

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2008 APR 18 P 2:01

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Tony Samuel for Congress Committee		2. FEC IDENTIFICATION NUMBER C 00 349 650
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 1736		
CITY, STATE and ZIP CODE Indianapolis, IN 46206-1736	STATE/DISTRICT IN/10th	
3. IS THIS REPORT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

4. TYPE OF REPORT

<input checked="" type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report following the General Election
<input type="checkbox"/> January 31 Year End Report	on _____ in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>1/1/00</u> through <u>3/31/00</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$ 25,915.00	
(b) Total Contribution Refunds (from Line 20(d))	0	
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$ 25,915.00	
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$ 34,930.28	
(b) Total Offsets to Operating Expenditures (from Line 14)	0	
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$ 34,930.28	
8. Cash on Hand at Close of Reporting Period (from Line 27)	3744.13	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9690 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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 RUTH P. SAMUEL	
Signature of Treasurer <i>Ruth P. Samuel</i>	Date 4/15/2000

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

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DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full)	Report Covering the Period:	
<u>Tony Samuel for Congress Committee</u>	From: <u>1/1/00</u>	To: <u>3/31/00</u>
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) -----	\$24,815.00	
(ii) Unitemized -----	0	
(iii) Total of contributions from individuals -----	24,815.00	
(b) Political Party Committees -----	100	
(c) Other Political Committees (such as PACs) -----	0	
(d) The Candidate -----	1000	
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(ii), (b), (c) and (d)) -----	25,915.00	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	0	
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	0	
(b) All Other Loans -----	0	
(c) TOTAL LOANS (add 13(a) and (b)) -----	0	
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	0	
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	0	
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	25,915.00	
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	34,930.28	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	0	
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	0	
(b) Of All Other Loans -----	0	
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	0	
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	0	
(b) Political Party Committees -----	0	
(c) Other Political Committees (such as PACs) -----	0	
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	0	
21. OTHER DISBURSEMENTS -----	0	
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	34,930.28	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 12,759.41	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 25,915.00	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 38,674.41	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 34,930.28	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 3,744.13	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 27
FOR LINE NUMBER 11e

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)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code Joseph Loftus, Jr. 7431 Longleaf Rd. Indpls, IN 46240	Name of Employer <i>Barnes Thornburg</i> Occupation <i>Attorney</i> Aggregate Year-to-Date <i>> \$ 50</i>	Date (month, day, year) <i>1/26/00</i>	Amount of Each Receipt this Period <i>\$ 50</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>Auditor of State of Indiana</i> Occupation Aggregate Year-to-Date <i>> \$ 75</i>	Date (month, day, year) <i>1/26/00</i>	Amount of Each Receipt this Period <i>\$ 75</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>Secretary of State of Indiana</i> Occupation Aggregate Year-to-Date <i>> \$ 100</i>	Date (month, day, year) <i>1/26/00</i>	Amount of Each Receipt this Period <i>\$ 100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>I. D. E. M.</i> Occupation Aggregate Year-to-Date <i>> \$ 25</i>	Date (month, day, year) <i>1/25/00</i>	Amount of Each Receipt this Period <i>\$ 75</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>Clerk of Indiana Supreme Court</i> Occupation Aggregate Year-to-Date <i>> \$ 50</i>	Date (month, day, year) <i>1/26/00</i>	Amount of Each Receipt this Period <i>\$ 50</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>Costa Miller</i> Occupation Aggregate Year-to-Date <i>> \$ 100</i>	Date (month, day, year) <i>1/13/00</i>	Amount of Each Receipt this Period <i>\$ 100</i>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

25915.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 27
FOR LINE NUMBER 11e

