

# GREG GOODNIGHT

5th Congressional District  
for  
CONGRESS

RECEIVED  
FEC MAIL ROOM

2000 JUL 15 A 9 40

July 13, 2000

Mr. Jonathan Horton, Reports Analyst  
Federal Election Commission  
ATTN: Reports Analysis Division  
999 E Street, NW  
Washington, DC 20463

Dear Mr. Horton:

Enclosed you will find our June quarterly report. Attached to this sheet is an explanation of an earmarked contribution for which the Democratic Congressional Campaign Committee has served as a conduit.

Also, please note that our software does not allow us to place anonymous contributions in an unitemized column when doing full disclosure. Therefore, you will find our anonymous contributions on our Schedule A, line 11 (a)(i). We have documented the source of this income, and the contribution, per person, did not exceed the anonymous donor guidelines stipulated by the Federal Election Commission.

Please feel free to contact me if you have any questions or concerns at (765) 457-8110.

Sincerely,



Steve Geiselman, Treasurer  
Goodnight for Congress

P.O. Box 1184 • Kokomo, IN 46903

Phone: (765) 457-8110 • Fax: (765) 457-9188 • [www.Goodnight2000.org](http://www.Goodnight2000.org)

Committee to Elect Greg Goodnight/Treasurer-Steve Geiselman  21

# Earmarked Contributions Report

| ContactID                                               | Mailname                | Type | Link | ReportCode1 | Period | Cycle | Date    | Amount     |
|---------------------------------------------------------|-------------------------|------|------|-------------|--------|-------|---------|------------|
| <b>5393 Democratic Congressional Campaign Committee</b> |                         |      |      |             |        |       |         |            |
| 5358                                                    | Service Employees Inter | P    |      | EA          | G      | 2000  | 6/20/00 | \$5,000.00 |
| Total for Conduit:                                      |                         |      |      |             |        |       |         | \$5,000.00 |

Check Date: 20 Jun. 2000

Check No. 0000001034

| Invoice Number | Invoice Date | Voucher ID | Gross Amount | Discount Available | Paid Amount |
|----------------|--------------|------------|--------------|--------------------|-------------|
| 06/20/00       | 20 Jun. 2000 | 00000953   | 5,000.00     | 0.00               | 5,000.00    |

General election-05-05

| Vendor Number | Name                   |              | Total Discounts |                   |
|---------------|------------------------|--------------|-----------------|-------------------|
| 0000017133    | Goodnight for Congress |              | \$0.00          |                   |
| Check Number  | Date                   | Total Amount | Discounts Taken | Total Paid Amount |
| 0000001034    | 20 Jun. 2000           | \$5,000.00   | \$0.00          | \$5,000.00        |



COPE US DIVISION  
1313 L Street NW  
Washington, DC 20005

CRESTAR BANK  
1445 New York Avenue, N.W.  
Washington, DC 20005-2108  
15-52/540

0000001034

Date 20 Jun. 2000

Pay Amount \$5,000.00\*\*\*

Pay \*\*\*\*FIVE THOUSAND AND XX / 100 US DOLLAR\*\*\*\*

To the  
Order Of

GOODNIGHT FOR CONGRESS  
P. O. Box 1184  
Kokomo, IN 46903

... 11/11/00 ...

Andrew L. Stee  
Patricia A. Ford  
Authorized Signature

60

⑈0000001034⑈ ⑆054000522⑆ 206752288⑈

### **EARMARKED CONTRIBUTIONS**

**CONDUIT:** DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE, INC.

**FORM OF CONTRIBUTION:** Contributor's Original Check

**AMOUNT:** \$5,000.00

**DATE OF RECEIPT:** 6/30/00

**DATE OF TRANSMITTAL:** 6/30/00

**CONTRIBUTOR:**

SEIU COPE US DIVISION

1313 L Street, NW

Washington, DC 20005

**RECIPIENT:**

Goodnight for Congress

1025 West Walnut

Kokomo, IN 46901

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 JUL 15 A 9 41

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

|                                                                                                                             |                           |                                           |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------|
| 1. NAME OF COMMITTEE (in full)<br>Goodnight for Congress                                                                    |                           | 2. FEC IDENTIFICATION NUMBER<br>C00351221 |
| ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported.<br>PO Box 1184 |                           |                                           |
| CITY, STATE and ZIP CODE<br>Kokomo, IN 46903                                                                                | STATE/DISTRICT<br>IN - 05 |                                           |
| 3. IS THIS REPORT AN AMENDMENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                      |                           |                                           |

## 4. TYPE OF REPORT

- ☒ April 15 Quarterly Report ☐ 12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- ☐ July 15 Quarterly Report ☐ 90-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- ☐ October 15 Quarterly Report ☐ Termination Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report (Non-election Year Only)

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

## SUMMARY

| 5. Covering Period                                                                            | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 4/1/00 through 6/30/00                                                                        |                         |                                   |
| 6. Net Contributions (other than loans)                                                       |                         |                                   |
| (a) Total Contributions (other than loans) (from Line 11(e))                                  | \$141,800.49            | \$288,140.20                      |
| (b) Total Contribution Refunds (from Line 20(d))                                              | \$0.00                  | \$1,105.00                        |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))                       | \$141,800.49            | \$287,035.20                      |
| 7. Net Operating Expenditures                                                                 |                         |                                   |
| (a) Total Operating Expenditures (from Line 17)                                               | \$35,051.28             | \$51,406.83                       |
| (b) Total Offsets to Operating Expenditures (from Line 14)                                    | \$0.00                  | \$0.00                            |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a))                                 | \$35,051.28             | \$51,406.83                       |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)                                   | \$235,213.79            |                                   |
| 9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)  | \$0.00                  |                                   |
| 10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) | \$2,798.60              |                                   |

For further information contact:  
Federal Election Commission  
400 E Street, NW  
Washington, DC 20480  
Toll Free 800-424-9530  
Local 202-694-1100

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<br>Steve Geiselman                                                            | Date<br>7/13/00 |
| Signature of Treasurer<br> |                 |

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

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3)

| Name of Committee (In full)<br>Goodnight for Congress                             |  | Report Covering the Period<br>From: 4/1/00 To: 6/30/00 |                                   |
|-----------------------------------------------------------------------------------|--|--------------------------------------------------------|-----------------------------------|
| I. RECEIPTS                                                                       |  | COLUMN A<br>Total This Period                          | COLUMN B<br>Calendar Year-To-Date |
| 11. CONTRIBUTIONS (other than loans) FROM:                                        |  |                                                        |                                   |
| (a) Individuals/Persons Other Than Political Committee:                           |  |                                                        |                                   |
| (i) Itemized (use Schedule A) -----                                               |  | \$40,886.59                                            |                                   |
| (ii) Unitemized -----                                                             |  | \$19,763.90                                            |                                   |
| (iii) Total of contributions from individuals -----                               |  | \$60,650.49                                            | \$137,974.27                      |
| (b) Political Party Committees -----                                              |  | \$11,150.00                                            | \$19,215.93                       |
| (c) Other Political Committees (such as PACs) -----                               |  | \$70,000.00                                            | \$130,950.00                      |
| (d) The Candidate -----                                                           |  | \$0.00                                                 | \$0.00                            |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) ----- |  | \$141,800.49                                           | \$288,140.20                      |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----                              |  | \$0.00                                                 | \$0.00                            |
| 13. LOANS:                                                                        |  |                                                        |                                   |
| (a) Made or Guaranteed by the Candidate -----                                     |  | \$0.00                                                 | \$0.00                            |
| (b) All Other Loans -----                                                         |  | \$0.00                                                 | \$0.00                            |
| (c) TOTAL LOANS (add 13(a) and (b)) -----                                         |  | \$0.00                                                 | \$0.00                            |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----              |  | \$0.00                                                 | \$0.00                            |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) -----                              |  | \$1,204.90                                             | \$1,350.65                        |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----                        |  | \$143,005.39                                           | \$289,490.85                      |
| II. DISBURSEMENTS                                                                 |  |                                                        |                                   |
| 17. OPERATING EXPENDITURES -----                                                  |  | \$35,051.28                                            | \$51,408.83                       |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----                                |  | \$0.00                                                 | \$0.00                            |
| 19. LOAN REPAYMENTS:                                                              |  |                                                        |                                   |
| (a) Of Loans Made or Guaranteed by the Candidate -----                            |  | \$0.00                                                 | \$0.00                            |
| (b) Of All Other Loans -----                                                      |  | \$0.00                                                 | \$0.00                            |
| (c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----                               |  | \$0.00                                                 | \$0.00                            |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                                  |  |                                                        |                                   |
| (a) Individuals/Persons Other Than Political Committees -----                     |  | \$0.00                                                 | \$1,105.00                        |
| (b) Political Party Committees -----                                              |  | \$0.00                                                 | \$0.00                            |
| (c) Other Political Committees (such as PACs) -----                               |  | \$0.00                                                 | \$0.00                            |
| (d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----                     |  | \$0.00                                                 | \$1,105.00                        |
| 21. OTHER DISBURSEMENTS -----                                                     |  | \$21,999.11                                            | \$38,057.23                       |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----                   |  | \$57,050.39                                            | \$90,569.06                       |

