

**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	Name of Employer	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):	Occupation: Aggregate Year-to-Date > \$ <u>75</u>	1/21/00	\$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: <u>Indiana Department of Education</u> Occupation: Aggregate Year-to-Date > \$ <u>50</u>	1/19/00	\$50
Matthew Miller 6028 N. Oxford St. Indpls, IN 46220 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: <u>City of Lawrence Police Department</u> Occupation: Aggregate Year-to-Date > \$ <u>75</u>	1/15/00	\$75
Joan Dotson 5746 Overcrest Dr. Indpls, IN 46237 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: <u>Indiana Federation of Republican Women</u> Occupation: Aggregate Year-to-Date > \$ <u>25</u>	1/18/00	\$25
Milton Booth 45 W. Fallcreek Pky S. Dr. Indpls, IN 46208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ <u>250</u>	1/16/00	\$250
Michael Allen 251 N. Illinois Suite 1000 Indpls, IN 46204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: <u>Fifth Third Bank</u> Occupation: Aggregate Year-to-Date > \$ <u>500</u>	1/1/00	\$500
P.E. Macallister P.O. Box 1941 Indpls, IN 46206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ <u>1000</u>	1/18/00	\$1000

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

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

\$25,915.00