 120 W. Lexington Elkhart IN 46516</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Heritage Group</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$350.00</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Gemmer, Jane 1905 Russet Ave. Goshen IN 46526</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 1/21/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Gemmer, John 1905 Russet Ave. Goshen IN 46526</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 1/21/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Glal, Robert 3124 Cherry Tree Ln. Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Pricewaterhouse Corp.</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 2/8/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Halt, Bill P.O. Box 888 Elkhart IN 46515</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Days Corporation</p> <p>Occupation Co-Owner</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 3/7/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional) ></p>	<p>\$4,100.00</p>
<p>TOTAL This Period (last page this line number only) ></p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 19

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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)
Chris Chocola for Congress, Inc. **C00350926**

<p>A. Full Name, Mailing Address and ZIP Code Haut, Bill 54631 C.R. 131 Bristol IN 46507</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Warrick & Boyn</p> <p>Occupation Lawyer</p> <p>Aggregate Year-to-Date > \$550.00</p>	<p>Date (month, day, year) 3/7/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Haut, Bill 54631 C.R. 131 Bristol IN 46507</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Warrick & Boyn</p> <p>Occupation Lawyer</p> <p>Aggregate Year-to-Date > \$550.00</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Haut, Marcia 54631 C.R. 131 Bristol IN 46507</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Middlebury Community Schools</p> <p>Occupation Teacher</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 2/14/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Hayes, Randy 1522 Dogwood Dr. Elkhart IN 46515</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Raymond James Assoc.</p> <p>Occupation Manager</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 2/3/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Hetler, Rick 64366 Meadow Ridge Dr. Goshen IN 46526</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Indiana Wood Products</p> <p>Occupation Management</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 2/28/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Hight, Susan 1293 N. Shagbark Warsaw IN 46580</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer CTB, Inc.</p> <p>Occupation Market Communications</p> <p>Aggregate Year-to-Date > \$893.70</p>	<p>Date (month, day, year) 3/22/2000</p>	<p>Amount of Each Receipt this Period \$343.70 In-kind</p>
<p>G. Full Name, Mailing Address and ZIP Code Hight, Susan 1293 N. Shagbark Warsaw IN 46580</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer CTB, Inc.</p> <p>Occupation Market Communications</p> <p>Aggregate Year-to-Date > \$893.70</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>

SUBTOTAL of Receipts This Page (optional)

\$2,193.70

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 18

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hight, Susan 1293 N. Shagbark Warsaw IN 46580	CTB, Inc.	2/24/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Market Communications Aggregate Year-to-Date > \$893.70		
Hiler, C. Edward P.O. Box 106 Walkerton IN 46574	Stripco	3/8/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President Aggregate Year-to-Date > \$1,000.00		
Hiler, Catherine 2910 York Rd. South Bend IN 46614		3/13/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker Aggregate Year-to-Date > \$1,000.00		
Hiler, Karen P.O. Box 106 Walkerton IN 46574	P & H Machine Co.	3/8/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Corporate Secretary Aggregate Year-to-Date > \$1,000.00		
Hoogenboom, Terry 507 Carter Rd. Goshen IN 46526	Hoogenboom-Nofziger	3/7/2000	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Real Estate Developer Aggregate Year-to-Date > \$250.00		
Housand, Jonathan 26934 Dumbarton Ct. Elkhart IN 46514	Elkhart YM/YWCA Community Proj	3/8/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Executive Director Aggregate Year-to-Date > \$1,000.00		
Hull, Edgar 21323 Cheryl Lane Bristol IN 46507	Hull Liftruck	2/10/2000	\$750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President Aggregate Year-to-Date > \$750.00		

SUBTOTAL of Receipts This Page (optional)

\$5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 18

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full) **Chris Chacola for Congress, Inc.** C00350926

<p>A. Full Name, Mailing Address and ZIP Code Jessen, John Sr. 3018 East Lake Dr. South Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Jessen Manufacturing</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 3/27/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Jessen, John, Jr. 51300 Grand Oaks Ct. Granger IN 46530</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Jessen Manufacturing</p> <p>Occupation vice President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 3/27/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Jessen, Mark 18519 Amberwood Dr. Bristol IN 46507</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Jessen Mfg.</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 2/22/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Johnson, Richard 685 Lake Trail Aurora OH 44202</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 2/18/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Johnson, Susan 665 Lake Trail Aurora OH 44202</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 2/18/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Johnson, William 19558 Rio Verde Dr. Goshen IN 46526</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Goshen Rubber</p> <p>Occupation President/CEO</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 2/16/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Killoren, Glenn 22886 Remington Ct. Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional) ></p>	<p>\$6,000.00</p>
<p>TOTAL This Period (last page this line number only) ></p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 19

FOR LINE NUMBER

11(a)(1)

Contributions from Individuals

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NAME OF COMMITTEE (In Full) **Chris Chocola for Congress, Inc.** C00350926