## III. CASH SUMMARY

|                                                                                    |    |            |    |
|------------------------------------------------------------------------------------|----|------------|----|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----                            | \$ | 149,258.79 | 23 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----                                | \$ | 143,005.39 | 24 |
| 25. SUBTOTAL (add Line 23 and Line 24) -----                                       | \$ | 292,264.18 | 25 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----                           | \$ | 57,050.39  | 26 |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) ----- | \$ | 235,213.79 | 27 |

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 1 OF 22  
FOR LINE NUMBER  
11(a)(i)

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)

Goodnight for Congress CD0351221

|                                                                                                                                                                                                                                                                                  |                                                                                                                                                            |                                                   |                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/>Jeff Abbe<br/>74 Clark Branch Road<br/>Harold, KY 41635</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p><b>Name of Employer</b><br/>USWA</p> <p><b>Occupation</b><br/>Organizer</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 485.00</p>                         | <p><b>Date (month, day, year)</b><br/>6/5/00</p>  | <p><b>Amount of Each Receipt this Period</b><br/>\$25.00</p>  |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/>Jeff Abbe<br/>74 Clark Branch Road<br/>Harold, KY 41635</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p><b>Name of Employer</b><br/>USWA</p> <p><b>Occupation</b><br/>Organizer</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 485.00</p>                         | <p><b>Date (month, day, year)</b><br/>6/30/00</p> | <p><b>Amount of Each Receipt this Period</b><br/>\$250.00</p> |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/>James Adcock<br/>8907 Sildeoff Road<br/>Camby, IN 46113</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p><b>Name of Employer</b><br/>USWA District 7</p> <p><b>Occupation</b><br/>Staff Representative</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 810.00</p>   | <p><b>Date (month, day, year)</b><br/>4/29/00</p> | <p><b>Amount of Each Receipt this Period</b><br/>\$100.00</p> |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/>Salvador Aguilar<br/>205 East Avenue D<br/>Griffith, IN 46319</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p><b>Name of Employer</b><br/>USWA - District 1</p> <p><b>Occupation</b><br/>Staff Representative</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 255.00</p> | <p><b>Date (month, day, year)</b><br/>4/1/00</p>  | <p><b>Amount of Each Receipt this Period</b><br/>\$50.00</p>  |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/>Salvador Aguilar<br/>205 East Avenue D<br/>Griffith, IN 46319</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p><b>Name of Employer</b><br/>USWA - District 1</p> <p><b>Occupation</b><br/>Staff Representative</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 255.00</p> | <p><b>Date (month, day, year)</b><br/>6/23/00</p> | <p><b>Amount of Each Receipt this Period</b><br/>\$100.00</p> |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/>Matthew L. Arnsbury<br/>1101 East Firmin Street<br/>Kokomo, IN 46902</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b><br/>Chrysler</p> <p><b>Occupation</b><br/>Non-Skilled Labor</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>             | <p><b>Date (month, day, year)</b><br/>6/8/00</p>  | <p><b>Amount of Each Receipt this Period</b><br/>\$200.00</p> |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/>James Anderson<br/>1016 South Webash<br/>Kokomo, IN 46902</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p><b>Name of Employer</b><br/>Chrysler</p> <p><b>Occupation</b><br/>Production Worker</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 355.00</p>             | <p><b>Date (month, day, year)</b><br/>5/31/00</p> | <p><b>Amount of Each Receipt this Period</b><br/>\$200.00</p> |

SUBTOTAL of Receipts This Page (optional)

\$925.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 2 OF 22  
FOR LINE NUMBER  
11 (a)(i)

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NAME OF COMMITTEE (In Full)

Goodnight for Congress GDD351221

|                                                                                                                                               |                                                  |                                             |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>James Anderson<br>1016 South Wabash<br>Kokomo, IN 46902                                  | <b>Name of Employer</b><br>Chrysler              | <b>Date (month, day, year)</b><br>6/14/00   | <b>Amount of Each Receipt This Period</b><br>\$20.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Production Worker           | <b>Aggregate Year-to-Date</b> > \$ 355.00   |                                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Anonymous Ind. Contr                                                                     | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/30/00   | <b>Amount of Each Receipt This Period</b><br>\$80.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 9,752.94 |                                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Anonymous Ind. Contr                                                                     | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/14/00   | <b>Amount of Each Receipt This Period</b><br>\$247.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 9,752.94 |                                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Anonymous Ind. Contr                                                                     | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/16/00   | <b>Amount of Each Receipt This Period</b><br>\$580.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 9,752.94 |                                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Anonymous Ind. Contr                                                                     | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/17/00   | <b>Amount of Each Receipt This Period</b><br>\$211.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 9,752.94 |                                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Anonymous Ind. Contr                                                                     | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/18/00   | <b>Amount of Each Receipt This Period</b><br>\$335.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 9,752.94 |                                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Anonymous Ind. Contr                                                                     | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/27/00   | <b>Amount of Each Receipt This Period</b><br>\$249.95 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 9,752.94 |                                                       |

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

\$1,722.95

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



# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 3 OF 22  
FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                           |                                                                                                                                     |                                                   |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>Anonymous Ind. Contr</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$</p> | <p>Date (month,<br/>day, year)</p> <p>6/7/00</p>  | <p>Amount of Each<br/>Receipt this Period</p> <p>\$240.00</p>   |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>Anonymous Ind. Contr</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$</p> | <p>Date (month,<br/>day, year)</p> <p>6/28/00</p> | <p>Amount of Each<br/>Receipt this Period</p> <p>\$160.00</p>   |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Anonymous Ind. Contr</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$</p> | <p>Date (month,<br/>day, year)</p> <p>5/18/00</p> | <p>Amount of Each<br/>Receipt this Period</p> <p>\$130.00</p>   |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>Anonymous Ind. Contr</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$</p> | <p>Date (month,<br/>day, year)</p> <p>6/29/00</p> | <p>Amount of Each<br/>Receipt this Period</p> <p>\$165.99</p>   |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>Anonymous Ind. Contr</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$</p> | <p>Date (month,<br/>day, year)</p> <p>6/3/00</p>  | <p>Amount of Each<br/>Receipt this Period</p> <p>\$810.00</p>   |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Anonymous Ind. Contr</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$</p> | <p>Date (month,<br/>day, year)</p> <p>6/3/00</p>  | <p>Amount of Each<br/>Receipt this Period</p> <p>\$1,073.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>Anonymous Ind. Contr</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$</p> | <p>Date (month,<br/>day, year)</p> <p>5/26/00</p> | <p>Amount of Each<br/>Receipt this Period</p> <p>\$180.00</p>   |

SUBTOTAL of Receipts This Page (optional)

\$2,738.99

TOTAL This Period (last page this line number only)

# SCHEDULE A

# ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 4 OF 22  
FOR LINE NUMBER  
11(e)(i)

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)

Goodnight for Congress CD0351221

|                                                                                                                                        |                                           |                            |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------|---------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>Anonymous Ind. Contr                                                                     | Name of Employer<br>Information Requested | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period<br><br>\$80.00    |
|                                                                                                                                        | Occupation<br>Information Requested       |                            |                                                         |
|                                                                                                                                        | Aggregate Year-to-Date > \$               | \$9,752.94                 |                                                         |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                           |                            |                                                         |
| B. Full Name, Mailing Address and ZIP Code<br>Anonymous Ind. Contr                                                                     | Name of Employer<br>Information Requested | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period<br><br>\$43.00    |
|                                                                                                                                        | Occupation<br>Information Requested       |                            |                                                         |
|                                                                                                                                        | Aggregate Year-to-Date > \$               | \$9,752.94                 |                                                         |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                           |                            |                                                         |
| C. Full Name, Mailing Address and ZIP Code<br>Anonymous Ind. Contr                                                                     | Name of Employer<br>Information Requested | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period<br><br>\$232.00   |
|                                                                                                                                        | Occupation<br>Information Requested       |                            |                                                         |
|                                                                                                                                        | Aggregate Year-to-Date > \$               | \$9,752.94                 |                                                         |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                           |                            |                                                         |
| D. Full Name, Mailing Address and ZIP Code<br>Anonymous Ind. Contr                                                                     | Name of Employer<br>Information Requested | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period<br><br>\$406.00   |
|                                                                                                                                        | Occupation<br>Information Requested       |                            |                                                         |
|                                                                                                                                        | Aggregate Year-to-Date > \$               | \$9,752.94                 |                                                         |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                           |                            |                                                         |
| E. Full Name, Mailing Address and ZIP Code<br>Anonymous Ind. Contr                                                                     | Name of Employer<br>Information Requested | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period<br><br>\$1,330.00 |
|                                                                                                                                        | Occupation<br>Information Requested       |                            |                                                         |
|                                                                                                                                        | Aggregate Year-to-Date > \$               | \$9,752.94                 |                                                         |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                           |                            |                                                         |
| F. Full Name, Mailing Address and ZIP Code<br>Anonymous Ind. Contr                                                                     | Name of Employer<br>Information Requested | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period<br><br>\$170.00   |
|                                                                                                                                        | Occupation<br>Information Requested       |                            |                                                         |
|                                                                                                                                        | Aggregate Year-to-Date > \$               | \$9,752.94                 |                                                         |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                           |                            |                                                         |
| G. Full Name, Mailing Address and ZIP Code<br>Anonymous Ind. Contr                                                                     | Name of Employer<br>Information Requested | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period<br><br>\$522.00   |
|                                                                                                                                        | Occupation<br>Information Requested       |                            |                                                         |
|                                                                                                                                        | Aggregate Year-to-Date > \$               | \$9,752.94                 |                                                         |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                           |                            |                                                         |

