

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

FEC MAIL ROOM

1. NAME OF COMMITTEE (In full)

2000 OCT 10 P 2:35

Souders for Congress, Inc.		2. FED IDENTIFICATION NUMBER CD0285189
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 400		
CITY, STATE and ZIP CODE Grabill, IN 46741	STATE/DISTRICT	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	
<input checked="" type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____
<input type="checkbox"/> January 31 Year End Report	
<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

	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>07/01/2000</u> through <u>09/30/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	39,434.45	136,100.04
(b) Total Contribution Refunds (From Line 20(d))	610.00	1,220.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	38,824.45	136,880.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	18,151.63	155,821.83
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	18,151.63	155,821.83
8. Cash on Hand at Close of Reporting Period (from Line 27)	41,996.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20483
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 Jeffrey L. Turner	Date 10-10-00
Signature of Treasurer <i>Jeffrey L. Turner</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to 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) Souder for Congress, Inc.	Report Covering the Period: From: 07/01/2000 To: 09/30/2000	
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)	28,486.20	
(ii) Unitemized	3,989.25	
(iii) Total of contributions from individual	27,454.45	96,774.84
(b) Political Party Committees		725.20
(c) Other Political Committees (such as PACs)	11,980.00	40,600.00
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(i), (b), (c) and (d))	39,434.45	138,100.04
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	39,434.45	138,100.04
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	18,151.83	155,821.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	610.00	1,220.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	610.00	1,220.00
21. OTHER DISBURSEMENTS		500.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	18,761.83	157,541.83
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		21,323.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		39,434.45
25. SUBTOTAL (add Line 23 and Line 24)		60,757.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		18,761.83
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		41,996.00

SCHEDULE A

ITEMIZED RECEIPTS

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) Souder for Congress, Inc.			
A. Full Name, Mailing Address and Zip Code John Atz 726 E. Mitchell St. Kendallville, IN 46755- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Atz Furniture Occupation President Aggregate Year-to-Date -> 200.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and Zip Code Richard Baehr 1813 N. Lincoln Park W. Chicago, IL 60614- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Executive Aggregate Year-to-Date -> 250.00	Date (month, day, year) 07/16/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code Thomas Blake P.O. Box 7174 Defiance, OH 43512- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Country Homes of Grabill Occupation Owner Aggregate Year-to-Date -> 2,000.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Timothy Blomeke 1258 Oak St. Huntington, IN 46750- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer City Beverage Inc. Occupation Owner Aggregate Year-to-Date -> 150.00	Date (month, day, year) 08/18/2000	Amount of Each Receipt this Period 150.00
E. Full Name, Mailing Address and Zip Code Timothy Blomeke 1258 Oak St. Huntington, IN 46750- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer City Beverage Inc. Occupation Owner Aggregate Year-to-Date -> 335.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 185.00 beverages IN-KIND
F. Full Name, Mailing Address and Zip Code Sharon Bodenhafer 18130 Coldwater Rd. Hometown, IN 46748- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> 1,100.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 600.00
G. Full Name, Mailing Address and Zip Code Gregory Dahm 15819 Canyon Glen Pkwy Fort Wayne, IN 46845- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Alco Dist. Co. Occupation Executive Aggregate Year-to-Date -> 240.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 120.00 beverages IN-KIND

SUBTOTAL of Receipts This Page (optional)	2,405.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Souder for Congress, Inc.

A. Full Name, Mailing Address and Zip Code Lena Delagrang 8614 Brookline Ct. Fort Wayne, IN 46835-9630 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Starlight International	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 600.00
	Occupation Independent distributor Aggregate Year-to-Date -> 600.00		
B. Full Name, Mailing Address and Zip Code Simon Dragan 201 W. First St. South Whitley, IN 46787- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Whitley Mfg Co.	Date (month, day, year) 08/09/2000	Amount of Each Receipt this Period 600.00
	Occupation President Aggregate Year-to-Date -> 600.00		
C. Full Name, Mailing Address and Zip Code Simon Dragan 201 W. First St. South Whitley, IN 46787- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Whitley Mfg Co.	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 30.00
	Occupation President Aggregate Year-to-Date -> 630.00		
D. Full Name, Mailing Address and Zip Code Bruce Dye 6475 E. Hiler Rd. Columbia City, IN 46725- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Heritage Food Svc. Equip, Inc.	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 40.00
	Occupation President Aggregate Year-to-Date -> 40.00		
E. Full Name, Mailing Address and Zip Code Bruce Dye 6475 E. Hiler Rd. Columbia City, IN 46725- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Heritage Food Svc. Equip, Inc.	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 600.00
	Occupation President Aggregate Year-to-Date -> 640.00		
F. Full Name, Mailing Address and Zip Code Sig Feiger 4545 W. Touhy Lincolnwood, IL 60646- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Crawford Supply Co.	Date (month, day, year) 07/16/2000	Amount of Each Receipt this Period 500.00
	Occupation President Aggregate Year-to-Date -> 500.00		
G. Full Name, Mailing Address and Zip Code Mark Franke 8630 Brookline Ct. Fort Wayne, IN 46835-9630 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer IPFW	Date (month, day, year) 08/03/2000	Amount of Each Receipt this Period 100.00
	Occupation Finance Aggregate Year-to-Date -> 350.00		