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NAME OF COMMITTEE (In Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" 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
Claire Rogers Wiegel 7311 N. Meridian St. Indpls, IN 46260 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>75</u>	Date (month, day, year) 1/21/00	Amount of Each Receipt this Period \$75
Kevin McDowell 1517 Brewster Rd. Indpls, IN 46260 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>50</u>	Date (month, day, year) 1/19/00	Amount of Each Receipt this Period \$50
Matthew Miller 6028 N. Oxford St. Indpls, IN 46220 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>75</u>	Date (month, day, year) 1/15/00	Amount of Each Receipt this Period \$75
Joan Dotson 5746 Overcrest Dr. Indpls, IN 46237 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>25</u>	Date (month, day, year) 1/18/00	Amount of Each Receipt this Period \$25
Milton Booth 45 W. Fallcreek Pky S. Dr. Indpls, IN 46208 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>250</u>	Date (month, day, year) 1/16/00	Amount of Each Receipt this Period \$250
Michael Allen 251 N. Illinois Suite 1000 Indpls, IN 46204 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>500</u>	Date (month, day, year) 1/1/00	Amount of Each Receipt this Period \$500
P.E. Macallister P.O. Box 1941 Indpls, IN 46206 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>1000</u>	Date (month, day, year) 1/18/00	Amount of Each Receipt this Period \$1000

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$25,915.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 27
FOR LINE NUMBER 11e

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NAME OF COMMITTEE (In Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code Judith Singleton Trust 7820 Holly Creek Ln. Indpls, IN 46240		Name of Employer	Date (month, day, year) 1/16/00	Amount of Each Receipt this Period \$50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 100	
B. Full Name, Mailing Address and ZIP Code Chris Swatts		Name of Employer	Date (month, day, year) 1/19/00	Amount of Each Receipt this Period \$30
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 180	
C. Full Name, Mailing Address and ZIP Code Tracey Goldhamer		Name of Employer	Date (month, day, year) 1/26/00	Amount of Each Receipt this Period \$75
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 75	
D. Full Name, Mailing Address and ZIP Code Tom Miyakawa		Name of Employer	Date (month, day, year) 1/26/00	Amount of Each Receipt this Period \$50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 50	
E. Full Name, Mailing Address and ZIP Code Dae Dee Benke		Name of Employer	Date (month, day, year) 1/26/00	Amount of Each Receipt this Period \$50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 50	
F. Full Name, Mailing Address and ZIP Code Chris Swatts		Name of Employer	Date (month, day, year) 1/26/00	Amount of Each Receipt this Period \$60
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 180	
G. Full Name, Mailing Address and ZIP Code Hewitt Robinson 1014 E. Broad Ripple Ave. Indpls, IN 46220		Name of Employer	Date (month, day, year) 2/8/00	Amount of Each Receipt this Period \$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 100	

SUBTOTAL of Receipts This Page (optional)

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25,915.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 27
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code Marta Irving 11724 Woodstream Ridge Ct. Fort Wayne, IN 46845	Name of Employer Occupation Aggregate Year-to-Date > \$ 25	Date (month, day, year) 1/15/00	Amount of Each Receipt this Period \$25
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Francis Stock Bank Occupation Aggregate Year-to-Date > \$ 100	Date (month, day, year) 1/17/00	Amount of Each Receipt this Period \$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Indiana Department of Education Occupation Aggregate Year-to-Date > \$ 100	Date (month, day, year) 1/19/00	Amount of Each Receipt this Period \$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Indiana Department of Education Occupation Aggregate Year-to-Date > \$ 50	Date (month, day, year) 1/19/00	Amount of Each Receipt this Period \$50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 1/17/00	Amount of Each Receipt this Period \$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Indiana Dept. of Education Occupation Aggregate Year-to-Date > \$ 75	Date (month, day, year) 1/23/00	Amount of Each Receipt this Period \$75
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Indiana Dept. of Education Occupation Aggregate Year-to-Date > \$ 75	Date (month, day, year) 1/27/00	Amount of Each Receipt this Period \$75

SUBTOTAL of Receipts This Page (optional)

