

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
20011981 2:39
C00350026

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report Twelfth day report preceding Primary Election
(Type of Election)
election on 5/2/2000 in the State of IN
- July 15 Quarterly Report
- October 15 Quarterly Report Thirtieth day report following the General Election on _____ in the State of _____
- 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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/2000</u> through <u>4/12/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$9,223.95	\$109,062.65
(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))	\$9,223.95	\$109,062.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$18,245.89	\$66,707.45
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$18,245.89	\$66,707.45
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$151,948.28	
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)	\$58,421.58	

For further information contact:
Federal Election Commission
888 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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.	COD350926	Report Covering the Period: From: 4/1/2000	To: 4/12/2000
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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)	\$5,294.87		11(a)(i)
(ii) Unitemized	\$2,529.00		11(a)(ii)
(iii) Total of Contributions from individuals	\$7,823.87	\$102,662.57	11(a)(iii)
(b) Political Party Committees	\$900.08	\$2,900.08	11(b)
(c) Other Political Committees (such as PACs)	\$500.00	\$3,500.00	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))	\$9,223.95	\$109,062.65	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)	\$9,223.95	\$109,062.65	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	\$18,245.89	\$66,707.45	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)	\$18,245.89	\$66,707.45	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$160,970.22	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$9,223.95	24
25. SUBTOTAL (add Line 23 and Line 24)	\$170,194.17	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$18,245.89	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$151,948.28	27

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 2

FOR LINE NUMBER 11(a)(1)

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 Brady, Brian 22664 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 Occupation Retired</p> <p>Aggregate Year-to-Date > \$1,050.00</p>	<p>Date (month, day, year) 4/3/2000</p>	<p>Amount of Each Receipt this Period \$950.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Brady, Brian 22664 Weatherby Lane Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation Retired</p> <p>Aggregate Year-to-Date > \$1,050.00</p>	<p>Date (month, day, year) 4/3/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Cornelius, James 1055 Park Pl. Zionsville IN 46077</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Guidant Corp.</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 4/4/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Eby, Todd 2714 Elkhart 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 Eby Ford, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 4/10/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Frech, Andrew 55992 Dana Dr. 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 Ancon Construction</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,100.00</p>	<p>Date (month, day, year) 4/10/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Gibson, J. Marvin 524 E. Jackson St. 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 Occupation </p> <p>Aggregate Year-to-Date > \$300.00</p>	<p>Date (month, day, year) 4/3/2000</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Graff, Chris 211 Highland Park 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 Marque, Inc.</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$694.87</p>	<p>Date (month, day, year) 4/5/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2,750.00</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

Contributions from Individuals

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NAME OF COMMITTEE (in Full) **Chris Chocola for Congress, Inc.** **C00350826**

A. Full Name, Mailing Address and ZIP Code Graff, Chris 211 Highland Park Bristol IN 46507 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Marque, Inc. Occupation CEO Aggregate Year-to-Date > \$694.87	Date (month, day, year) 4/11/2000	Amount of Each Receipt this Period \$594.87 In-kind
B. Full Name, Mailing Address and ZIP Code Nofziger, Myrl P.O. Box 848 Goshen IN 46527 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Hoogenboom Nofziger Occupation Partner Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 4/5/2000	Amount of Each Receipt this Period \$700.00
C. Full Name, Mailing Address and ZIP Code Slegmann, James P.O. Box 75 Goshen IN 46527 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Spring Printing Occupation President Aggregate Year-to-Date > \$250.00	Date (month, day, year) 4/10/2000	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Swinhart, Keith 913 Braxton Ct Goshen IN 46526 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > \$250.00	Date (month, day, year) 4/11/2000	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Van Curen, Judith 305 W. Karcher Rd. 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 > \$500.00	Date (month, day, year) 4/7/2000	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Wieland, Clifford 8157 Constitution dr. Syracuse IN 46567 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Landlord Aggregate Year-to-Date > \$250.00	Date (month, day, year) 4/11/2000	Amount of Each Receipt this Period \$250.00
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