SUBTOTAL of Receipts This Page (optional)		2,470.00
TOTAL This Period (last page this line number only)		

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 9
FOR LINE NUMBER 11(a)(i)

Any information copied from such Requests 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)
Souder for Congress, Inc.

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Friedman 6201 Green Meadow Way Baltimore, MD 21209-3300	Homemaker Occupation Homemaker	07/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Fruchey 10615 Monte Vista Dr. Fort Wayne, IN 46804-9069	Don R. Fruchey, Inc. Occupation Secretary-Treasurer	09/21/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred Gage 11124 Kings Crossing Fort Wayne, IN 46845-	Brindle Products, Inc. Occupation CPA	08/14/2000	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Glick 333 N. Wabash Ave. Chicago, IL 60611-	Self Occupation Attorney	07/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick Harris 6433 Cliffside Pass Fort Wayne, IN 46845-	Harris Water Conditioner Occupation Owner	08/15/2000	600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	600.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cathy Hawks 7004 Melody Lane Fort Wayne, IN 46804-	Homemaker Occupation Homemaker	09/01/2000	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	220.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Hetter Ttee 2386 Tennyson Lane Highland Park, IL 60035-	Self Occupation Executive	07/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)

2,600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category on the detailed Summary Page

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NAME OF COMMITTEE (In Full)
Souder for Congress, Inc.

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marjorie Hiner 1979 N 500 W Huntington, IN 46750-	Retired	09/01/2000	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date -> 800.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Honegger 801 Hickory Lane Ossian, IN 46777-	Self	08/17/2000	241.20
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Veterinarian	Aggregate Year-to-Date -> 690.00	prizes IN-KIND
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marna Johnson 914 E. Gump Road Fort Wayne, IN 46845-	Leisure Lawn	08/09/2000	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Co-Owner	Aggregate Year-to-Date -> 240.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ben Johnston P.O. Box 13555 Fort Wayne, IN 46869-	MacDonald Machinery Co., Inc.	09/01/2000	450.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation President	Aggregate Year-to-Date -> 550.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gail Kaplan 671 Rosedale Rd. Princeton, NJ 08540-	Homemaker	07/16/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date -> 1,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Kinzer 5117 Bitter Creek Place Fort Wayne, IN 46804-	Fort Wayne Radiology	07/06/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Radiologist	Aggregate Year-to-Date -> 250.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Korrob 80 Ellendale Rd. Deerfield, IL 60015-5012	Self	07/16/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	Aggregate Year-to-Date -> 250.00	

SUBTOTAL of Receipts This Page (optional)	2,591.20
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Souder for Congress, Inc.

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Levy 625 Lone Pine Hill Bloomfield Hills, MI 48304-	Self Occupation Executive	07/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
B. Full Name, Mailing Address and Zip Code Claire Mazer 940 Brittany Rd. Highland Park, IL 60035-	Name of Employer Homemaker Occupation	Date (month, day, year) 07/16/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
C. Full Name, Mailing Address and Zip Code Julie Mazer 1307 W. Schubert Chicago, IL 60614-	Name of Employer Self Occupation	Date (month, day, year) 07/16/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
D. Full Name, Mailing Address and Zip Code Robert Mazer 940 Brittany Rd. Highland Park, IL 60035-	Name of Employer Retired Occupation	Date (month, day, year) 07/16/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
E. Full Name, Mailing Address and Zip Code Milford Miller 14130 US 27 Hoagland, IN 46745-	Name of Employer Self Occupation Attorney	Date (month, day, year) 07/12/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 100.00		
F. Full Name, Mailing Address and Zip Code Milford Miller 14130 US 27 Hoagland, IN 46745-	Name of Employer Self Occupation Attorney	Date (month, day, year) 07/21/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
G. Full Name, Mailing Address and Zip Code V. Miller 12275 N. Ogden Point Rd. Unit 112 Syracuse, IN 46567-9731	Name of Employer MMI Invest. Inc. Occupation CEO-CFO	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,010.00		

SUBTOTAL of Receipts This Page (optional)	3,710.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the unrecalled Summary Page

PAGE 6 OF 9
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
Souder for Congress, Inc.