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25,915.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Holt 5460 Elkhorn Dr. Apt. 928 Indpls, IN 46254-5289	Indiana State Chamber of Commerce Occupation	1/27/00	\$75
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 75	
B. Full Name, Mailing Address and ZIP Code Linda Miller 2757 Hooper Street Dr. Indpls, IN 46236	Indiana Dept. of Education Occupation	1/25/00	\$75
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 75	
C. Full Name, Mailing Address and ZIP Code Sandra Donovan 7872 Clearwater Parkway Indpls, IN 46240-4910	Occupation	1/23/00	\$50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code A.G. Israelov 8250 Haverstick Rd. Indpls IN 46240	AGI Mortgage Occupation	1/25/00	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code Perry Griffith, Jr. 665 Forest Blvd. Indpls, IN 46240	Denison Parking Occupation	2/1/00	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code Barton Kaufman P.O. Box 90405 Indpls, IN 46290-0405	Occupation	2/4/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200	
G. Full Name, Mailing Address and ZIP Code Stuart Minier 362 E. Arch St. Indpls, IN 46202	Merion Co. Sheriff's Dept. Occupation	1/3/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 100	

SUBTOTAL of Receipts This Page (optional)

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25,915.00

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11E

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NAME OF COMMITTEE (in Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Eoad 845 W. 116th St Carmel IN 46032		2/11/00	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Beverly Decker 116 E. North St. Crown Point 46226		2/11/00	\$25
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 25	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T. E. Reilly, Jr. 8877 Pickwick Dr Indpls, IN 46240	Reilly Industries	2/12/00	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Matthew Klein 6652 Eagle Pointe Dr. North Apt 1-C Indpls IN 46254	I.P.E.M.	2/13/00	\$25
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane Butler 1010 E. 96th St. Suite 17 Indpls, IN 46240		2/14/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dentist	Aggregate Year-to-Date > \$ 200	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Wells		2/14/00	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debra Norman 7321 Almoden Dr. Indpls IN 46278		2/15/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

25,915.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 27
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hart Hester 901 Round Table Ct. Indpls, IN 46260		2/17/00	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Celeste English		2/18/00	\$20
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 20	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Norma Cummings		2/22/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brose McKey	Steve Brighton Summers	2/22/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph McAttee		2/22/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
P. Zachary Main		2/22/00	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Judy Levine		2/24/00	\$150
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 150	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

25,915.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 27
FOR LINE NUMBER 11e

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NAME OF COMMITTEE (In Full)

Tony Samuel for Congress Committee

<p>A. Full Name, Mailing Address and ZIP Code Greg Young</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer State Farm Insurance</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year) 2/24/00</p>	<p>Amount of Each Receipt this Period \$ 250</p>
<p>B. Full Name, Mailing Address and ZIP Code Ann Foley 400 Bayram Blvd. Martinsville, IN 46151</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</p> <p>Aggregate Year-to-Date > \$ 100</p>	<p>Date (month, day, year) 2/29/00</p>	<p>Amount of Each Receipt this Period \$ 100</p>
<p>C. Full Name, Mailing Address and ZIP Code Andre Lacy</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</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 3/1/00</p>	<p>Amount of Each Receipt this Period \$ 500</p>
<p>D. Full Name, Mailing Address and ZIP Code Paula Macvittie 8731 Key Harbour Dr. Indpls, IN 46236</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</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year) 3/1/00</p>	<p>Amount of Each Receipt this Period \$ 250</p>
<p>E. Full Name, Mailing Address and ZIP Code Scott Linn</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</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year) 3/2/00</p>	<p>Amount of Each Receipt this Period \$ 250</p>
<p>F. Full Name, Mailing Address and ZIP Code Frank Brocker 5750 Plantations Dr. Indpls, IN 46250-1641</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</p> <p>Aggregate Year-to-Date > \$ 200</p>	<p>Date (month, day, year) 3/2/00</p>	<p>Amount of Each Receipt this Period \$ 200</p>
<p>G. Full Name, Mailing Address and ZIP Code John Earnest</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</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 3/3/00</p>	<p>Amount of Each Receipt this Period \$ 250</p>

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Tony Samuel for Congress Committee