SUBTOTAL of Receipts This Page (optional)	\$2,544.87
TOTAL This Period (last page this line number only)	\$5,294.87

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

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

<p>A. Full Name, Mailing Address and ZIP Code Fund, Majority Leader P.O. Box 995 Lewisville TX 75067</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer US Congress</p> <p>Occupation Majority Leader</p> <p>Aggregate Year-to-Date > \$2,900.08</p>	<p>Date (month, day, year) 4/3/2000</p>	<p>Amount of Each Receipt this Period \$900.08 In-Kind</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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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>\$900.08</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$900.08</p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Deducted Salary Page

PAGE 1 OF 1

FOR LINE NUMBER

11(c)

Contributions from Other Political Committees

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

<p>A. Full Name, Mailing Address and ZIP Code Keycorp Political, Action Committe 127 Public Square Cleveland OH 44114</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p> <hr/> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 4/6/2000</p>	<p>Amount of Each Receipt this Period \$500.00</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</p> <hr/> <p>Occupation</p> <hr/> <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</p> <hr/> <p>Occupation</p> <hr/> <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</p> <hr/> <p>Occupation</p> <hr/> <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</p> <hr/> <p>Occupation</p> <hr/> <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</p> <hr/> <p>Occupation</p> <hr/> <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</p> <hr/> <p>Occupation</p> <hr/> <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</p> <hr/> <p>Occupation</p> <hr/> <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>\$500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$500.00</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER

17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Chris Chocofa 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
Advantage Mail Services P.O. Box 2073 Elkhart IN 46515	Campaign Mailings Hiler Letter Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/10/2000	\$970.38
B. Full Name, Mailing Address and ZIP Code Burkhart Advertising 1335 Mishawaka Ave South Bend IN 46624	Purpose of Disbursement Media Billboard Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/12/2000	\$3,900.00
C. Full Name, Mailing Address and ZIP Code Burkhart Advertising 1335 Mishawaka Ave South Bend IN 46624	Purpose of Disbursement Media Billboards Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/1/2000	\$3,900.00
D. Full Name, Mailing Address and ZIP Code Davis, Holly 733 N. Wallace Ave. Indianapolis IN 46201	Purpose of Disbursement Campaign Consultant March Salary Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/1/2000	\$1,500.00
E. Full Name, Mailing Address and ZIP Code Faulkner, Chris 6515 Summer Place Lane, 3B Granger IN 46530	Purpose of Disbursement Campaign Consultant March Salary Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/1/2000	\$4,250.00
F. Full Name, Mailing Address and ZIP Code Fund, Majority Leader P.O. Box 995 Lewisville TX 75067	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/3/2000	\$900.08
G. Full Name, Mailing Address and ZIP Code Graff, Chris 214 Highland Park Bristol IN 46507	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/11/2000	\$594.87
H. Full Name, Mailing Address and ZIP Code Mazurkiewicz, Jason 1521 Tremont Mishawaka IN 46544	Purpose of Disbursement Campaign Consultant March Salary Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/1/2000	\$1,700.00
I. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Hiler Letter Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/10/2000	\$454.56

SUBTOTAL of Disbursements This Page (optional)

\$18,179.89

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 2 OF 2

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 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) 4/12/2000	Amount of Each Disbursement this Period \$66.00
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
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
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)	\$66.00
TOTAL This Period (last page this line number only)	\$18,245.89

SCHEDULE C

LOANS

PAGE 1 of 1
 CDF NUMBER 10
 Use separate schedules
 for each numbered item

(Revised 3/80) Loans owed **BY** the Committee

Name of Committee (in full): **Chris Chocola for Congress, Inc.** G00350926

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	\$25,000.00	\$0.00	\$25,000.00

Election: Primary General Other (Specify):

Terms: Date Incurred 12/27/1999 Date Due 12/31/2000 Interest Rate 0 % (apr) Secured