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
V. Miller 12275 N. Ogden Point Rd. Unit 112 Syracuse, IN 46567-9731	MMM Invest. Inc.	09/21/2000	600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation CEO-CFO	Aggregate Year-to-Date -> 1,610.00	
B. Full Name, Mailing Address and Zip Code Kenneth Neumeister 6322 Cherry Hill Pkwy. Port Wayne, IN 46835-	Liberty Construction	09/01/2000	40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation CEO	Aggregate Year-to-Date -> 360.00	
C. Full Name, Mailing Address and Zip Code Kenneth Neumeister 6322 Cherry Hill Pkwy. Port Wayne, IN 46835-	Liberty Construction	09/01/2000	600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation CEO	Aggregate Year-to-Date -> 960.00	
D. Full Name, Mailing Address and Zip Code Robert Riesman 55 Westminster, Suite 806 Providence, RI 02903-	Retired	07/24/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date -> 500.00	
E. Full Name, Mailing Address and Zip Code Herbert Rosen 244 Melba Lane Highland Park, IL 60035-	Retired	07/16/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Dentist	Aggregate Year-to-Date -> 1,000.00	
F. Full Name, Mailing Address and Zip Code Shari Rosen 244 Melba Lane Highland Park, IL 60035-	Retired	07/16/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date -> 1,000.00	
G. Full Name, Mailing Address and Zip Code Lee Rosenberg 2052 N. Seminary Chicago, IL 60614-	Self	07/16/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Executive	Aggregate Year-to-Date -> 250.00	

SUBTOTAL of Receipts This Page (optional)

3,990.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for each category of the detailed Summary Page

PAGE 7 OF 9

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Souder for Congress, Inc.

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lester Rosenberg 55 East Superior St., Third Floor Chicago, IL 60611-	Self	07/16/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Executive	Aggregate Year-to-Date -> 250.00	
B. Full Name, Mailing Address and Zip Code Philip Rosenberg 3148 Temple Lane Wilmette, IL 60091-	Self	07/16/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Executive	Aggregate Year-to-Date -> 250.00	
C. Full Name, Mailing Address and Zip Code Philip Rosenberg 1240 Park Ave. West #307 Highland Park, IL 60035-2249	Retired	07/16/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date -> 1,000.00	
D. Full Name, Mailing Address and Zip Code Wilfred Shedd 3601 Spy Run Extended Fort Wayne, IN 46805-	Metallurgical Processing, Inc.	08/09/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation President & Owner	Aggregate Year-to-Date -> 650.00	
E. Full Name, Mailing Address and Zip Code Vernon Shupe 6655 Chamberlin Dr. South Whitley, IN 46787-	Farmer Elevator	09/01/2000	220.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Manager	Aggregate Year-to-Date -> 460.00	
F. Full Name, Mailing Address and Zip Code Martin Silverstein 1515 Market St., #1301 Philadelphia, PA 19102-	Self	07/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	Aggregate Year-to-Date -> 500.00	
G. Full Name, Mailing Address and Zip Code Morton Steinberg 1320 Lincoln Ave. South Highland Park, IL 60035-	Self	07/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	Aggregate Year-to-Date -> 500.00	

SUBTOTAL of Receipts This Page (optional)

2,970.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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)
Souder for Congress, Inc.