<p>A. Full Name, Mailing Address and ZIP Code John Earnest</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</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 3/3/00</p>	<p>Amount of Each Receipt this Period \$ 250</p>
<p>B. Full Name, Mailing Address and ZIP Code Del Demaree, Jr. 5511 Fair Mile Dr. Kokomo, IN 46901-3831</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</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 3/3/00</p>	<p>Amount of Each Receipt this Period \$ 500</p>
<p>C. Full Name, Mailing Address and ZIP Code John Noel</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</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 3/3/00</p>	<p>Amount of Each Receipt this Period \$ 500</p>
<p>D. Full Name, Mailing Address and ZIP Code Pankaj Malik 490 Copeland Rd Fallston, MD 21047</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</p> <p>Aggregate Year-to-Date > \$ 100</p>	<p>Date (month, day, year) 3/5/00</p>	<p>Amount of Each Receipt this Period \$ 100</p>
<p>E. Full Name, Mailing Address and ZIP Code Nola Gentry 211 Quinly W. Lafayette, IN 47906</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</p> <p>Aggregate Year-to-Date > \$ 25</p>	<p>Date (month, day, year) 3/5/00</p>	<p>Amount of Each Receipt this Period \$ 25</p>
<p>F. Full Name, Mailing Address and ZIP Code Greg Henneke 911 N. Campbell Ave. Indpls IN 46219</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</p> <p>Aggregate Year-to-Date > \$ 300</p>	<p>Date (month, day, year) 3/7/00</p>	<p>Amount of Each Receipt this Period \$ 300</p>
<p>G. Full Name, Mailing Address and ZIP Code Charles Lanham 7004 Silver Pine Ct. Indpls, IN 46250</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</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year) 3/9/00</p>	<p>Amount of Each Receipt this Period \$ 250</p>

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NAME OF COMMITTEE (in Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Sinder 11 77 E. Co. Rd. 900S Clay City IN 47841		3/9/00	\$25
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 25	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Talbert 522 W. Adams St. Muncie IN 47305		3/12/00	\$40
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 40	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bryce Bennett, Jr.		3/13/00	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Love, Jr.	Lone Pine, & Steele	3/13/00	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marjorie O'Laughlin 6293 Brookline Dr. Indpls. IN 46220	Marion County Health & Hospital Corp.	3/14/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcia Hughes 234 Williams St Indpls IN 46260-2960		3/14/00	\$25
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 25	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Matthew Klsin 6652 Eagle Point Dr. Apt 1C Indpls. IN 46254	I, D, E, M,	3/15/00	\$25
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Ann Campbell 9736 Irishman's Run Ln. Browsville, IN 46037		3/16/00	\$ 100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karl Miller 13809 Spring Mill Rd. Carmel, IN 46032		3/17/00	\$ 50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Singleton Trust 7820 Holly Creek Ln. Indpls, IN 46240		3/17/00	\$ 50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Carlton Committee 6657 Lieber Rd. Indpls, IN 46208		3/17/00	\$ 500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jan Abbs 404 W. Piper Ct. Muncie, IN 47303	Ontario Corp.	3/17/00	\$ 100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Hammel 5242 Rucker Circle Indpls, IN 46250		3/18/00	\$ 100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Smith One Old Oakland Dr. Peru, IN 46970		3/18/00	\$ 100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	

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NAME OF COMMITTEE (In Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anna Brandt 2200 S. Ridgeway Rd. Longsight, IN 46947		3/18/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Kisly 9134 Bayport Circle Indpls, IN 46236-9343	Yadjan Manufacturing Associates	3/19/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Grand 730 Williams Ave Dr. Indpls, IN 46260	Barnard Thornburg	3/19/00	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Rose P.O. Box 90175 Indpls, IN 46290-0175		3/20/00	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Lenke		3/20/00	\$50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Vail		3/20/00	\$15
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 15	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Brown 4416 Sunshine Ave. Indpls, IN 46228		3/20/00	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (In Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Simmons 5873 E. State Rd. 218 LaFontaine, IN 46940		3/20/00	\$50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Teresa Lubbers for State Senate 813 Broadstreet Ave. Indpls, IN 46226		3/20/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jocann Fox		3/20/00	\$25
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 25	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Huggins		3/21/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Brooks		3/22/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tom Spiece		3/22/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jean Kneessy		3/22/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	