SUBTOTAL of Receipts This Page (optional)

\$2,763.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER  
11(a)(6)

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NAME OF COMMITTEE (in Full)

Goodnight for Congress CD0351221

|                                                                                                                                                                                                                                                                    |                                                                                                                                       |                                                   |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>Anonymous Ind. Contr</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                          | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$</p>   | <p>Date (month,<br/>day, year)</p> <p>6/2/00</p>  | <p>Amount of Each<br/>Receipt this Period</p> <p>\$455.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>Anonymous Ind. Contr</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                          | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$</p>   | <p>Date (month,<br/>day, year)</p> <p>6/8/00</p>  | <p>Amount of Each<br/>Receipt this Period</p> <p>\$697.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Daniel T Applebee<br/>1611 E. Market<br/>Logansport, IN 46947</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Chrysler</p> <p>Occupation<br/>Production Worker</p> <p>Aggregate Year-to-Date &gt; \$</p>                    | <p>Date (month,<br/>day, year)</p> <p>6/1/00</p>  | <p>Amount of Each<br/>Receipt this Period</p> <p>\$200.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>Gisela Baker<br/>156 North Porter Street<br/>Gary, IN 46406</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer<br/>USWA (District 7)</p> <p>Occupation<br/>Coordinator, Women of Steel</p> <p>Aggregate Year-to-Date &gt; \$</p> | <p>Date (month,<br/>day, year)</p> <p>5/30/00</p> | <p>Amount of Each<br/>Receipt this Period</p> <p>\$100.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>Gisela Baker<br/>156 North Porter Street<br/>Gary, IN 46406</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer<br/>USWA (District 7)</p> <p>Occupation<br/>Coordinator, Women of Steel</p> <p>Aggregate Year-to-Date &gt; \$</p> | <p>Date (month,<br/>day, year)</p> <p>5/11/00</p> | <p>Amount of Each<br/>Receipt this Period</p> <p>\$200.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Ron Bloom<br/>1604 Brimfield Court<br/>Sewickley, PA 15143</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer<br/>USWA International</p> <p>Occupation<br/>Asst to the Director</p> <p>Aggregate Year-to-Date &gt; \$</p>       | <p>Date (month,<br/>day, year)</p> <p>4/4/00</p>  | <p>Amount of Each<br/>Receipt this Period</p> <p>\$500.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>Laura Bretzman<br/>430 Egypt Hill Road<br/>Peru, IN 46970</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>     | <p>Name of Employer<br/>Classico</p> <p>Occupation<br/>Production Worker</p> <p>Aggregate Year-to-Date &gt; \$</p>                    | <p>Date (month,<br/>day, year)</p> <p>6/30/00</p> | <p>Amount of Each<br/>Receipt this Period</p> <p>\$70.00</p>  |

SUBTOTAL of Receipts This Page (optional)

\$2,222.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

 PAGE 6 OF 22  
FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                                           |                                                                                                             |                                               |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>William Carey<br>7304 Indian Boundary<br>Gary, IN 46403<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Name of Employer</b><br>USWA(District 7)<br><br><b>Occupation</b><br>Staff Representative                | <b>Date (month, day, year)</b><br><br>6/23/00 | <b>Amount of Each Receipt this Period</b><br><br>\$250.00 |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                                                                                                                                                                        |                                                                                                             | \$410.00                                      |                                                           |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>William Carey<br>7304 Indian Boundary<br>Gary, IN 46403<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Name of Employer</b><br>USWA(District 7)<br><br><b>Occupation</b><br>Staff Representative                | <b>Date (month, day, year)</b><br><br>4/1/00  | <b>Amount of Each Receipt this Period</b><br><br>\$40.00  |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                                                                                                                                                                        |                                                                                                             | \$410.00                                      |                                                           |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Andy Castner<br>224 Conradt Avenue<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                 | <b>Name of Employer</b><br>City of Kokomo<br><br><b>Occupation</b><br>Councilman                            | <b>Date (month, day, year)</b><br><br>6/12/00 | <b>Amount of Each Receipt this Period</b><br><br>\$250.00 |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                                                                                                                                                                        |                                                                                                             | \$250.00                                      |                                                           |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Frank R Cavarretta<br>10 Central Industrial Drive<br>Suite 4<br>Granite City, IL 62040<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>USWA - District 7<br><br><b>Occupation</b><br>Union Representative               | <b>Date (month, day, year)</b><br><br>6/26/00 | <b>Amount of Each Receipt this Period</b><br><br>\$500.00 |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                                                                                                                                                                        |                                                                                                             | \$590.00                                      |                                                           |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Nicholas P Chochos<br>PO Box 971<br>Marion, IN 46952<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                   | <b>Name of Employer</b><br>Nicholas P Chochos<br>Developments<br><br><b>Occupation</b><br>President and CEO | <b>Date (month, day, year)</b><br><br>6/28/00 | <b>Amount of Each Receipt this Period</b><br><br>\$500.00 |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                                                                                                                                                                        |                                                                                                             | \$500.00                                      |                                                           |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Eugene Clark<br>1889 Valley View Dr.<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                               | <b>Name of Employer</b><br><br><br><b>Occupation</b><br>Retired                                             | <b>Date (month, day, year)</b><br><br>5/31/00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                                                                                                                                                                        |                                                                                                             | \$205.00                                      |                                                           |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Eugene Clark<br>1889 Valley View Dr.<br>Kokomo, IN 46902<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                               | <b>Name of Employer</b><br><br><br><b>Occupation</b><br>Retired                                             | <b>Date (month, day, year)</b><br><br>5/3/00  | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                                                                                                                                                                        |                                                                                                             | \$205.00                                      |                                                           |

SUBTOTAL of Receipts This Page (optional)

\$1,740.00

TOTAL This Period (last page the line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

 PAGE 7 OF 22  
FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (in full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                               |                                                                                                                                         |                                                                                   |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Anthony K Coppock<br>2412 Briar Road<br>Anderson, IN 46011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Indiana Gas Company<br><br><b>Occupation</b><br>Utility Worker<br><br><b>Aggregate Year-to-Date</b> > \$     | <b>Date (month, day, year)</b><br>6/5/00<br><br><b>Aggregate Year-to-Date</b> \$  | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Anthony K Coppock<br>2412 Briar Road<br>Anderson, IN 46011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Indiana Gas Company<br><br><b>Occupation</b><br>Utility Worker<br><br><b>Aggregate Year-to-Date</b> > \$     | <b>Date (month, day, year)</b><br>6/7/00<br><br><b>Aggregate Year-to-Date</b> \$  | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Anthony K Coppock<br>2412 Briar Road<br>Anderson, IN 46011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Indiana Gas Company<br><br><b>Occupation</b><br>Utility Worker<br><br><b>Aggregate Year-to-Date</b> > \$     | <b>Date (month, day, year)</b><br>5/11/00<br><br><b>Aggregate Year-to-Date</b> \$ | <b>Amount of Each Receipt this Period</b><br>\$200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Wayne Dale<br>4139 S 100 W<br>Lafayette, IN 47909<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>USWA (District 7)<br><br><b>Occupation</b><br>Staff Representative<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/5/00<br><br><b>Aggregate Year-to-Date</b> \$  | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Wayne Dale<br>4139 S 100 W<br>Lafayette, IN 47909<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>USWA (District 7)<br><br><b>Occupation</b><br>Staff Representative<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/30/00<br><br><b>Aggregate Year-to-Date</b> \$ | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Bruce Daulton<br>493 Delray<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Insurance Agent<br><br><b>Aggregate Year-to-Date</b> > \$                   | <b>Date (month, day, year)</b><br>6/3/00<br><br><b>Aggregate Year-to-Date</b> \$  | <b>Amount of Each Receipt this Period</b><br>\$200.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Bruce Daulton<br>493 Delray<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Insurance Agent<br><br><b>Aggregate Year-to-Date</b> > \$                   | <b>Date (month, day, year)</b><br>6/3/00<br><br><b>Aggregate Year-to-Date</b> \$  | <b>Amount of Each Receipt this Period</b><br>\$20.00  |

SUBTOTAL of Receipts This Page (optional)

\$820.00

TOTAL This Period (last page this line number only)