A. Full Name, Mailing Address and Zip Code Stephen Stringer 9410 Blue Ash Ct. Fort Wayne, IN 46804-7740 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Krouse, Kern, & Co. Inc.	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 20.00
	Occupation CPA		
	Aggregate Year-to-Date ->		20.00
B. Full Name, Mailing Address and Zip Code Stephen Stringer 9410 Blue Ash Ct. Fort Wayne, IN 46804-7740 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Krouse, Kern, & Co. Inc.	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 300.00
	Occupation CPA		
	Aggregate Year-to-Date ->		320.00
C. Full Name, Mailing Address and Zip Code Ronald Swart 17919 Bishop Rd. Spencerville, IN 46788- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Acme Printing	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 640.00
	Occupation President		
	Aggregate Year-to-Date ->		640.00
D. Full Name, Mailing Address and Zip Code John Tippmann 11712 Woodstream Ridge Ct. Fort Wayne, IN 46845-1908 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Tippmann Group	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 500.00
	Occupation CEO		
	Aggregate Year-to-Date ->		500.00
E. Full Name, Mailing Address and Zip Code Fred W. Toenges 5319 Hickory Lane Fort Wayne, IN 46845-9648 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer FW Toenges & Sons, Inc.	Date (month, day, year) 09/08/2000	Amount of Each Receipt this Period 600.00
	Occupation certified podiatrist		
	Aggregate Year-to-Date ->		600.00
F. Full Name, Mailing Address and Zip Code James Waffle 7017 White Eagle Drive Fort Wayne, IN 46815- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Simerman Construction Co., Inc.	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 160.00
	Occupation Vice President		
	Aggregate Year-to-Date ->		430.00
G. Full Name, Mailing Address and Zip Code Gary Wallin 11 Crestview Rd. Manchester, NH 03104- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 07/16/2000	Amount of Each Receipt this Period 250.00
	Occupation Executive		
	Aggregate Year-to-Date ->		250.00

SUBTOTAL of Receipts This Page (optional)

2,470.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for each category on the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Souder for Congress, Inc.

<p>A. Full Name, Mailing Address and Zip Code Anita Wickersham 7930 N 300 W Huntington, IN 46750-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Huntington College</p> <p>Occupation Professor of Business</p> <p>Aggregate Year-to-Date -> 380.00</p>	<p>Date (month, day, year) 09/01/2000</p>	<p>Amount of Each Receipt this Period 10.00</p>
<p>B. Full Name, Mailing Address and Zip Code Anita Wickersham 7930 N 300 W Huntington, IN 46750-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Huntington College</p> <p>Occupation Professor of Business</p> <p>Aggregate Year-to-Date -> 530.00</p>	<p>Date (month, day, year) 09/01/2000</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>C. Full Name, Mailing Address and Zip Code Marna Jo Workman 9735 Gerig Road Leo, IN 46765-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self Employed</p> <p>Occupation Music Teacher</p> <p>Aggregate Year-to-Date -> 340.00</p>	<p>Date (month, day, year) 08/19/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. 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>E. 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>F. 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>G. 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>

SUBTOTAL of Receipts This Page (optional)	260.00
TOTAL This Period (last page this line number only)	23,466.20

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Souder for Congress, Inc.

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Motorcyclist PAC 13515 Yarmouth Dr. Pickerington, OH 43147-		07/14/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Electric Power 101 W. Ohio Street Suite 1320 Fort Wayne, IN 46804-	American Electric Power	09/01/2000	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	300.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Associated Builders & Contractors PAC 1300 North 17th Street Rosslyn, VA 22209-	Associated Builders & Contractors	08/31/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Credit Union Legislative A.C. 805 Fifteenth St., NW Suite 300 Washington, DC 20005-2207	Credit Union Legislative A.C.	06/31/2000	1,200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,200.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ernst & Young PAC 1225 Connecticut Ave NW suite 600 Washington, DC 20036-	Ernst & Young PAC	07/16/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lincoln National Corporation PAC 1300 S. Clinton St. Fort Wayne, IN 46801-	Lincoln National Corp., PAC	09/21/2000	600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,100.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NFA PAC PO Box 14261 Washington, DC 20044-4261	NFA PAC	09/21/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	5,600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Souder for Congress, Inc.

<p>A. Full Name, Mailing Address and Zip Code Nabisco, Inc. Pol. Act. Com 7 Campus Drive Parsippany, NJ 07054-0311</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Nabisco, Inc. Pol. Act. Com</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 09/21/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code SBC EMPAC 175 E. Houston RM 4-J-01 San Antonio, TX 78205-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer SBC EMPAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 09/18/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code UPSPAC 55 Glenlake Parkway, NE Atlanta, GA 30328-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer UPSPAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 5,000.00</p>	<p>Date (month, day, year) 09/18/2000</p>	<p>Amount of Each Receipt this Period 4,880.00</p>
<p>D. 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>E. 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>F. 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>G. 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>

SUBTOTAL of Receipts This Page (optional)	6,380.00
TOTAL This Period (last page this line number only)	11,980.00

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)

Souder for Congress, Inc.