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NAME OF COMMITTEE (in Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Van Smith		3/22/00	\$ 500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Strange		3/23/00	\$ 20
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 20	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eileen Mook		3/24/00	\$ 100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Swords, II 9214 Stones Ferry Way Indpls, IN 46278	Asphidoch	3/24/00	\$ 500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Rosemar, M.D. 1505 - 35th St. Munster, IN 46321		3/24/00	\$ 100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard E. Ford		3/25/00	\$ 250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Victor Childers 1710 Glenmary Crest Indpls, IN 46228-3363		3/25/00	\$ 50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	

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NAME OF COMMITTEE (in Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Chiabai 521 W. 84th Dr. Merrillville, IN 46410	Chiabai Glass	3/25/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Sykes 2404 Saturn St. Portage, IN 46308		3/26/00	\$25
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 25	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rob Palmer 4901 Katelyn Dr. Indpls, IN 46228		3/26/00	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donna Emmick 8823 Waterside Dr. Indpls, IN 46278		3/27/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Ayres 8899 Pickwick Dr. Indpls, IN 46240		3/27/00	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kim Chaffee 204 South St. Batesville, IN 47006		3/27/00	\$50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Ann Yantiz 1994 N. State Rd 25 Logansport IN 46947		3/27/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	

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NAME OF COMMITTEE (In Full)

Tommy Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Schilli P.O. Box 351 Bennington, IN 47977		3/27/00	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Vickery		3/28/00	\$25
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 25	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anne Gottschalk 2600 Beech Ln Marion, IN 46952		3/28/00	\$25
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 25	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Cox 1338 N. New Jersey St. Indpls, IN 46202		3/28/00	\$50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim Berry 7629 Prairie View Dr. Indpls, IN		3/28/00	\$75
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: State Treasurer	Aggregate Year-to-Date > \$ 75	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wanda Fortune 7933 Beaumont Green W. Dr. Indpls IN 46250		3/28/00	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerri McCormann 4225 N. Broadway St. Indpls IN 46205		3/29/00	\$30
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 30	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

25,915.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11E

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NAME OF COMMITTEE (In Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Beverly Dilling 310 W. Rose lawn Dr. P.O. Box 47 Logansport, IN 46947-0047		3/29/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Erard 730 Williams Core Dr. Indpls. IN 46260		3/30/00	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Cummings		3/30/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Kelley 11691 Diamondpointe Ct. Indpls. IN 46236		3/30/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Benny Ko 7732 Traders Cove Ln Indpls, IN 46254-9617	St. Francis Hosp.	3/30/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Attorneys 5601 Washington Blvd. Indpls, IN 46220		3/30/00	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marie Deiter 4306 N. Park Ave Indpls, IN 46205		3/30/00	\$50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

25,915.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 18 OF 27
FOR LINE NUMBER 11E

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)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Bridget Hoffbauer Hand 9597 Bay Vista W. Dr. Indianapolis, IN 46250	Indiana Dept. of Education	3/30/00	\$ 75
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 75	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
John T. Young, M.D. 3231 N. Meridian Indpls, IN 46208		3/31/00	\$ 500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Scott Newman 8345 Tequesta Circle Indpls, IN 46236		2/31/00	\$ 50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Marion Co. Prosecutor	Aggregate Year-to-Date > \$ 50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
John Hammond, III 612 E. 13th St. Indpls, IN 46202		3/31/00	\$ 400
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Sarla Katsi 4315 Washington St. Columbus, IN 47203		3/31/00	\$ 200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Cynthia Noel 5236 E. 72nd St Indpls, IN 46250-2526		3/31/00	\$ 500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
David Hanselman		3/31/00	\$ 75
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 75	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

25,915.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Browser III 6901 Knollcreek Rd. Indpls, IN 46258		3/25/00	\$50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rebecca Stovall	Greypoint Credit	3/31/00	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Sutter 1315 W. Chapel Pike Marion, IN 46952		3/25/00	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tony Samuel		3/27/00	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2020	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
			\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. 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 > \$	
G. 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)

TOTAL This Period (last page this line number only)