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer	Amount Guaranteed Outstanding
	Occupation	\$0.00
2. Full Name, Mailing Address and Zip Code	Name of Employer	Amount Guaranteed Outstanding
	Occupation	\$0.00
3. Full Name, Mailing Address and Zip Code	Name of Employer	Amount Guaranteed Outstanding
	Occupation	\$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	\$25,000.00	\$0.00	\$25,000.00

Election: Primary General Other (Specify):

Terms: Date Incurred 11/23/1999 Date Due 12/31/2000 Interest Rate 0 % (apr) Secured

List All Endorsers or Guarantors (if any) to item

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

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

Carry outstanding balance to LINE 5, Schedule D for this loan. If no Schedule D, carry forward to appropriate line of Summary

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM

4/1/2000

TO

4/12/2000

PAGE 1 of 2 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full) Chris Chocola for Congress, Inc.	00030026	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 Carlyle Gregory, Jr. 140 Little Fall St., Suite 104 Falls Church VA 22046		\$0.00	\$2,073.70	\$0.00	\$2,073.70
Nature of Debt (Purpose) Campaign Consultant					
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Service Printers 28574 Phillips Street Elkhart IN 46514		\$1,047.90	\$0.00	\$0.00	\$1,047.90
Nature of Debt (Purpose) Campaign Mailings					
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Ameritech N17 W24300 Riverwood Drive Waukesha WI 53188		\$1,825.00	\$0.00	\$0.00	\$1,825.00
Nature of Debt (Purpose) Phone Office Expenses					
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Varsity Clubs Of America 3800 N. Main St. Mishawaka TN 46545		\$312.67	\$0.00	\$0.00	\$312.67
Nature of Debt (Purpose) Army Accomodation Expenses Other (Enter					
E. Full Name, Mailing Address and Zip Code of Debtor or Credit Service Printers 28574 Phillips Street Elkhart IN 46514		\$673.05	\$0.00	\$0.00	\$673.05
Nature of Debt (Purpose) Army Breakfast Fundraising					
F. Full Name, Mailing Address and Zip Code of Debtor or Credit PFister Promotions 54525 Hunters Ct. Elkhart IN 46514		\$164.79	\$0.00	\$0.00	\$164.79
Nature of Debt (Purpose) Buttons Other (Enter Description)					

1) SUBTOTALS This Period This Page (optional)	\$6,097.11
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 of	

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM

4/1/2000

TO

4/12/2000

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


Name of Committee (in Full) Chris Chobola for Congress, Inc.	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 Sports Image Apparel 58800 Executive Drive Mishawaka IN 46544 Nature of Debt (Purpose) T-Shirts Other (Enter Description)	\$771.36	\$0.00	\$0.00	\$771.36
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Sports Image Apparel 58800 Executive Drive Mishawaka IN 46544 Nature of Debt (Purpose) T-Shirts Other (Enter Description)	\$239.66	\$0.00	\$0.00	\$239.66
C. 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 Nature of Debt (Purpose) Media	\$25.00	\$0.00	\$0.00	\$25.00
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Sprint Printing Donna Bickel 1227 W. Beardsley Ave. Elkhart IN 46515 Nature of Debt (Purpose) Hair Letter Fundraising	\$408.45	\$0.00	\$0.00	\$408.45
E. Full Name, Mailing Address and Zip Code of Debtor or Credit Next Day Signs 13565 US 20 Mishawaka IN 46545 Nature of Debt (Purpose) Banners Other (Enter Description)	\$183.75	\$0.00	\$0.00	\$183.75
F. Full Name, Mailing Address and Zip Code of Debtor or Credit South Bend Lodge 3535 E. McKinley Avenue South Bend IN 46615 Nature of Debt (Purpose) Reception Other (Enter Description)	\$696.25	\$0.00	\$0.00	\$696.25

1) SUBTOTALS This Period This Page (optional)	\$2,324.47
2) TOTALS This Period (last page in this line only)	\$8,421.58
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)	\$58,421.58

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4-14-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	4-17-00 DATE PREPARED