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AFA PO Box 92 Garrett, IN 46738-	golf sponsorship Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/2000	250.00
AT&T P. O. Box 9001310 Louisville, KY 40290-	telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/2000	168.90
AT&T P. O. Box 9001310 Louisville, KY 40290-	telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/2000	15.98
AT&T P. O. Box 9001310 Louisville, KY 40290-	telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/24/2000	12.09
AT&T P. O. Box 9001310 Louisville, KY 40290-	telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/2000	12.08
Acme Printing Inc. 632 W. Superior Fort Wayne, IN 46802-1092	parade Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/21/2000	3,917.82
Acme Printing Inc. 632 W. Superior Fort Wayne, IN 46802-1092	golf outing printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/11/2000	556.50

SUBTOTAL of Disbursements This Page (optional)

4,933.37

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 9 FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full)
 Souder for Congress, Inc.

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Acme Printing Inc. 632 W. Superior Fort Wayne, IN 46802-1092	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/24/2000	31.50
Allen County RTL 3405 Conestoga Dr., Ste. A Fort Wayne, IN 46808-	banquet program ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/11/2000	100.00
Allen County RTL 3409 Conestoga Dr., Ste. A Fort Wayne, IN 46808-	banquet table Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/22/2000	200.00
Timothy Blomeke 1258 Oak St. Huntington, IN 46750-	golf outing beverages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/01/2000	185.00 IN KIND
Gregory Dahm 15819 Canyon Glen Pkwy Fort Wayne, IN 46845-	golf outing beverages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/01/2000	120.00 IN KIND
Gabriel DeLobbe 1614 Tilden Ave. Fort Wayne, IN 46805-	photos Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/15/2000	50.00
Deanna Faust 1712 Woodland Lake Pass Fort Wayne, IN 46825-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/10/2000	568.33

SUBTOTAL of Disbursements This Page (optional)	1,254.83
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 9

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Souder for Congress, Inc.

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Deanna Faust 1712 Woodland Lake Pass Fort Wayne, IN 46825-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/10/2000	293.18
Deanna Faust 1712 Woodland Lake Pass Fort Wayne, IN 46825-	mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/2000	185.25 IN KIND
GTE PO Box 270 Fort Wayne, IN 46801-	telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/2000	48.55
GTE PO Box 270 Fort Wayne, IN 46801-	527-6562 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/21/2000	55.18
Nancy Guagenti 5874 Springfield Rd. Bardstown, KY 40004-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	69.04
Nancy Guagenti 5874 Springfield Rd. Bardstown, KY 40004-	reimburse mileage, postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	21.10
Nancy Guagenti 5874 Springfield Rd. Bardstown, KY 40004-	phone reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/2000	6.96

SUBTOTAL of Disbursements This Page (optional)

679.26

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full) Souder for Congress, Inc.			
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hammond & Associates 801 N. Pitt St., Suite 120 P. O. Box 15021 Arlington, VA 22302-	fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/21/2000	14.87
Rachel Hawks 7004 Melody Ln. Fort Wayne, IN 46804-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/10/2000	247.67
Rachel Hawks 7004 Melody Ln. Fort Wayne, IN 46804-	reimburse parade supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/10/2000	59.93
Rachel Hawks 7004 Melody Ln. Fort Wayne, IN 46804-	reimburse mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/10/2000	30.88
Rachel Hawks 7004 Melody Ln. Fort Wayne, IN 46804-	Reimburse mileage & supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/16/2000	61.07
Rachel Hawks 7004 Melody Ln. Fort Wayne, IN 46804-	reimburse postage, supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/11/2000	17.86
Rachel Hawks 7004 Melody Ln. Fort Wayne, IN 46804-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/11/2000	143.32

SUBTOTAL of Disbursements This Page (optional)	575.60
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

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NAME OF COMMITTEE (In Full)

Souder for Congress, Inc.