\$25,915.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 20 OF 27 FOR LINE NUMBER

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)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Angie Dorell	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/00	150.37
B. Full Name, Mailing Address and ZIP Code Catering	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/5/00	\$ 500
C. Full Name, Mailing Address and ZIP Code Catering	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/24/00	\$ 700
D. Full Name, Mailing Address and ZIP Code Chris Watts	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/31/00	\$1000
E. Full Name, Mailing Address and ZIP Code Chris Watts	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/03/00	\$1143.69
F. Full Name, Mailing Address and ZIP Code Chris Watts	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/00	\$1143.69
G. Full Name, Mailing Address and ZIP Code Chris Watts	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/00	1143.69
H. Full Name, Mailing Address and ZIP Code Cindy Urban 3134 Albright Ct. Indpls, IN 46268	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/5/00	\$1165.69
I. Full Name, Mailing Address and ZIP Code Cindy Urban 3134 Albright Ct. Indpls, IN 46268	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/18/00	\$ 1165.69

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

34,930.28

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in full)

Tommy Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stacey Beckdolt University Apts. 3701 Shelby St. Indpls, IN 46204	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/6/00	749.60
B. Full Name, Mailing Address and ZIP Code Stacey Beckdolt University Apts. 3701 Shelby St. Apt. C5 Indpls, IN 46204	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/00	749.60
C. Full Name, Mailing Address and ZIP Code Stacey Beckdolt University Apts. 3701 Shelby St. Apt. C5 Indpls, IN 46204	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/29/00	410.75
D. Full Name, Mailing Address and ZIP Code Tim Sadler	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/00	\$ 1500
E. Full Name, Mailing Address and ZIP Code Training	Training Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/00	\$20
F. Full Name, Mailing Address and ZIP Code US Dept. of Treasury	Unemployment Taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/24/00	\$ 24.46
G. Full Name, Mailing Address and ZIP Code US Dept. of Treasury	Unemployment Taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/2/00	\$ 200
H. Full Name, Mailing Address and ZIP Code U.S. Postal Service	Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/4/00	\$99.00
I. Full Name, Mailing Address and ZIP Code US Postal Service	Stamps & services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/8/00	\$ 198.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

34,930.28

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shelby Barkat 1242 Prestwick Circle Gmwd, IN 46043	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20/00	102.96
Shelby Barkat 1242 Prestwick Circle Gmwd, IN 46043	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/2/00	44.42
Shelby Barkat 1242 Prestwick Circle Gmwd, IN 46043	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/00	53.13
Shelby Barkat 1242 Prestwick Circle Gmwd, IN 46043	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/29/00	102.62
Speed Printing	Stationary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/15/00	703.80
Stacey Beckdolt University Apts. 3701 Shelby St. Indpls, IN 46204	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/5/00	378.12
Stacey Beckdolt University Apts. 3701 Shelby St. Indpls, IN 46204	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20/00	632.00
Stacey Beckdolt University Apts. 3701 Shelby St. Indpls, IN 46204	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/2/00	830.40
Stacey Beckdolt University Apts. 3701 Shelby St. Indpls, IN 46204	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/00	749.60

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

34,930.28

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot 3708 Commercial Dr. Indpls, IN 46222	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-19/00	65.98
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot 3708 Commercial Dr. Indpls, IN 46222	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	40.19
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot 3708 Commercial Dr. Indpls, IN 46222	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/00	29.17
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Indiana Dept. of Revenue	Payroll Taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/00	767.82
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Indiana Dept. of Revenue	Payroll Taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/4/00	767.82
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Indiana Dept. of Revenue	Payroll Taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/00	125.36
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Indiana Department of Revenue	Payroll Taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/00	1166.50
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Indiana Department of Revenue	Payroll Taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/21/00	1384.24
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shelby Barkat 1242 First Street Circleville, OH 46143	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/5/00	35.30