<p>A. Full Name, Mailing Address and ZIP Code Kissana, Mike 2166 E. Riverside Dr. Warsaw IN 46580</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer CTB International</p> <p>Occupation General Counsel</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Kissana, Mike 2166 E. Riverside Dr. Warsaw IN 46580</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer CTB International</p> <p>Occupation General Counsel</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 3/3/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Kollat, Roger 22536 Weatherby Lane Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Atlas Companies, Inc.</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/31/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Kubacki, Michael 1401 E. North Shore Dr. Syracuse IN 46567</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Lake City Bank</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 2/19/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Lamble, Fred 19804 CR 14 Bristol IN 46507</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Key Bank</p> <p>Occupation Sr. VP</p> <p>Aggregate Year-to-Date > \$300.00</p>	<p>Date (month, day, year) 3/1/2000</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Lavature, Richard 56260 County Rd. 19 Bristol IN 46507</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Lavature Products</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Lipps, Randall 2122 E. Bristol St. Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Lipps Industries</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/31/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$4,050.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 19

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)
Chris Chocola for Congress, Inc. **C00350928**

<p>A. Full Name, Mailing Address and ZIP Code Lord, Gordon P.O. Box 575 Goshen IN 46526</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Yoder, Ainlay, Ulmer & BUCKING</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Mancinelli, Vic 13340 N. Hawthorne Ct. Mequon WI 53097</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer CTB Inc.</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 2/24/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Martin, Ailca 3640 Gordon Rd. Elkhart IN 46516</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Nibco Inc.</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/8/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Martin, Todd 1800 North Bay Dr. Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Martin Capital Mangement. LLP</p> <p>Occupation Money Manager, Partner</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code McBride, Jeffery 55465 Lacey Lane Bristol IN 46507</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Oral Surgeon</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 1/15/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code McNamee, James 3029 Greenleaf Blvd. Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Miller, Mary Louise 16 Stone Camp Trail Winona Lake IN 46590</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/31/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$5,750.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 19

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)
Chris Chocola for Congress, Inc. **C00350925**

<p>A. Full Name, Mailing Address and ZIP Code Miller, V. Richard 12275 N. Ogden Pt. Rd., Apt. 112 Syracuse IN 46567</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Miller's Merry Manor</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Mossey, Donald 23805 CR 6 Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Self employed</p> <p>Occupation BUSINESS MAN</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/24/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Mueller, Klaus 703 N. Greene Rd. Goshen IN 46526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer KMC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$1,050.00</p>	<p>Date (month, day, year) 3/14/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Mueller, Klaus 703 N. Greene Rd. Goshen IN 46526</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer KMC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$1,050.00</p>	<p>Date (month, day, year) 3/7/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Naquin, Thad 22934 Greenleaf Blvd. Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Tom Naquin Chevvy</p> <p>Occupation CO-OWNER</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/7/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Naquin, Thad 22934 Greenleaf Blvd. Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Tom Naquin Chevvy</p> <p>Occupation CO-OWNER</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 2/24/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Naquin, Thad 22934 Greenleaf Blvd. Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Tom Naquin Chevvy</p> <p>Occupation CO-OWNER</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/3/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional) ></p>	<p>\$4,050.00</p>
<p>TOTAL This Period (last page this line number only) ></p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 13 OF 19

FOR LINE NUMBER 11(a)(1)

Contributions from Individuals

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NAME OF COMMITTEE (in Full) **Chris Chocola for Congress, Inc.** **C00350926**

<p>A. Full Name, Mailing Address and ZIP Code Newman, David 424 Old Field Dr. Lititz PA 17543</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Northeast Agri Systems Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 3/27/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Nickle, Andrew 205 W. Jefferson Suite 800 South Bend IN 46601</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Nickle and Piasecki</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 3/1/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Niemier, Chuck 1600 S. Meadow Dr. Warsaw IN 46580</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Biomet</p> <p>Occupation vice-President</p> <p>Aggregate Year-to-Date > \$300.00</p>	<p>Date (month, day, year) 3/7/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Niemier, Chuck 1600 S. Meadow Dr. Warsaw IN 46580</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Biomet</p> <p>Occupation Vice-President</p> <p>Aggregate Year-to-Date > \$300.00</p>	<p>Date (month, day, year) 3/27/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Nofziger, Myrl P.O. Box 848 Goshen IN 46527</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Hoogenboom Nofziger</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$300.00</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Nofziger, Myrl P.O. Box 848 Goshen IN 46527</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Hoogenboom Nofziger</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$300.00</p>	<p>Date (month, day, year) 2/10/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Pfeil, Donna 51707 Oakbrook Ct. Granger IN 46530</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/31/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2,600.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detail of Summary Page

PAGE 14 OF 19
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350926

<p>A. Full Name, Mailing Address and ZIP Code Pfaff, Richard 3801 Voorde Dr. South Bend IN 46626</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Koontz Wagner</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 2/7/2000</p>	<p>Amount of Each Receipt This Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Pletcher, Donald 3037 Twin Pines Dr. Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Damon Corporation</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/7/2000</p>	<p>Amount of Each Receipt This Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Pletcher, Matt 56235 CR 21 Bristol IN 46507</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Whitcraft and Pletcher</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$300.00</p>	<p>Date (month, day, year) 3/1/2000</p>	<p>Amount of Each Receipt This Period \$300.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Raclin, Ernestine P.O. Box 1602 South Bend IN 46634</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Retired</p> <p>Occupation Community Leader</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/14/2000</p>	<p>Amount of Each Receipt This Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Reid, Joseph 200 Washington Square North Lansing MI 48933</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Capitol Bancorp Limited</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/27/2000</p>	<p>Amount of Each Receipt This Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Rible, William 53539 Bridgetown Rd. Bristol IN 46507</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Lippert Components</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 3/29/2000</p>	<p>Amount of Each Receipt This Period \$200.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Rible, William 53539 Bridgetown Rd. Bristol IN 46507</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Lippert Components</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt This Period \$50.00</p>