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 8 OF 22  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                                          |                                                                                                                                                     |                                            |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/>David C Dowling<br/>29 Granvue Drive<br/>Belleville, IL 62223</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                | <p>Name of Employer<br/>USWA - District 7</p> <p>Occupation<br/>Staff Representative</p> <p>Aggregate Year-to-Date &gt; \$ 350.00</p>               | <p>Date (month, day, year)<br/>6/24/00</p> | <p>Amount of Each Receipt this Period<br/>\$250.00</p> |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/>Gregory S Downes<br/>125 South Esther<br/>South Bend, IN 46617</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer<br/>Gibson Insurance Group</p> <p>Occupation<br/>President/Chief Operating Off</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p> | <p>Date (month, day, year)<br/>6/20/00</p> | <p>Amount of Each Receipt this Period<br/>\$250.00</p> |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/>Andrew Farnung<br/>PO Box 1309<br/>Kokomo, IN 46903</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                          | <p>Name of Employer<br/>Chrysler</p> <p>Occupation<br/>Production Worker</p> <p>Aggregate Year-to-Date &gt; \$ 300.00</p>                           | <p>Date (month, day, year)<br/>6/5/00</p>  | <p>Amount of Each Receipt this Period<br/>\$300.00</p> |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/>Robert E Fitzgerald Jr<br/>4415 West Harrison St #217<br/>Hillside, IL 60162</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Self</p> <p>Occupation<br/>Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>                                        | <p>Date (month, day, year)<br/>6/28/00</p> | <p>Amount of Each Receipt this Period<br/>\$250.00</p> |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/>Carl B Frankel<br/>622 Gettysburg Street<br/>Pittsburgh, PA 15208</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer<br/>USWA</p> <p>Occupation<br/>General Counsel</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>                               | <p>Date (month, day, year)<br/>6/27/00</p> | <p>Amount of Each Receipt this Period<br/>\$500.00</p> |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/>Michael Gariup<br/>PO Box M879<br/>Gary, IN 46401</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                            | <p>Name of Employer<br/>Gariup Construction</p> <p>Occupation<br/>Owner</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>                            | <p>Date (month, day, year)<br/>6/29/00</p> | <p>Amount of Each Receipt this Period<br/>\$250.00</p> |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/>Brenda Goodnight<br/>1217 West Sycamore<br/>Kokomo, IN 46901</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                 | <p>Name of Employer<br/>Northern Indiana Supply</p> <p>Occupation<br/>Clerk</p> <p>Aggregate Year-to-Date &gt; \$ 700.00</p>                        | <p>Date (month, day, year)<br/>6/5/00</p>  | <p>Amount of Each Receipt this Period<br/>\$200.00</p> |

SUBTOTAL of Receipts This Page (optional)

\$2,000.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 9 OF 22

FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (In Full)

Goodnight for Congress C0D351221

|                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Brenda Goodnight<br>1217 West Sycamore<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | Name of Employer<br>Northern Indiana Supply<br><br>Occupation<br>Clerk<br><br>Aggregate Year-to-Date > \$ 700.00       | Date (month, day, year)<br>6/30/00<br><br>Amount of Each Receipt this Period<br>\$500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Brent Goodnight<br>824 West Virginia Avenue<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Name of Employer<br>City of Kokomo<br><br>Occupation<br>Foreman<br><br>Aggregate Year-to-Date > \$ 2,000.00            | Date (month, day, year)<br>6/29/00<br><br>Amount of Each Receipt this Period<br>\$1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Jim Goodnight<br>1217 West Sycamore<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | Name of Employer<br><br><br>Occupation<br>Retired<br><br>Aggregate Year-to-Date > \$ 1,605.00                          | Date (month, day, year)<br>5/25/00<br><br>Amount of Each Receipt this Period<br>\$105.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Jim Goodnight<br>1217 West Sycamore<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | Name of Employer<br><br><br>Occupation<br>Retired<br><br>Aggregate Year-to-Date > \$ 1,605.00                          | Date (month, day, year)<br>6/30/00<br><br>Amount of Each Receipt this Period<br>\$500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>David L Gore<br>7209 Richard Road<br>Darien, IL 60561<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Name of Employer<br>Gore & Gore<br><br>Occupation<br>Attorney<br><br>Aggregate Year-to-Date > \$ 350.00                | Date (month, day, year)<br>6/3/00<br><br>Amount of Each Receipt this Period<br>\$100.00    |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>David L Gore<br>7209 Richard Road<br>Darien, IL 60561<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Name of Employer<br>Gore & Gore<br><br>Occupation<br>Attorney<br><br>Aggregate Year-to-Date > \$ 350.00                | Date (month, day, year)<br>6/26/00<br><br>Amount of Each Receipt this Period<br>\$250.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Laurie A Graham<br>1809 Bent Tree Trail<br>West Lafayette, IN 47906<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Indiana University Kokomo<br><br>Occupation<br>Professor<br><br>Aggregate Year-to-Date > \$ 210.00 | Date (month, day, year)<br>5/31/00<br><br>Amount of Each Receipt this Period<br>\$200.00   |

SUBTOTAL of Receipts This Page (optional)

\$2,655.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                        |                                    |                                    |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Jeanette Grau<br>1109 South Webster Street<br>Kokomo, IN 46902                    | Name of Employer<br>Chrysler       | Date (month, day, year)<br>5/29/00 | Amount of Each Receipt this Period<br>\$100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Inspection           | Aggregate Year-to-Date > \$        | \$235.00                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Richard Halfacre II<br>1118 South Armstrong Street<br>Kokomo, IN 46902            | Name of Employer<br>Chrysler       | Date (month, day, year)<br>6/14/00 | Amount of Each Receipt this Period<br>\$10.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Assembly             | Aggregate Year-to-Date > \$        | \$510.00                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Richard Halfacre II<br>1118 South Armstrong Street<br>Kokomo, IN 46902            | Name of Employer<br>Chrysler       | Date (month, day, year)<br>6/12/00 | Amount of Each Receipt this Period<br>\$100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Assembly             | Aggregate Year-to-Date > \$        | \$510.00                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Becky Hanewalt<br>4316 Kensington Drive<br>Logansport, IN 46947                   | Name of Employer<br>Federal Mogul  | Date (month, day, year)<br>4/18/00 | Amount of Each Receipt this Period<br>\$200.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Press Punch Operator | Aggregate Year-to-Date > \$        | \$320.00                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Becky Hanewalt<br>4316 Kensington Drive<br>Logansport, IN 46947                   | Name of Employer<br>Federal Mogul  | Date (month, day, year)<br>5/30/00 | Amount of Each Receipt this Period<br>\$50.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Press Punch Operator | Aggregate Year-to-Date > \$        | \$320.00                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Patsy Harden<br>423 Harvey<br>Greentown, IN 46936                                 | Name of Employer<br>Delco Delphi   | Date (month, day, year)<br>6/12/00 | Amount of Each Receipt this Period<br>\$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Production Worker    | Aggregate Year-to-Date > \$        | \$495.00                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Patsy Harden<br>423 Harvey<br>Greentown, IN 46936                                 | Name of Employer<br>Delco Delphi   | Date (month, day, year)<br>6/14/00 | Amount of Each Receipt this Period<br>\$25.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Production Worker    | Aggregate Year-to-Date > \$        | \$495.00                                       |

SUBTOTAL of Receipts This Page (optional)

\$735.00

TOTAL This Period (last page this line number only)



# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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NAME OF COMMITTEE (in Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                        |                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Robert L Hayes Sr<br>712 East Broadway Street<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Delphi/Delco<br><br><b>Occupation</b><br>Supervisor<br><br><b>Aggregate Year-to-Date</b> > \$                    | <b>Date (month, day, year)</b><br><br>6/5/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$250.00<br><br><b>Aggregate Year-to-Date</b> > \$  | <b>Date (month, day, year)</b><br><br>6/5/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$250.00<br><br><b>Aggregate Year-to-Date</b> > \$  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Kenneth Hill<br>Box 185<br>Burlington, IN 46915<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br>Staff Representative<br><br><b>Occupation</b><br>United Auto Workers<br><br><b>Aggregate Year-to-Date</b> > \$   | <b>Date (month, day, year)</b><br><br>5/25/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$500.00<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>5/25/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$500.00<br><br><b>Aggregate Year-to-Date</b> > \$ |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Matthew Hill<br>2403 Saratoga Avenue<br>Apt. 10<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Waste Management<br><br><b>Occupation</b><br>Manager<br><br><b>Aggregate Year-to-Date</b> > \$                   | <b>Date (month, day, year)</b><br><br>6/3/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$200.00<br><br><b>Aggregate Year-to-Date</b> > \$  | <b>Date (month, day, year)</b><br><br>6/3/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$200.00<br><br><b>Aggregate Year-to-Date</b> > \$  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Brent Hollingsworth<br>4815 West Division Road<br>Tipton, IN 46072<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br>Daimler Chrysler<br><br><b>Occupation</b><br>Electrician<br><br><b>Aggregate Year-to-Date</b> > \$               | <b>Date (month, day, year)</b><br><br>6/14/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$20.00<br><br><b>Aggregate Year-to-Date</b> > \$  | <b>Date (month, day, year)</b><br><br>6/14/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$20.00<br><br><b>Aggregate Year-to-Date</b> > \$  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Kathy Horton<br>2801 South 344 E Road<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Stephanie Doran, Attorney-at-Law<br><br><b>Occupation</b><br>Paralegal<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>5/9/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$50.00<br><br><b>Aggregate Year-to-Date</b> > \$   | <b>Date (month, day, year)</b><br><br>5/9/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$50.00<br><br><b>Aggregate Year-to-Date</b> > \$   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Bernard M Hosteln<br>619 Aljo Drive<br>Pittsburgh, PA 15241<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>USWA<br><br><b>Occupation</b><br>President's Assistant<br><br><b>Aggregate Year-to-Date</b> > \$                 | <b>Date (month, day, year)</b><br><br>6/29/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$150.00<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/29/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$150.00<br><br><b>Aggregate Year-to-Date</b> > \$ |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Linda Hurd<br>2223 Saratoga<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br>Delphi Delco<br><br><b>Occupation</b><br>Laborer<br><br><b>Aggregate Year-to-Date</b> > \$                       | <b>Date (month, day, year)</b><br><br>6/1/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$50.00<br><br><b>Aggregate Year-to-Date</b> > \$   | <b>Date (month, day, year)</b><br><br>6/1/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$50.00<br><br><b>Aggregate Year-to-Date</b> > \$   |