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

34,930.28

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

Tony Sarnuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kinko's 5030 Pike Plaza Rd. Indpls, IN 46254	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	33.34
Kinko's -55 5030 Pike Plaza Rd. Indpls, IN 46254	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/00	21.00
Kinko's 5030 Pike Plaza Rd. Indpls, IN 46254	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/14/00	82.53
Kinko's 5030 Pike Plaza Rd. Indpls, IN 46254	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/00	749.60
Mary Mithelms	Fundraiser supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20/00	\$1,239.12
Massie & Associates	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/14/00	1613.32
Office Depot 3708 Commercial Dr. Indpls, IN 46222	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/00	169.04
Office Depot 3708 Commercial Dr. Indpls, IN 46222	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/11/00	271.04
Office Depot 3708 Commercial Dr. Indpls, IN 46222	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/00	66.27

SUBTOTAL of Disbursements This Page (optional)

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34,930.28

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cindy Urban 3134 Albright Ct. Indpls, IN 46208	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/2/00	\$ 1165.69
Cindy Urban 3134 Albright Ct. Indpls, IN 46208	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/00	\$ 1165.69
Cindy Urban 3134 Albright Ct. Indpls, IN 46208	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/5/00	\$ 1165.69
Cindy Urban 3134 Albright Ct. Indpls, IN 46208	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/00	\$ 1613.32
Cindy Urban 3134 Albright Ct. Indpls, IN 46208	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/00	\$ 1165.69
Kinkor	Kinkor-Copier Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/00	\$ 42.59
Republican State Committee	Center Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/00	\$ 361.73
Issues & Advocates	First Mailing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/00	\$ 1490.68
Gibson's	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/00	\$ 290.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

34,930.28

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 26 OF 27
FOR LINE NUMBER

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)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>ETME Communications 54 Monument Circle Suite 540 Indpls, IN 46204</i>	<i>Supplies/Letterhead</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/15/00</i>	<i>\$ 1197.45</i>
<i>IN Unemployment Dept.</i>	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/21/00</i>	<i>\$ 82.56</i>
<i>Indiana Department of Revenue</i>	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>3/6/00</i>	<i>\$ 83.97</i>
<i>Indiana Department of Revenue</i>	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>3/30/00</i>	<i>\$ 213.23</i>
<i>Kinko's 5030 Pike Plaza Rd. Indpls, IN 46254</i>	<i>Copies</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/17/00</i>	<i>16.54</i>
<i>Kinko's 5030 Pike Plaza Rd. Indpls, IN 46254</i>	<i>Copies</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/19/00</i>	<i>119.44</i>
<i>Kinko's 5030 Pike Plaza Rd. Indpls, IN 46254</i>	<i>Copies</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/28/00</i>	<i>14.92</i>
<i>Kinko's 5030 Pike Plaza Rd. Indpls, IN 46254</i>	<i>Copies</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/31/00</i>	<i>17.13</i>
<i>Kinko's 5030 Pike Plaza Rd. Indpls, IN 46254</i>	<i>Copies</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/10/00</i>	<i>44.10</i>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

34,930.28

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 27 OF 27
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Tony Samuel for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<p><i>US Postal Service</i></p>	<p><i>Stamp</i></p>	<p><i>1/2/00</i></p>	<p><i>198.00</i></p>
<p><i>US Postal Service</i></p>	<p><i>Stamp</i></p>	<p><i>3/31/00</i></p>	<p><i>\$ 97</i></p>
<p><i>WIBC</i></p>	<p><i>radio spots</i></p>	<p><i>2/7/00</i></p>	<p><i>\$ 630.00</i></p>
<p><i>WIBC</i></p>	<p><i>radio ads</i></p>	<p><i>2/7/00</i></p>	<p><i>\$ 375.00</i></p>
<p></p>	<p></p>	<p></p>	<p></p>
<p></p>	<p></p>	<p></p>	<p></p>
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<p></p>	<p></p>	<p></p>	<p></p>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

34,930.28

SCHEDULE C
 (Revised 3/80)


LOANS

Name of Committee (in Full) <i>Tony Samuel for Congress Committee</i>			
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
<i>N/A</i>			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
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
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balances only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 4-15-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	4-18-00 DATE PREPARED