<p>SUBTOTAL of Receipts This Page (optional) ></p>	<p>\$4,550.00</p>
<p>TOTAL This Period (last page this line number only) ></p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 15 OF 19

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sanders, Danise 56425 CR 19 Bristol IN 46507		3/20/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$2,000.00	
Sanders, Danise 56425 CR 19 Bristol IN 46507		3/20/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$2,000.00	
Sanders, W. David 56425 CR 19 Bristol IN 46507		3/20/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$2,000.00	
Sanders, W. David 56425 CR 19 Bristol IN 46507		3/20/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$2,000.00	
Schrock, Douglas 631 E. North Shore Dr. Syracuse IN 46567	Smokercraft	3/8/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$2,000.00	
Schrock, Douglas 631 E. North Shore Dr. Syracuse IN 46567	Smokercraft	3/3/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$2,000.00	
Schrock, Jeannine 631 E. North Shore Dr. Syracuse IN 46567	Logan-Rogers Realty	3/8/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Real Estate Broker	Aggregate Year-to-Date > \$2,000.00	

SUBTOTAL of Receipts This Page (optional)	\$7,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 16 OF 19

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350926

<p>A. Full Name, Mailing Address and ZIP Code Schrock, Jeannine 631 E. North Shore Dr. Syracuse IN 46567</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Logan-Rogers Realty</p> <p>Occupation Real Estate Broker</p> <p>Aggregate Year-to-Date > \$2,000.00</p>	<p>Date (month, day, year) 3/3/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Schrock, Robert 25300 C.R. 24 Elkhart IN 46517</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer DJ Construction</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 2/23/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Shoff, Tom 722 Middleton Run Rd. Elkhart IN 46516</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Schoff Security Systems</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$1,500.00</p>	<p>Date (month, day, year) 3/10/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00 In-Kind</p>
<p>D. Full Name, Mailing Address and ZIP Code Shoff, Tom 722 Middleton Run Rd. Elkhart IN 46516</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Schoff security systems</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$1,500.00</p>	<p>Date (month, day, year) 3/10/2000</p>	<p>Amount of Each Receipt this Period \$500.00 In-Kind</p>
<p>E. Full Name, Mailing Address and ZIP Code Sparboe, Robert 420 Golf Ter. Litchfield MN 55355</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Sparboe Companies</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 1/21/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Steinhilber, Don 59554 Timberwood Lane Goshen IN 46526</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer CTB, Inc.</p> <p>Occupation CFO</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 1/27/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Stults, Ray 17460 Valentine Ct. Bristol IN 46507</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$6,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 17 OF 19

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** **C00350926**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Swihart, Janet 913 Braxton Ct. Goshen IN 46526 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker Aggregate Year-to-Date > \$250.00	3/30/2000	\$250.00
Thomas, Abby 1321 Greenleaf Blvd. Elkhart IN 46514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/20/2000	Amount of Each Receipt this Period \$1,000.00
Thomas, George 1321 Greenleaf Blvd. Elkhart IN 46514 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Adorn Inc. Occupation President Aggregate Year-to-Date > \$1,350.00	Date (month, day, year) 3/20/2000	Amount of Each Receipt this Period \$350.00
Thomas, George 1321 Greenleaf Blvd. Elkhart IN 46514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Adorn Inc. Occupation President Aggregate Year-to-Date > \$1,350.00	Date (month, day, year) 1/7/2000	Amount of Each Receipt this Period \$350.00
Thomas, George 1321 Greenleaf Blvd. Elkhart IN 46514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Adorn Inc. Occupation President Aggregate Year-to-Date > \$1,350.00	Date (month, day, year) 3/20/2000	Amount of Each Receipt this Period \$650.00
Traxler, Matthew 202 Gorham Rd. Goshen IN 46526 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self-Employed Occupation Manufacturers Represent Aggregate Year-to-Date > \$250.00	Date (month, day, year) 3/7/2000	Amount of Each Receipt this Period \$250.00
Wagner, Diane 55426-3 C.R. 21 Bristol IN 46507 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer J.A. Wagner Construction, Inc. Occupation CEO Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/7/2000	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)	\$3,350.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 18 OF 19

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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)

Chris Chocola for Congress, Inc.