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rachel Hawke 7004 Melody Ln. Fort Wayne, IN 46804-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/10/2000	279.89
Robert Honegger 801 Hickory Lane Oshtian, IN 46777-	golf outing prizes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/17/2000	241.20 IN KIND
Indiana Dept. of Revenue 100 N Senate Ave. Indianapolis, IN 46204-2253	taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/12/2000	291.64
Insurance & Risk Management 3811 Illinois Rd. PO Box 1705 Fort Wayne, IN 46801-	insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/20/2000	20.00
Jewett Land Trust 5717 West Jefferson Blvd Fort Wayne, IN 46804-	rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/29/2000	491.41
Jewett Land Trust 5717 West Jefferson Blvd Fort Wayne, IN 46804-	rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/21/2000	245.71
Jewett Land Trust 5717 West Jefferson Blvd Fort Wayne, IN 46804-	rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/25/2000	245.71

SUBTOTAL of Disbursements This Page (optional)	1,815.56
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 6 OF 9
FOR LINE NUMBER 17

Any information copied from news reports and statements may not be valid 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)
Souder for Congress, Inc.

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Coleen Loeffler 9614 Yearling Dr. Fort Wayne, IN 46804-	reimburse mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	68.25
Coleen Loeffler 9614 Yearling Dr. Fort Wayne, IN 46804-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	581.53
Coleen Loeffler 9614 Yearling Dr. Fort Wayne, IN 46804-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/11/2000	297.62
Coleen Loeffler 9614 Yearling Dr. Fort Wayne, IN 46804-	reimburse mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	89.70
Coleen Loeffler 9614 Yearling Dr. Fort Wayne, IN 46804-	reimburse mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/12/2000	98.40
Coleen Loeffler 9614 Yearling Dr. Fort Wayne, IN 46804-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/11/2000	217.66
National City Bank One National City Center 101 W Washington STE 335 E Indianapolis, IN 46255-	merchant fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	10.00

SUBTOTAL of Disbursements This Page (optional)

1,363.16

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 7 OF 9
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Souder for Congress, Inc.

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National City Bank One National City Center 101 W Washington STE 335 E Indianapolis, IN 46255-	merchant fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/03/2000	29.10
National City Bank One National City Center 101 W Washington STE 335 E Indianapolis, IN 46255-	merchant fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/01/2000	10.07
National City Bank One National City Center 101 W Washington STE 335 E Indianapolis, IN 46255-	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	7.32
National City Bank One National City Center 101 W Washington STE 335 E Indianapolis, IN 46255-	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/11/2000	30.43
Office Depot 705 Northcrest Shopping Center Fort Wayne, IN 46805-	office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/11/2000	30.43 MEMO
National City Bank One National City Center 101 W Washington STE 335 E Indianapolis, IN 46255-	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/12/2000	156.36
National City Bank One National City Center 101 W Washington STE 335 E Indianapolis, IN 46255-	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/11/2000	316.74

SUBTOTAL of Disbursements This Page (optional)

550.02

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

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)

Souder for Congress, Inc.

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National City Bank One National City Center 101 W Washington STE 335 E Indianapolis, IN 46255-	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/12/2000	124.16
National City Bank One National City Center 101 W Washington STE 335 E Indianapolis, IN 46255-	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/12/2000	63.64
New Haven Trophies & Shirts, Inc 710 Broadway New Haven, IN 46774-	T-shirts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	312.37
Noble Hawk 3005 Noble Hawk Drive Kendallville, IN 46755-	golf outing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/2000	3,129.90
Country Shops of Grabill PO Box 10 Grabill, IN 46741-	rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/2000	150.00
Mark Souder 2427 Windsong Ct. Fort Wayne, IN 46804-	reimburse lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/2000	600.06
Studio A Inc. 17535 1/2 N ST RD 1 Spencerville, IN 46788-	Design of T-shirts, yard signs, banner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	1,305.00

SUBTOTAL of Disbursements This Page (optional)

5,685.13

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Souder for Congress, Inc.

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
T & G Video Production 3104 Winslow Place Fort Wayne, IN 46815-	ad design & golf outing pictures Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/2000	372.06
US Postal Service 1501 S. Clinton Fort Wayne, IN 46805-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/27/2000	363.00
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SUBTOTAL of Disbursements This Page (optional)	735.06
TOTAL This Period (last page this line number only)	17,591.99

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate subchedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Souder for Congress, Inc.

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Mark Delater 13110 Aboite Ctr. Rd. Fort Wayne, IN 46804-	refund contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	110.00
Steven Heftler Ttee 2365 Tennyson Lane Highland Park, IL 60035-	refund contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/2000	500.00
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SUBTOTAL of Disbursements This Page (optional)	610.00
TOTAL This Period (last page this line number only)	610.00

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 (R/C) 10/6/00
<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	
GR PREPARER	10/10/00 DATE PREPARED