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

\$1,220.00

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

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                                     |                                                                                                                    |                                                          |                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Mike Imbler<br>1002 Brookhaven Court<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | Name of Employer<br>Mid-States Painting<br><br>Occupation<br>Vice President<br><br>Aggregate Year-to-Date > \$     | Date (month, day, year)<br><br>5/30/00<br><br>\$275.00   | Amount of Each Receipt this Period<br><br>\$250.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Neil Irick<br>9240 North Meridian St<br>Suite 340<br>Indianapolis, IN 46260-1822<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Self<br><br>Occupation<br>Physician<br><br>Aggregate Year-to-Date > \$                         | Date (month, day, year)<br><br>6/30/00<br><br>\$500.00   | Amount of Each Receipt this Period<br><br>\$500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Alexander Jacque<br>1595 West 47th Avenue<br>Gary, IN 46408<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Name of Employer<br>USWA - District 1<br><br>Occupation<br>Staff Representative<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>6/29/00<br><br>\$765.00   | Amount of Each Receipt this Period<br><br>\$500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Jonathan R Javors<br>483 Surrey Hill Lane<br>Valparaiso, IN 46385-8077<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Name of Employer<br>Self<br><br>Occupation<br>Attorney<br><br>Aggregate Year-to-Date > \$                          | Date (month, day, year)<br><br>6/25/00<br><br>\$1,000.00 | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Allen Johnson<br>909 Greer St.<br>Indianapolis, IN 46201<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | Name of Employer<br>Carrier Corporation<br><br>Occupation<br>Production Worker<br><br>Aggregate Year-to-Date > \$  | Date (month, day, year)<br><br>6/22/00<br><br>\$535.00   | Amount of Each Receipt this Period<br><br>\$425.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Allen Johnson<br>909 Greer St.<br>Indianapolis, IN 46201<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | Name of Employer<br>Carrier Corporation<br><br>Occupation<br>Production Worker<br><br>Aggregate Year-to-Date > \$  | Date (month, day, year)<br><br>6/3/00<br><br>\$535.00    | Amount of Each Receipt this Period<br><br>\$60.00    |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Cheryl A Johnson<br>909 Greer Street<br>Indianapolis, IN 46203<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | Name of Employer<br>USWA Local 1998<br><br>Occupation<br>Secretary<br><br>Aggregate Year-to-Date > \$              | Date (month, day, year)<br><br>6/6/00<br><br>\$845.00    | Amount of Each Receipt this Period<br><br>\$425.00   |

SUBTOTAL of Receipts This Page (optional)

\$3,160.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
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**NAME OF COMMITTEE (in full)**

Goodnight for Congress C00351221

|                                                                                                                                               |                                                                  |                                           |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Cheryl A Johnson<br>909 Greer Street<br>Indianapolis, IN 46203                           | <b>Name of Employer</b><br>USWA Local 1999                       | <b>Date (month, day, year)</b><br>5/4/00  | <b>Amount of Each Receipt this Period</b><br>\$20.00    |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Secretary                                   | <b>Aggregate Year-to-Date</b> > \$        | \$845.00                                                |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Cheryl A Johnson<br>909 Greer Street<br>Indianapolis, IN 46203                           | <b>Name of Employer</b><br>USWA Local 1999                       | <b>Date (month, day, year)</b><br>5/3/00  | <b>Amount of Each Receipt this Period</b><br>\$200.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Secretary                                   | <b>Aggregate Year-to-Date</b> > \$        | \$845.00                                                |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>David Johnson<br>8801 Worthington Ct<br>Indianapolis, IN 46278                           | <b>Name of Employer</b><br>Baker and Daniels                     | <b>Date (month, day, year)</b><br>6/12/00 | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                                    | <b>Aggregate Year-to-Date</b> > \$        | \$2,000.00                                              |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>William Kaiser<br>2223 Saratoga Ave<br>Kokomo, IN 46902                                  | <b>Name of Employer</b><br>Steel Parts                           | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00    |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Production Worker                           | <b>Aggregate Year-to-Date</b> > \$        | \$285.00                                                |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>William Kaiser<br>2223 Saratoga Ave<br>Kokomo, IN 46902                                  | <b>Name of Employer</b><br>Steel Parts                           | <b>Date (month, day, year)</b><br>5/2/00  | <b>Amount of Each Receipt this Period</b><br>\$200.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Production Worker                           | <b>Aggregate Year-to-Date</b> > \$        | \$285.00                                                |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Deborah L. Karton<br>3085 Pheasant Creek Drive #205<br>Northbrook, IL 60062              | <b>Name of Employer</b><br>National Benefit Administrators, Inc. | <b>Date (month, day, year)</b><br>6/23/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President                                   | <b>Aggregate Year-to-Date</b> > \$        | \$1,000.00                                              |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Deborah L. Karton<br>3085 Pheasant Creek Drive #205<br>Northbrook, IL 60062              | <b>Name of Employer</b><br>National Benefit Administrators, Inc. | <b>Date (month, day, year)</b><br>5/15/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President                                   | <b>Aggregate Year-to-Date</b> > \$        | \$1,000.00                                              |

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

\$2,445.00

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

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 14 OF 22  
FOR LINE NUMBER  
11(a)(1)

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### NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                     |                                                                                                                                                  |                                                               |                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Craig Langele<br>5436 South Ashland Ave<br>Countryside, IL 60525<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>USWA (District 7)<br><br><b>Occupation</b><br>Sub-Director<br><br><b>Aggregate Year-to-Date</b> > \$                  | <b>Date (month, day, year)</b><br><br>5/22/00<br><br>\$800.00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Craig Langele<br>5436 South Ashland Ave<br>Countryside, IL 60525<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>USWA (District 7)<br><br><b>Occupation</b><br>Sub-Director<br><br><b>Aggregate Year-to-Date</b> > \$                  | <b>Date (month, day, year)</b><br><br>6/28/00<br><br>\$800.00 | <b>Amount of Each Receipt this Period</b><br><br>\$600.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Everett E. Lewis<br>218 West 40th Street<br>New York, NY 10018<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Lewis, Greenwald, Clifton & Nikolaidis<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>5/23/00<br><br>\$250.00 | <b>Amount of Each Receipt this Period</b><br><br>\$250.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Michael Locker<br>800 W 115th St, #51<br>New York, NY 10025<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Locker Associates, Inc.<br><br><b>Occupation</b><br>Consultant<br><br><b>Aggregate Year-to-Date</b> > \$              | <b>Date (month, day, year)</b><br><br>6/27/00<br><br>\$250.00 | <b>Amount of Each Receipt this Period</b><br><br>\$250.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Jean Lushin<br>1723 Armstrong Street<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Center Township<br><br><b>Occupation</b><br>Trustee<br><br><b>Aggregate Year-to-Date</b> > \$                         | <b>Date (month, day, year)</b><br><br>6/14/00<br><br>\$280.00 | <b>Amount of Each Receipt this Period</b><br><br>\$10.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jean Lushin<br>1723 Armstrong Street<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Center Township<br><br><b>Occupation</b><br>Trustee<br><br><b>Aggregate Year-to-Date</b> > \$                         | <b>Date (month, day, year)</b><br><br>5/27/00<br><br>\$280.00 | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Jean Lushin<br>1723 Armstrong Street<br>Kokomo, IN 46902<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Center Township<br><br><b>Occupation</b><br>Trustee<br><br><b>Aggregate Year-to-Date</b> > \$                         | <b>Date (month, day, year)</b><br><br>4/15/00<br><br>\$280.00 | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |

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

\$1,210.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

 PAGE 15 OF 22  
FOR LINE NUMBER  
11(a)(i)

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**NAME OF COMMITTEE (in Full)**

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                               |                                                                                                                                             |                                                               |                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Leon Lynch<br>708 Olive Street<br>Pittsburgh, PA 15237<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>USWA International<br><br><b>Occupation</b><br>Vice President<br><br><b>Aggregate Year-to-Date</b> > \$          | <b>Date (month, day, year)</b><br><br>6/12/00<br><br>\$500.00 | <b>Amount of Each Receipt this Period</b><br><br>\$500.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Donald L Moore<br>2915 Westmoor Drive<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br>Moore Drug Store, Inc.<br><br><b>Occupation</b><br>Owner/Pharmacist<br><br><b>Aggregate Year-to-Date</b> > \$    | <b>Date (month, day, year)</b><br><br>5/16/00<br><br>\$700.00 | <b>Amount of Each Receipt this Period</b><br><br>\$200.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>John Morris<br>2128 North Locke Street<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Chrysler<br><br><b>Occupation</b><br>Inspector<br><br><b>Aggregate Year-to-Date</b> > \$                         | <b>Date (month, day, year)</b><br><br>6/14/00<br><br>\$345.00 | <b>Amount of Each Receipt this Period</b><br><br>\$30.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>John Morris<br>2128 North Locke Street<br>Kokomo, IN 46901<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Chrysler<br><br><b>Occupation</b><br>Inspector<br><br><b>Aggregate Year-to-Date</b> > \$                         | <b>Date (month, day, year)</b><br><br>4/15/00<br><br>\$345.00 | <b>Amount of Each Receipt this Period</b><br><br>\$200.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Michelle Morris<br>1316 Red Bird Court<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Haynes International<br><br><b>Occupation</b><br>Webmaster<br><br><b>Aggregate Year-to-Date</b> > \$             | <b>Date (month, day, year)</b><br><br>6/14/00<br><br>\$494.85 | <b>Amount of Each Receipt this Period</b><br><br>\$294.85 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Michelle Morris<br>1316 Red Bird Court<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Haynes International<br><br><b>Occupation</b><br>Webmaster<br><br><b>Aggregate Year-to-Date</b> > \$             | <b>Date (month, day, year)</b><br><br>6/1/00<br><br>\$494.85  | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>John J Murphy<br>3017 Valley Vista<br>St. Peters, MO 63378<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>USWA International<br><br><b>Occupation</b><br>Director - ABG Division<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>5/16/00<br><br>\$300.00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |

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

\$1,424.65

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

# SCHEDULE A

# ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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## NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                               |                                                                     |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Rudolph Nichols<br>226 Meadowlark Drive, TC<br>Michigan City, IN 46360                   | <b>Name of Employer</b><br>USWA (District 7)                        | <b>Date (month, day, year)</b><br>6/29/00 | <b>Amount of Each Receipt this Period</b><br>\$200.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Sub-Director                                   | <b>Aggregate Year-to-Date</b> > \$ 450.00 |                                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Rudolph Nichols<br>226 Meadowlark Drive, TC<br>Michigan City, IN 46360                   | <b>Name of Employer</b><br>USWA (District 7)                        | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Sub-Director                                   | <b>Aggregate Year-to-Date</b> > \$ 450.00 |                                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Keith Olmstead<br>7130 West 200 S<br>Russellville, IN 46979                              | <b>Name of Employer</b><br>USWA (District 7)                        | <b>Date (month, day, year)</b><br>6/30/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Staff Representative                           | <b>Aggregate Year-to-Date</b> > \$ 575.00 |                                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Keith Olmstead<br>7130 West 200 S<br>Russellville, IN 46979                              | <b>Name of Employer</b><br>USWA (District 7)                        | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Staff Representative                           | <b>Aggregate Year-to-Date</b> > \$ 575.00 |                                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Michael Padfield<br>6202 Cloverdale Drive<br>Greentown, IN 46936                         | <b>Name of Employer</b><br>Padfield's Auto Body and Paint Shop, Inc | <b>Date (month, day, year)</b><br>4/24/00 | <b>Amount of Each Receipt this Period</b><br>\$200.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President                                      | <b>Aggregate Year-to-Date</b> > \$ 250.00 |                                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Michael Padfield<br>6202 Cloverdale Drive<br>Greentown, IN 46936                         | <b>Name of Employer</b><br>Padfield's Auto Body and Paint Shop, Inc | <b>Date (month, day, year)</b><br>8/14/00 | <b>Amount of Each Receipt this Period</b><br>\$10.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President                                      | <b>Aggregate Year-to-Date</b> > \$ 250.00 |                                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Raymond G Psarick<br>367 Highland<br>Elmhurst, IL 60125                                  | <b>Name of Employer</b><br>USWA (District 7)                        | <b>Date (month, day, year)</b><br>6/30/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Education Coordinator                          | <b>Aggregate Year-to-Date</b> > \$ 500.00 |                                                       |

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

\$1,485.00

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

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(b)(i)

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### NAME OF COMMITTEE (In Full)

Goodnight for Congress CD0351221

|                                                                                                                                                                                                                                                                   |                                                                                                                                            |                                               |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Don Q Paul<br>525 Meadow Drive<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Chrysler<br><br><b>Occupation</b><br>Production Worker<br><br><b>Aggregate Year-to-Date</b> > \$                | <b>Date (month, day, year)</b><br><br>5/30/00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Jerry Payne<br>8311 East 131st Street<br>Fishers, IN 46038<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>Indiana State AFL-CIO<br><br><b>Occupation</b><br>Secretary-Treasurer<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/30/00 | <b>Amount of Each Receipt this Period</b><br><br>\$250.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Francis J Petro<br>1020 West Park Avenue<br>Kokomo, IN 46904<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Haynes International<br><br><b>Occupation</b><br>CEO<br><br><b>Aggregate Year-to-Date</b> > \$                  | <b>Date (month, day, year)</b><br><br>5/3/00  | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Glenda Pitcher<br>110 North Washington St<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br>Fortune Management<br><br><b>Occupation</b><br>Realtor/Developer<br><br><b>Aggregate Year-to-Date</b> > \$      | <b>Date (month, day, year)</b><br><br>6/12/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Scott Pitcher<br>110 North Washington<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Self-Employed<br><br><b>Occupation</b><br>Business Owner<br><br><b>Aggregate Year-to-Date</b> > \$              | <b>Date (month, day, year)</b><br><br>6/12/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Sheila Louks Pullen<br>1944 S. Courtland<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Howard County<br><br><b>Occupation</b><br>Assessor<br><br><b>Aggregate Year-to-Date</b> > \$                    | <b>Date (month, day, year)</b><br><br>5/18/00 | <b>Amount of Each Receipt this Period</b><br><br>\$250.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Pamela A Ratcliff<br>3541 Pintail Drive<br>Lafayette, IN 47905<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date</b> > \$                                | <b>Date (month, day, year)</b><br><br>6/23/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |

**SUBTOTAL of Receipts This Page (optional)** ..... \$4,100.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (in Full)**

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                             |                                                                                                                           |                                                        |                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Bruce Reed<br>9998 Stonegate Road<br>Greenwood, IN 46142<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>USWA (District 7)<br><br>Occupation<br>Staff Representative<br><br>Aggregate Year-to-Date > \$        | Date (month, day, year)<br><br>6/28/00<br><br>\$285.00 | Amount of Each Receipt this Period<br><br>\$250.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Bruce Reed<br>9998 Stonegate Road<br>Greenwood, IN 46142<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>USWA (District 7)<br><br>Occupation<br>Staff Representative<br><br>Aggregate Year-to-Date > \$        | Date (month, day, year)<br><br>6/5/00<br><br>\$285.00  | Amount of Each Receipt this Period<br><br>\$25.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Robin L. Rich<br>7310 Indian Boundary<br>Gary, IN 46403<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | Name of Employer<br>USWA -- District 7<br><br>Occupation<br>Rapid Response Coordinator<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>5/11/00<br><br>\$750.00 | Amount of Each Receipt this Period<br><br>\$100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Robin L. Rich<br>7310 Indian Boundary<br>Gary, IN 46403<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | Name of Employer<br>USWA -- District 7<br><br>Occupation<br>Rapid Response Coordinator<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>4/1/00<br><br>\$750.00  | Amount of Each Receipt this Period<br><br>\$100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Robin L. Rich<br>7310 Indian Boundary<br>Gary, IN 46403<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | Name of Employer<br>USWA -- District 7<br><br>Occupation<br>Rapid Response Coordinator<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>6/29/00<br><br>\$750.00 | Amount of Each Receipt this Period<br><br>\$250.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Lisa Rink<br>1511 North Waugh<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | Name of Employer<br>UAW<br><br>Occupation<br>Treasurer<br><br>Aggregate Year-to-Date > \$                                 | Date (month, day, year)<br><br>6/12/00<br><br>\$818.00 | Amount of Each Receipt this Period<br><br>\$100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Lisa Rink<br>1511 North Waugh<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | Name of Employer<br>UAW<br><br>Occupation<br>Treasurer<br><br>Aggregate Year-to-Date > \$                                 | Date (month, day, year)<br><br>6/14/00<br><br>\$818.00 | Amount of Each Receipt this Period<br><br>\$20.00  |

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

\$845.00

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



# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 18 OF 22  
FOR LINE NUMBER 11(a)(i)

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)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                        |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Gregory A Rippy<br>238 Elm Street<br>Plainfield, IN 46168<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Name of Employer<br>Bryant Carrier<br><br>Occupation<br>Factory Worker<br><br>Aggregate Year-to-Date > \$         | Date (month, day, year)<br><br>5/1/00<br><br>\$205.00  | Amount of Each Receipt this Period<br><br>\$200.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Katherine Robinson<br>7232 Northcote<br>Hammond, IN 46324<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Name of Employer<br>City of Hammond School System<br><br>Occupation<br>R.N.<br><br>Aggregate Year-to-Date > \$    | Date (month, day, year)<br><br>4/29/00<br><br>\$300.00 | Amount of Each Receipt this Period<br><br>\$200.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Charles E Rocha<br>1150 17th Street NW, Ste. 300<br>Washington, DC 20038<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>USWA International<br><br>Occupation<br>Political Director<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>6/28/00<br><br>\$250.00 | Amount of Each Receipt this Period<br><br>\$100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Brad Rusk<br>8644 Buffett Pkwy<br>Fishers, IN 46038<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Name of Employer<br>Self<br><br>Occupation<br>Consultant<br><br>Aggregate Year-to-Date > \$                       | Date (month, day, year)<br><br>4/22/00<br><br>\$425.00 | Amount of Each Receipt this Period<br><br>\$225.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Brad Rusk<br>8644 Buffett Pkwy<br>Fishers, IN 46038<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Name of Employer<br>Self<br><br>Occupation<br>Consultant<br><br>Aggregate Year-to-Date > \$                       | Date (month, day, year)<br><br>5/11/00<br><br>\$425.00 | Amount of Each Receipt this Period<br><br>\$200.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>William H Schmelling<br>823 Keystone Avenue<br>River Forest, IL 60305<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Name of Employer<br>United Steelworkers of America<br><br>Occupation<br>Lawyer<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>6/29/00<br><br>\$250.00 | Amount of Each Receipt this Period<br><br>\$250.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Andrew Steffen<br>5236 Windridge Drive<br>Indianapolis, IN 46226<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | Name of Employer<br>McHale, Cook & Welch<br><br>Occupation<br>Attorney<br><br>Aggregate Year-to-Date > \$         | Date (month, day, year)<br><br>6/21/00<br><br>\$250.00 | Amount of Each Receipt this Period<br><br>\$250.00 |