C00350926

<p>A. Full Name, Mailing Address and ZIP Code Wagner, James 56426 C.R. 21 Bristol IN 46507</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer wagner construction</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 2/15/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Warner, Steve 17580 SR 4 Goshan IN 46526</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation FARM</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 3/3/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Welch, Jennifer 19580 Amberwood Dr. Bristol IN 46507</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$550.00</p>	<p>Date (month, day, year) 3/20/2000</p>	<p>Amount of Each Receipt this Period \$550.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Welch, M. Scott 6 Longwood Court Elkhart IN 48516</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Welch Pkg. Group</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 2/7/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Wells, Jeffrey P.O. Box 728 Elkhart IN 46515</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Wells Cargo</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 2/22/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Welter, Jack 21560 C.R. 10 Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Elkhart Plastics</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 2/7/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Yoder, Allen 59588 County Road 31 Middlebury IN 46540</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 3/31/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional)

\$3,550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions from Individuals

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NAME OF COMMITTEE (In Full) **Chris Chocola for Congress, Inc.** **C00350926**

A. Full Name, Mailing Address and ZIP Code Yodar, Kent 14360 Rosawood Ln. Middlebury IN 46540 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Jayco, Inc. Occupation Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 2/23/2000	Amount of Each Receipt this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$1,000.00
TOTAL This Period (last page this line number only)	\$84,643.70

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11(b)

Contributions from Party Committees

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) **Chris Chocola for Congress, inc.** C00350926

A. Full Name, Mailing Address and ZIP Code Fund, Majority Leader P.O. Box 895 Lewisville TX 75067	Name of Employer US Congress	Date (month, day, year) 3/28/2000	Amount of Each Receipt this Period \$2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Majority Leader		Aggregate Year-to-Date > \$2,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		Aggregate Year-to-Date >
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		Aggregate Year-to-Date >
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		Aggregate Year-to-Date >
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		Aggregate Year-to-Date >
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		Aggregate Year-to-Date >
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		Aggregate Year-to-Date >

SUBTOTAL of Receipts This Page (optional)	\$2,000.00
TOTAL This Period (last page this line number only)	\$2,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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) **Chris Chocola for Congress, Inc.** C00350926

<p>A. Full Name, Mailing Address and ZIP Code Families For, Faulkner 50727 Haven Hill Granger IN 46530</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 1/29/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Republican Majority, Americans For A 1155 21st Street, NW Suite 300 Washington DC 20036</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/31/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code United Egg, Association 1303 Hightower Trail Suite 200 Atlanta GA 30350</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/3/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional) ></p>	<p>\$3,000.00</p>
<p>TOTAL This Period (last page this line number only) ></p>	<p>\$3,000.00</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 11

FOR LINE NUMBER 17

Operating Expenditures

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)		C00350926	
A. Full Name, Mailing Address and ZIP Code A Advertising Supplies Omaha, NE City ST 00000	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/21/2000	Amount of Each Disbursement this Period \$379.44
B. Full Name, Mailing Address and ZIP Code Advantage Mail Services P.O. Box 2073 Elkhart IN 46515	Purpose of Disbursement Campaign Mailings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/31/2000	Amount of Each Disbursement this Period \$162.70
C. Full Name, Mailing Address and ZIP Code Advantage Mail Services P.O. Box 2073 Elkhart IN 46515	Purpose of Disbursement Campaign Mailings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/3/2000	Amount of Each Disbursement this Period \$249.05
D. Full Name, Mailing Address and ZIP Code Advantage Mail Services P.O. Box 2073 Elkhart IN 46515	Purpose of Disbursement Campaign Mailings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/3/2000	Amount of Each Disbursement this Period \$1,434.71
E. Full Name, Mailing Address and ZIP Code Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Purpose of Disbursement Other (Enter Description) Gas Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/15/2000	Amount of Each Disbursement this Period \$19.75
F. Full Name, Mailing Address and ZIP Code Aspen Software Quakertown, PA City ST 00000	Purpose of Disbursement Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/4/2000	Amount of Each Disbursement this Period \$84.00
G. Full Name, Mailing Address and ZIP Code Best Buy 8502 Grape Rd. Mishawaka IN 46545	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/21/2000	Amount of Each Disbursement this Period \$20.98
H. Full Name, Mailing Address and ZIP Code Carlyle Gregory, Jr. 140 Little Fall St., Suite 104 Falls Church VA 22048	Purpose of Disbursement Campaign Consultant Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/6/2000	Amount of Each Disbursement this Period \$2,297.75
I. Full Name, Mailing Address and ZIP Code Carlyle Gregory, Jr. 140 Little Fall St., Suite 104 Falls Church VA 22048	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/13/2000	Amount of Each Disbursement this Period \$2,098.49

SUBTOTAL of Disbursements This Page (optional)	\$6,746.87
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 2 OF 11
FOR LINE NUMBER 17

Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of eliciting 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)		C00350926	
A. Full Name, Mailing Address and ZIP Code Carlyle Gregory, Jr. 140 Little Fall St., Suite 104 Falls Church VA 22046	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/11/2000	Amount of Each Disbursement this Period \$2,328.85
B. Full Name, Mailing Address and ZIP Code Cltgo Gas Station Street Required Goshen IN 46526	Purpose of Disbursement Other (Enter Description) Gas Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/24/2000	Amount of Each Disbursement this Period \$18.74
C. Full Name, Mailing Address and ZIP Code Computer Information Design 312 S. Main St. Mishawaka IN 46544	Purpose of Disbursement Media Microsoft office Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/21/2000	Amount of Each Disbursement this Period \$279.00
D. Full Name, Mailing Address and ZIP Code Cox Studio Street Required City ST 00000	Purpose of Disbursement Other (Enter Description) Pictures Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/10/2000	Amount of Each Disbursement this Period \$200.18
E. Full Name, Mailing Address and ZIP Code Davis, Holly 733 N. Wallace Ave. Indianapolis IN 46201	Purpose of Disbursement Office Expenses Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/21/2000	Amount of Each Disbursement this Period \$445.01
F. Full Name, Mailing Address and ZIP Code Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Purpose of Disbursement Media website Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/21/2000	Amount of Each Disbursement this Period \$700.00
G. Full Name, Mailing Address and ZIP Code Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Purpose of Disbursement Media Newsletter script Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/6/2000	Amount of Each Disbursement this Period \$100.00
H. Full Name, Mailing Address and ZIP Code Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Purpose of Disbursement Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/6/2000	Amount of Each Disbursement this Period \$25.00
I. Full Name, Mailing Address and ZIP Code Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Purpose of Disbursement Media News Listings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/6/2000	Amount of Each Disbursement this Period \$62.50

SUBTOTAL of Disbursements This Page (optional)	\$4,159.28
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 11

FOR LINE NUMBER

17

Operating Expenditures

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)		C00350926	
A. Full Name, Mailing Address and ZIP Code Doubletree Hotels Arlington VA City ST 00000	Purpose of Disbursement Other (Enter Description) NRCC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/17/2000	Amount of Each Disbursement this Period \$768.09
B. Full Name, Mailing Address and ZIP Code Elkhart Truth Street Required Elkhart IN 46514	Purpose of Disbursement Media Newspaper Delivery Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/22/2000	Amount of Each Disbursement this Period \$114.00
C. Full Name, Mailing Address and ZIP Code Faulkner, Chris 6515 Summer Place Lane, 3B Granger IN 46530	Purpose of Disbursement Campaign Consultant Feb. Salary Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/1/2000	Amount of Each Disbursement this Period \$4,250.00
D. Full Name, Mailing Address and ZIP Code Faulkner, Chris 6515 Summer Place Lane, 3B Granger IN 46530	Purpose of Disbursement Campaign Consultant Jan. Salary Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/1/2000	Amount of Each Disbursement this Period \$4,250.00
E. Full Name, Mailing Address and ZIP Code Faulkner, Chris 6515 Summer Place Lane, 3B Granger IN 46530	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/3/2000	Amount of Each Disbursement this Period \$517.76
F. Full Name, Mailing Address and ZIP Code Faulkner, Chris 6515 Summer Place Lane, 3B Granger IN 46530	Purpose of Disbursement Office Expenses Reimbursement for Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/8/2000	Amount of Each Disbursement this Period \$121.00
G. Full Name, Mailing Address and ZIP Code Faulkner, Chris 6515 Summer Place Lane, 3B Granger IN 46530	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/3/2000	Amount of Each Disbursement this Period \$2,350.68
H. Full Name, Mailing Address and ZIP Code Grant, Shirley 15731 SR 23 Granger IN 46530	Purpose of Disbursement Office Expenses Cleaning Services Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/21/2000	Amount of Each Disbursement this Period \$20.00
I. Full Name, Mailing Address and ZIP Code Harcourt Outlines 1000 Kings Pike Milroy IN 46156	Purpose of Disbursement Print Ads Yard Signs Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/10/2000	Amount of Each Disbursement this Period \$7,614.60

SUBTOTAL of Disbursements This Page (optional)	\$20,006.13
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 11

FOR LINE NUMBER
17

Operating Expenditures

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NAME OF COMMITTEE (in Full)		CU0350926	
A. Full Name, Mailing Address and ZIP Code Herold Argus Street Required La Porte IN 46350	Purpose of Disbursement Other (Enter description) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/20/2000	Amount of Each Disbursement this Period \$70.45
B. Full Name, Mailing Address and ZIP Code Hight, Susan 1293 N. Shagbark Warsaw IN 46580	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/22/2000	Amount of Each Disbursement this Period \$343.70
C. Full Name, Mailing Address and ZIP Code Honkers Restaurant 211 E. Days Rd. Mishawaka IN 46545	Purpose of Disbursement Other (Enter description) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/21/2000	Amount of Each Disbursement this Period \$13.15
D. Full Name, Mailing Address and ZIP Code Key Bank P.O. Box 810012 Toledo OH 43681	Purpose of Disbursement Bank Service Charge Annual Fee Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/31/2000	Amount of Each Disbursement this Period \$35.00
E. Full Name, Mailing Address and ZIP Code Key Bank P.O. Box 810012 Toledo OH 43681	Purpose of Disbursement Bank Service Charge Annual Fee--Visa Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/31/2000	Amount of Each Disbursement this Period \$35.00
F. Full Name, Mailing Address and ZIP Code Key Bank P.O. Box 810012 Toledo OH 43681	Purpose of Disbursement Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/31/2000	Amount of Each Disbursement this Period \$35.00
G. Full Name, Mailing Address and ZIP Code Kinkos 2202 South Bend Ave. South Bend IN 46614	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/15/2000	Amount of Each Disbursement this Period \$3.53
H. Full Name, Mailing Address and ZIP Code Kinkos 2202 South Bend Ave. South Bend IN 46614	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/1/2000	Amount of Each Disbursement this Period \$1.42
I. Full Name, Mailing Address and ZIP Code Kinkos 2202 South Bend Ave. South Bend IN 46614	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/16/2000	Amount of Each Disbursement this Period \$23.67

SUBTOTAL of Disbursements This Page (optional)

\$560.92

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 11

FOR LINE NUMBER

17

Operating Expenditures

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NAME OF COMMITTEE (In Full)			
Chris Chocola for Congress, Inc.			C00350926
A. Full Name, Mailing Address and ZIP Code Kinkos 2202 South Bend Ave. South Bend IN 46614	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/28/2000	Amount of Each Disbursement this Period \$10.51
B. Full Name, Mailing Address and ZIP Code Kinkos 2202 South Bend Ave. South Bend IN 46614	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/28/2000	Amount of Each Disbursement this Period \$7.46
C. Full Name, Mailing Address and ZIP Code Kosciusko Co. Republican Party Street Required City ST 00000	Purpose of Disbursement Other (Enter Description) Lincoln Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/24/2000	Amount of Each Disbursement this Period \$125.00
D. Full Name, Mailing Address and ZIP Code Kroger 6325 University Commons South Bend IN 46635	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/7/2000	Amount of Each Disbursement this Period \$33.00
E. Full Name, Mailing Address and ZIP Code Laporte Co. Republican Party Street Required City ST 00000	Purpose of Disbursement Other (Enter Description) Lincoln Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/20/2000	Amount of Each Disbursement this Period \$150.00
F. Full Name, Mailing Address and ZIP Code Mailboxes Etc. 5776 Grape Rd. Mishawaka IN 46545	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/22/2000	Amount of Each Disbursement this Period \$59.89
G. Full Name, Mailing Address and ZIP Code Mazurkiewicz, Jason 1521 Tremont Mishawaka IN 46544	Purpose of Disbursement Campaign consultant Feb. Salary Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/1/2000	Amount of Each Disbursement this Period \$1,700.00
H. Full Name, Mailing Address and ZIP Code Meijer 5020 Grape Rd. Mishawaka IN 46545	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/28/2000	Amount of Each Disbursement this Period \$6.52
I. Full Name, Mailing Address and ZIP Code Manards, Inc. 365 W. University Mishawaka IN 46545	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/6/2000	Amount of Each Disbursement this Period \$10.08

SUBTOTAL of Disbursements This Page (optional)	\$2,102.46
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 6 OF 11

FOR LINE NUMBER

17

Operating Expenditures

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NAME OF COMMITTEE (in Full)		C00350926	
A. Full Name, Mailing Address and ZIP Code Michiana Lock Key 306 W. Monroe St. South Bend IN 46601	Purpose of Disbursement Office Expenses Locks Remastered Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/7/2000	Amount of Each Disbursement this Period \$74.00
B. Full Name, Mailing Address and ZIP Code Muhammad, Kadljah 3216 West Dunham St. South Bend IN 46619	Purpose of Disbursement Other (Enter Description) Lugar Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/18/2000	Amount of Each Disbursement this Period \$120.00
C. Full Name, Mailing Address and ZIP Code Next Day Signs 13565 US 20 Mishawaka IN 46545	Purpose of Disbursement Other (Enter Description) Signs Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/21/2000	Amount of Each Disbursement this Period \$183.75
D. Full Name, Mailing Address and ZIP Code NRCC 320 First St., SE Washington DC 20003	Purpose of Disbursement Other (Enter Description) Seminar Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/9/2000	Amount of Each Disbursement this Period \$200.00
E. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/7/2000	Amount of Each Disbursement this Period \$202.51
F. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/26/2000	Amount of Each Disbursement this Period \$54.91
G. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/16/2000	Amount of Each Disbursement this Period \$106.00
H. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/28/2000	Amount of Each Disbursement this Period \$8.00
I. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/28/2000	Amount of Each Disbursement this Period \$113.32

SUBTOTAL of Disbursements This Page (optional)	\$1,062.49
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule (s)
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Detailed Summary Page

PAGE 7 OF 11

FOR LINE NUMBER
17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Office Max 5520 Grape Rd. South Bend IN 46635	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/22/2000	\$4.93
Office Max 5520 Grape Rd. South Bend IN 46635	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/21/2000	\$210.96
Office Max 5520 Grape Rd. South Bend IN 46635	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/10/2000	\$5.00
Office Max 5520 Grape Rd. South Bend IN 46635	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/22/2000	\$5.25
Pepsi-Cola General P.O. Box 1586 South Bend IN 46634	Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/28/2000	\$267.43
Pizza Hut University Commons South Bend IN 46635	Other (Enter Description) Food for Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/13/2000	\$13.01
Polkos Pizzeria 4615 Grape Rd. Mishawaka IN 46545	Other (Enter Description) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/16/2000	\$27.56
Postmaster 801 South Main Street Elkhart IN 46516	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/9/2000	\$11.70
Postmaster 601 South Main Street Elkhart IN 46516	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/31/2000	\$270.70

SUBTOTAL of Disbursements This Page (optional)