SUBTOTAL of Receipts This Page (optional)

\$1,425.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

 PAGE 20 OF 22  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in full)

Goodnight for Congress C00351221

|                                                                                                                                               |                                                        |                                             |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Stephen R Stiglich<br>4220 Euclid Ave<br>East Chicago, IN 46312                          | <b>Name of Employer</b><br>ISM Security                | <b>Date (month, day, year)</b><br>6/29/00   | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>CEO                               | <b>Aggregate Year-to-Date</b> > \$ 500.00   |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Anthony J Suter Sr<br>3761 West Willow Woods Drive<br>Logansport, IN 46947               | <b>Name of Employer</b><br>President                   | <b>Date (month, day, year)</b><br>6/16/00   | <b>Amount of Each Receipt this Period</b><br>\$400.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Stelko Electric, Inc.             | <b>Aggregate Year-to-Date</b> > \$ 1,900.00 |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Anthony J Suter Sr<br>3761 West Willow Woods Drive<br>Logansport, IN 46947               | <b>Name of Employer</b><br>President                   | <b>Date (month, day, year)</b><br>6/4/00    | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Stelko Electric, Inc.             | <b>Aggregate Year-to-Date</b> > \$ 1,900.00 |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>James Tipton<br>3721 US Highway 431 S<br>Beechmont, KY 12323                             | <b>Name of Employer</b><br>USWA (District 7)           | <b>Date (month, day, year)</b><br>6/29/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Staff Representative              | <b>Aggregate Year-to-Date</b> > \$ 755.00   |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Edward T Treacy<br>101 West Ohio St, Suite 560<br>Indianapolis, IN 46204                 | <b>Name of Employer</b><br>Treacy Boyle Advocacy Group | <b>Date (month, day, year)</b><br>6/28/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President                         | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Dick Trott<br>PO Box 17<br>Hemlock, IN 46937                                             | <b>Name of Employer</b><br>Self                        | <b>Date (month, day, year)</b><br>6/3/00    | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Business Owner                    | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>John H Tundermann<br>2725 Matt Court<br>Carmel, IN 46033                                 | <b>Name of Employer</b><br>Haynes International        | <b>Date (month, day, year)</b><br>6/28/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Vice President                    | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                              |                                                        |                                             | \$3,150.00                                              |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                    |                                                        |                                             |                                                         |

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(1)

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### NAME OF COMMITTEE (in Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |                                           |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Brett A Voorhes<br>2119 Main Street<br>Indianapolis, IN 46224<br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Indiana Democratic Party<br><br><b>Occupation</b><br>Field Representative<br><br><b>Aggregate Year-to-Date</b> > \$ 263.28 | <b>Date (month, day, year)</b><br>6/30/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Robert G Warth<br>3052 West Cherry Hill Dr<br>La Porte, IN 46350<br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Burke Printing Company<br><br><b>Occupation</b><br>Owner<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                  | <b>Date (month, day, year)</b><br>6/26/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Timothy Waters<br>2506 Flfe Drive<br>Pittsburgh, PA 15241<br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>USWA International<br><br><b>Occupation</b><br>Rapid Response Coordinator<br><br><b>Aggregate Year-to-Date</b> > \$ 525.00 | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Wayne W Watson<br>1416 South Alabama Street<br>Indianapolis, IN 46225<br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>USWA<br><br><b>Occupation</b><br>Auditor<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                                  | <b>Date (month, day, year)</b><br>6/28/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Wayne W Watson<br>1416 South Alabama Street<br>Indianapolis, IN 46225<br><br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>USWA<br><br><b>Occupation</b><br>Auditor<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                                  | <b>Date (month, day, year)</b><br>4/30/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Janis Young<br>2106 Olds Drive<br>Kokomo, IN 46901<br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>Delphi Automotive<br><br><b>Occupation</b><br>Production Worker<br><br><b>Aggregate Year-to-Date</b> > \$ 535.00           | <b>Date (month, day, year)</b><br>5/12/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Ken Zeller<br>307 E. St. Clair<br>Indianapolis, IN 46201<br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Indiana AFL-CIO<br><br><b>Occupation</b><br>President<br><br><b>Aggregate Year-to-Date</b> > \$ 205.00                     | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$200.00 |

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

\$1,450.00

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

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 22 OF 22  
FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (in Full)

Goodnight for Congress CDD351221

|                                                                                                                                                                                                                                                                        |                                                                                                                                        |                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Nancy A Zeller<br>307 E St. Clair St<br>Indianapolis, IN 46202-3358<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Price Waterhouse Coopers<br><br><b>Occupation</b><br>Receptionist<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/28/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$250.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Junior Zimmerman<br>1120 West Morgan<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Z & H Construction<br><br><b>Occupation</b><br>Owner<br><br><b>Aggregate Year-to-Date</b> > \$              | <b>Date (month, day, year)</b><br><br>6/3/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$400.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$                                     | <b>Date (month, day, year)</b><br><br><br><b>Amount of Each Receipt this Period</b><br><br><br>                |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$                                     | <b>Date (month, day, year)</b><br><br><br><b>Amount of Each Receipt this Period</b><br><br><br>                |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$                                     | <b>Date (month, day, year)</b><br><br><br><b>Amount of Each Receipt this Period</b><br><br><br>                |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$                                     | <b>Date (month, day, year)</b><br><br><br><b>Amount of Each Receipt this Period</b><br><br><br>                |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$                                     | <b>Date (month, day, year)</b><br><br><br><b>Amount of Each Receipt this Period</b><br><br><br>                |

SUBTOTAL of Receipts This Page (optional)

\$650.00

TOTAL This Period (last page this line number only)

\$40,886.59

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**Contributions from Party Committees**

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

 PAGE 1 OF 2  
FOR LINE NUMBER 11(b)

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**NAME OF COMMITTEE (in Full)**

Goodnight for Congress C0D351221

|                                                                                                                                                                                                                                                                                                               |                                                  |                                           |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Cirio D. Rodriguez for Congress Committee<br>PO Box 14528<br>San Antonio, TX 78214<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6/26/00 | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                                                                                                                                                                                            |                                                  | \$1,000.00                                |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Committee to Elect Anna Anton<br>501 Iroquois Rd<br>Schererville, IN 46375<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6/23/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00   |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                                                                                                                                                                                            |                                                  | \$100.00                                  |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Committee to Elect Dan Stevenson<br>3017 Cleveland<br>Hammond, IN 46323<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                        | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6/27/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                                                                                                                                                                                            |                                                  | \$250.00                                  |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Committee to Elect David M. Reynolds<br>Sheriff of Porter County<br>5688 Evergreen Avenue<br>Portage, IN 46368<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6/23/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                                                                                                                                                                                            |                                                  | \$250.00                                  |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Committee to Elect Frances Dupuy<br>c/o Frances Dupuy<br>1309 Davis Avenue<br>Whiting, IN 46394<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6/16/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                                                                                                                                                                                            |                                                  | \$250.00                                  |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Committee to Elect Gerry Scheub<br>c/o Gerry Scheub<br>316 Grant Street<br>Schererville, IN 46375<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6/20/00 | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                                                                                                                                                                                            |                                                  | \$1,000.00                                |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Congressman Tom Udall<br>c/o Udall for US All<br>PO Box 208<br>Santa Fe, NM 87504-0208<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6/28/00 | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                                                                                                                                                                                            |                                                  | \$1,000.00                                |                                                         |

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

\$3,850.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Party Committees

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

 PAGE 2 OF 2  
FOR LINE NUMBER  
11(b)

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)**

Goodnight for Congress CD0351221

|                                                                                                                                                                                                                                                                                                                         |                                                                                            |                                                                  |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Dickinson for State Representative<br>5455 North Arlington Avenue<br>Indianapolis, IN 46226<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/23/00<br><br>\$600.00    | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Dickinson for State Representative<br>5455 North Arlington Avenue<br>Indianapolis, IN 46226<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>4/10/00<br><br>\$600.00    | <b>Amount of Each Receipt this Period</b><br><br>\$100.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Indiana Democratic Congressional Victory Committee<br>One North Capitol, Ste. 200<br>Indianapolis, IN 46204<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/12/00<br><br>\$10,000.00 | <b>Amount of Each Receipt this Period</b><br><br>\$5,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Jasper County Democratic Central Committee<br>c/o Thomas Lashbrook, Chairman<br>6088 W 700 S<br>Rensselaer, IN 47978<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>5/20/00<br><br>\$200.00    | <b>Amount of Each Receipt this Period</b><br><br>\$200.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Mayor's Century Club<br>2722 South Washington St<br>Marion, IN 46853<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/30/00<br><br>\$500.00    | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Sheriff Buncich Boosters<br>PO Box 10098<br>Merrillville, IN 46410<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/30/00<br><br>\$1,000.00  | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                                                                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br><br>                       | <b>Amount of Each Receipt this Period</b><br><br><br>       |