\$816.54

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 11
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)		C00350926	
A. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/21/2000	Amount of Each Disbursement this Period \$400.00
B. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/3/2000	Amount of Each Disbursement this Period \$1,262.35
C. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/2/2000	Amount of Each Disbursement this Period \$15.75
D. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/3/2000	Amount of Each Disbursement this Period \$13.20
E. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/26/2000	Amount of Each Disbursement this Period \$132.00
F. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/1/2000	Amount of Each Disbursement this Period \$7.37
G. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/10/2000	Amount of Each Disbursement this Period \$132.00
H. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/3/2000	Amount of Each Disbursement this Period \$66.00
I. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/2/2000	Amount of Each Disbursement this Period \$66.00

SUBTOTAL of Disbursements This Page (optional)	\$2,094.67
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 11

FOR LINE NUMBER

17

Operating Expenditures

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NAME OF COMMITTEE (in Full)		C00350926	
A. Full Name, Mailing Address and ZIP Code SC Bodner Company 5240 Nob Lane Indianapolis IN 46226	Purpose of Disbursement Office Rent Security Deposit Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/1/2000	Amount of Each Disbursement this Period \$1,041.67
B. Full Name, Mailing Address and ZIP Code SC Bodner Company 5240 Nob Lane Indianapolis IN 46226	Purpose of Disbursement Office Rent Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/28/2000	Amount of Each Disbursement this Period \$1,616.28
C. Full Name, Mailing Address and ZIP Code Service Printers 28574 Phillips Street Elkhart IN 46514	Purpose of Disbursement Campaign Mailings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/21/2000	Amount of Each Disbursement this Period \$1,273.65
D. Full Name, Mailing Address and ZIP Code Service Printers 28574 Phillips Street Elkhart IN 46514	Purpose of Disbursement Campaign Mailings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/21/2000	Amount of Each Disbursement this Period \$1,243.20
E. Full Name, Mailing Address and ZIP Code Service Printers 28574 Phillips Street Elkhart IN 46514	Purpose of Disbursement Campaign Mailings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/13/2000	Amount of Each Disbursement this Period \$971.25
F. Full Name, Mailing Address and ZIP Code Service Printers 28574 Phillips Street Elkhart IN 46514	Purpose of Disbursement Campaign Mailings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/13/2000	Amount of Each Disbursement this Period \$1,097.25
G. Full Name, Mailing Address and ZIP Code Service Printers 28574 Phillips Street Elkhart IN 46514	Purpose of Disbursement Campaign Mailings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/13/2000	Amount of Each Disbursement this Period \$1,089.90
H. Full Name, Mailing Address and ZIP Code Shoff, Tom 722 Middleton Run Rd. Elkhart IN 46516	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/10/2000	Amount of Each Disbursement this Period \$1,000.00
I. Full Name, Mailing Address and ZIP Code Shoff, Tom 722 Middleton Run Rd. Elkhart IN 46516	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/10/2000	Amount of Each Disbursement this Period \$500.00

SUBTOTAL of Disbursements This Page (optional)	\$9,833.20
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 10 OF 11

FOR LINE NUMBER

17

Operating Expenditures

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NAME OF COMMITTEE (In Full)		C00350926	
A. Full Name, Mailing Address and ZIP Code Smart Call 3130 S. 11th St. Niles MI 49120	Purpose of Disbursement Other (Enter Description) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/17/2000	Amount of Each Disbursement this Period \$102.90
B. Full Name, Mailing Address and ZIP Code South Bend Lodge 3535 E. McKinley Avenue South Bend IN 46815	Purpose of Disbursement Other (Enter Description) Meeting Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/1/2000	Amount of Each Disbursement this Period \$150.00
C. Full Name, Mailing Address and ZIP Code South Bend Tribune 225 W. Colfax South Bend IN 46626	Purpose of Disbursement Office Expenses Newspaper Delivery Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/27/2000	Amount of Each Disbursement this Period \$89.85
D. Full Name, Mailing Address and ZIP Code Staples 4024 Elkhart Rd. Goshen IN 46526	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/2/2000	Amount of Each Disbursement this Period \$71.99
E. Full Name, Mailing Address and ZIP Code Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545	Purpose of Disbursement Other (Enter description) Meeting Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/21/2000	Amount of Each Disbursement this Period \$38.86
F. Full Name, Mailing Address and ZIP Code Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545	Purpose of Disbursement Other (Enter Description) steering Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/6/2000	Amount of Each Disbursement this Period \$44.28
G. Full Name, Mailing Address and ZIP Code Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545	Purpose of Disbursement Other (Enter Description) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/21/2000	Amount of Each Disbursement this Period \$9.59
H. Full Name, Mailing Address and ZIP Code Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545	Purpose of Disbursement Other (Enter Description) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/24/2000	Amount of Each Disbursement this Period \$22.14
I. Full Name, Mailing Address and ZIP Code Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545	Purpose of Disbursement Other (Enter Description) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/28/2000	Amount of Each Disbursement this Period \$147.60

SUBTOTAL of Disbursements This Page (optional)	\$677.22
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF 11

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Other (Enter Description)	Date (month, day, year)	Amount of Each Disbursement this Period
Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545	Other (Enter Description) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/22/2000	\$98.79
Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545	Other (Enter Description) HMD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/23/2000	\$133.20
Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545	Other (Enter Description) other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/21/2000	\$147.60
Walgreen University Commons South Bend IN 46635	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/22/2000	\$2.61
Walgreen University Commons South Bend IN 46635	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/7/2000	\$10.14
Walgreen University Commons South Bend IN 46635	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/20/2000	\$9.44
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	\$401.78
TOTAL This Period (last page this line number only)	\$48,461.56

SCHEDULE C

LOANS

(Revised 3/80) Loans owed BY the Committee

Name of Committee (In Full) **Chris Chocola for Congress, Inc.** C00350928

A. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Chocola, J. Christopher 20380 CR 14 Bristol, IN 46507 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	\$25,000.00	\$0.00	\$25,000.00
Terms: Date Incurred <u>12/27/1999</u> Date Due <u>12/31/2000</u> Interest Rate <u>8</u> %(apr) <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
			\$0.00
			\$0.00
			\$0.00

B. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Chocola, J. Christopher 20380 CR 14 Bristol, IN 46507 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	\$25,000.00	\$0.00	\$25,000.00
Terms: Date Incurred <u>11/23/1999</u> Date Due <u>12/31/2000</u> Interest Rate <u>8</u> %(apr) <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
			\$0.00
			\$0.00
			\$0.00

SUBTOTALS This Period This Page (optional)	\$50,000.00
TOTALS This Period (last page in the line only)	\$50,000.00

Carry outstanding balance in LINE 3, Schedule D, for this line, if on Schedule D, carry forward to appropriate line of Summary

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM

1/1/2000

TO

3/31/2000

PAGE 1 of 2 of

LINE NUMBER 10

(Use separate schedules for each numbered line)

Name of Committee (In Full) Chris Choccol for Congress, Inc.	CG0350826	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Service Printers 28574 Phillips Street Elkhart IN 46514		\$0.00	\$1,047.90	\$0.00	\$1,047.90
Nature of Debt (Purpose) Campaign Meetings					
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Ameritech N17 W24300 Riverwood Drive Waukesha WI 53188		\$0.00	\$1,825.00	\$0.00	\$1,825.00
Nature of Debt (Purpose) Phone Office Expenses					
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545		\$0.00	\$312.67	\$0.00	\$312.67
Nature of Debt (Purpose) Arney Accomodation Expenses-Other (Enter					
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Service Printers 28574 Phillips Street Elkhart IN 46514		\$0.00	\$673.05	\$0.00	\$673.05
Nature of Debt (Purpose) Arney Breakfast Fundraising					
E. Full Name, Mailing Address and Zip Code of Debtor or Credit Pfister Promotions 54525 Hunters Ct. Elkhart IN 46514		\$0.00	\$164.79	\$0.00	\$164.79
Nature of Debt (Purpose) Buttons Other (Enter Description)					
F. Full Name, Mailing Address and Zip Code of Debtor or Credit Sports Image Apparel 58800 Executive Drive Mishawaka IN 46544		\$0.00	\$771.36	\$0.00	\$771.36
Nature of Debt (Purpose) T-Shirts Other (Enter Description)					

1) SUBTOTALS This Period This Page (optional)	\$4,794.77
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM

1/1/2000

TO

3/31/2000

PAGE 2 of 2 for
LINE NUMBER 30
(Use separate schedule for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
00000028 Chris Chocola for Congress, Inc.				
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Sports Image Apparel 58800 Executive Drive Mishawaka IN 46544	\$0.00	\$239.68	\$0.00	\$239.68
Nature of Debt (Purpose) T-Shirts Other (Enter Description)				
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Digital Hill Multi-Media SS No. 3 120 N. 5th St., Suite 3 Goshen IN 46526	\$0.00	\$25.00	\$0.00	\$25.00
Nature of Debt (Purpose) Media				
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Sprint Printing Donna Bickel 1227 W. Beardsley Ave. Elkhart IN 46515	\$0.00	\$408.45	\$0.00	\$408.45
Nature of Debt (Purpose) Hear Letter Fundraising				
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Next Day Signs 13565 US 20 Mishawaka IN 46545	\$0.00	\$183.75	\$0.00	\$183.75
Nature of Debt (Purpose) Banners Other (Enter Description)				
E. Full Name, Mailing Address and Zip Code of Debtor or Credit South Bend Lodge 3535 E. McKinley Avenue South Bend IN 46615	\$0.00	\$696.25	\$0.00	\$696.25
Nature of Debt (Purpose) Reception Other (Enter Description)				
Full Name, Mailing Address and Zip Code of Debtor or Credit				
Nature of Debt (Purpose)				

1) SUBTOTALS This Period This Page (optional)	\$1,553.11
2) TOTALS This Period (last page in this line only)	\$6,347.88
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	\$50,000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	\$56,347.88

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED
4-14-00

No Postmark

Postmark Illegible

Received from the House office of Records and Registration Date of Receipt

Received from the Senate Office of Public Records Date of Receipt

Other (Specify): Postmarked

and/or Date of Receipt

Electronic Filing

LGC
PREPARER

4-17-00
DATE PREPARED