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

\$7,300.00

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

\$11,150.00

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**Contributions from Other Political Committees**

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

 PAGE 1 OF 4  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (in Full)**

Goodnight for Congress C00351221

|                                                                                                                                                                            |                                    |                                        |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>AFL-CIO COPE<br>815 Sixteenth Street, NW<br>Washington, DC 20008-                                                     | Name of Employer<br><br>Occupation | Date (month, day, year)<br><br>6/27/00 | Amount of Each Receipt this Period<br><br>\$5,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | Aggregate Year-to-Date > \$        |                                        | \$7,500.00                                           |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>AFSCME<br>1625 L Street NW<br>Washington, DC 20036                                                                    | Name of Employer<br><br>Occupation | Date (month, day, year)<br><br>6/29/00 | Amount of Each Receipt this Period<br><br>\$5,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | Aggregate Year-to-Date > \$        |                                        | \$5,000.00                                           |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Amalgamated Transit Union COPE<br>5025 Wisconsin Avenue, NW<br>Washington, DC 20016-4139                              | Name of Employer<br><br>Occupation | Date (month, day, year)<br><br>6/29/00 | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | Aggregate Year-to-Date > \$        |                                        | \$2,000.00                                           |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>American Federation of Government Employees<br>Political Action Committee<br>80 F Street, NW<br>Washington, DC 20001- | Name of Employer<br><br>Occupation | Date (month, day, year)<br><br>6/29/00 | Amount of Each Receipt this Period<br><br>\$500.00   |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | Aggregate Year-to-Date > \$        |                                        | \$1,000.00                                           |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>American Federation of Government Employees<br>Political Action Committee<br>80 F Street, NW<br>Washington, DC 20001- | Name of Employer<br><br>Occupation | Date (month, day, year)<br><br>4/13/00 | Amount of Each Receipt this Period<br><br>\$500.00   |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | Aggregate Year-to-Date > \$        |                                        | \$1,000.00                                           |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Association of Flight Attendants<br>1275 K Street, NW<br>Fifth Floor<br>Washington, DC 20005-                         | Name of Employer<br><br>Occupation | Date (month, day, year)<br><br>6/29/00 | Amount of Each Receipt this Period<br><br>\$500.00   |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | Aggregate Year-to-Date > \$        |                                        | \$500.00                                             |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Carpenters' Legislative Improvement Committee<br>101 Constitution Ave, NW<br>Washington, DC 20001-                    | Name of Employer<br><br>Occupation | Date (month, day, year)<br><br>6/28/00 | Amount of Each Receipt this Period<br><br>\$5,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | Aggregate Year-to-Date > \$        |                                        | \$5,000.00                                           |

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

\$17,500.00

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

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 2 OF 4  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in full)

Goodnight for Congress C00351221

|                                                                                                                                                                                       |                                      |                                        |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Central Indiana Carpenters COPE Account<br>2635 Madison Avenue<br>Indianapolis, IN 46225-                                        | Name of Employer<br><br>Occupation   | Date (month, day, year)<br><br>5/1/00  | Amount of Each Receipt this Period<br><br>\$2,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                | Aggregate Year-to-Date > \$ 2,000.00 |                                        |                                                      |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Communication Workers of America<br>501 3rd Street, NW<br>Washington, DC 20001-                                                  | Name of Employer<br><br>Occupation   | Date (month, day, year)<br><br>6/27/00 | Amount of Each Receipt this Period<br><br>\$5,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                | Aggregate Year-to-Date > \$ 5,000.00 |                                        |                                                      |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>DRIVE Political Fund<br>25 Louisiana Avenue, NW<br>Washington, DC 20001-                                                         | Name of Employer<br><br>Occupation   | Date (month, day, year)<br><br>5/3/00  | Amount of Each Receipt this Period<br><br>\$500.00   |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                | Aggregate Year-to-Date > \$ 5,000.00 |                                        |                                                      |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>DRIVE Political Fund<br>25 Louisiana Avenue, NW<br>Washington, DC 20001-                                                         | Name of Employer<br><br>Occupation   | Date (month, day, year)<br><br>5/5/00  | Amount of Each Receipt this Period<br><br>\$4,500.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                | Aggregate Year-to-Date > \$ 5,000.00 |                                        |                                                      |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Hotel Employees and Restaurant Employees<br>International Union - TIP Committee<br>1219 28th Street, NW<br>Washington, DC 20007- | Name of Employer<br><br>Occupation   | Date (month, day, year)<br><br>6/7/00  | Amount of Each Receipt this Period<br><br>\$2,500.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                | Aggregate Year-to-Date > \$ 3,500.00 |                                        |                                                      |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Hotel Employees and Restaurant Employees<br>International Union - TIP Committee<br>1219 28th Street, NW<br>Washington, DC 20007- | Name of Employer<br><br>Occupation   | Date (month, day, year)<br><br>4/12/00 | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                | Aggregate Year-to-Date > \$ 3,500.00 |                                        |                                                      |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>International Longshoremen's Association<br>Committee on Political Education<br>17 Battery Place<br>New York, NY 10004-          | Name of Employer<br><br>Occupation   | Date (month, day, year)<br><br>5/2/00  | Amount of Each Receipt this Period<br><br>\$2,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                | Aggregate Year-to-Date > \$ 2,000.00 |                                        |                                                      |

SUBTOTAL of Receipts This Page (optional)

\$17,500.00

TOTAL This Period (last page this line number only)



# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

### **Contributions from Other Political Committees**

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

PAGE 3 OF 4  
FOR LINE NUMBER 11(c)

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#### **NAME OF COMMITTEE (In Full)**

Goodnight for Congress C00351221

|                                                                                                                                                                                             |                                     |                                           |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>International Union of Electrical &<br>Radio Machine Workers COPE<br>1128 16th Street, NW<br>Washington, DC 20036                      | Name of Employer<br><br>Occupation  | Date (month,<br>day, year)<br><br>5/25/00 | Amount of Each<br>Receipt this Period<br><br>\$3,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                      | Aggregate Year-to-Date \$ 5,000.00  |                                           |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Ironworkers Political Action League<br>1750 New York Avenue, NW<br>Washington, DC 20006                                                | Name of Employer<br><br>Occupation  | Date (month,<br>day, year)<br><br>6/23/00 | Amount of Each<br>Receipt this Period<br><br>\$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                      | Aggregate Year-to-Date \$ 2,000.00  |                                           |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Machinists Non-Partisan Political League<br>Multi Candidate Committee General Fund<br>9000 Machinist Place<br>Upper Marlboro, MD 20772 | Name of Employer<br><br>Occupation  | Date (month,<br>day, year)<br><br>6/19/00 | Amount of Each<br>Receipt this Period<br><br>\$5,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                      | Aggregate Year-to-Date \$ 10,000.00 |                                           |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Maintenance of Way Political League<br>28555 Evergreen Road<br>Suite 200<br>Southfield, MI 48078-4225                                  | Name of Employer<br><br>Occupation  | Date (month,<br>day, year)<br><br>8/26/00 | Amount of Each<br>Receipt this Period<br><br>\$1,500.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                      | Aggregate Year-to-Date \$ 2,500.00  |                                           |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>National Air Traffic Controllers Association PAC<br>1325 Massachusetts Avenue, NW<br>Washington, DC 20005                              | Name of Employer<br><br>Occupation  | Date (month,<br>day, year)<br><br>4/14/00 | Amount of Each<br>Receipt this Period<br><br>\$500.00   |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                      | Aggregate Year-to-Date \$ 500.00    |                                           |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Office and Professional Employees<br>International Union<br>1600 L Street, NW, Ste 801<br>Washington, DC 20036                         | Name of Employer<br><br>Occupation  | Date (month,<br>day, year)<br><br>4/13/00 | Amount of Each<br>Receipt this Period<br><br>\$2,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                      | Aggregate Year-to-Date \$ 2,000.00  |                                           |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Paper, Allied-Industrial, Chemical and<br>Energy Workers International Union<br>PO Box 1475<br>Nashville, TN 37202                     | Name of Employer<br><br>Occupation  | Date (month,<br>day, year)<br><br>4/18/00 | Amount of Each<br>Receipt this Period<br><br>\$1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                      | Aggregate Year-to-Date \$ 1,000.00  |                                           |                                                         |

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

\$14,000.00

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

# SCHEDULE A

## ITEMIZED RECEIPTS

### Contributions from Other Political Committees

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

PAGE 4 OF 4  
FOR LINE NUMBER 11(c)

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#### NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                         |                                                                                                                                                                      |                                               |                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Seafarers Political Activity<br>Donation Special Account<br>5201 Auth Way<br>Camp Springs, MD 20746-                               | <b>Name of Employer</b><br><br>Occupation<br><br>Aggregate Year-to-Date > \$                                                                                         | <b>Date (month, day, year)</b><br><br>5/30/00 | <b>Amount of Each Receipt this Period</b><br><br>\$2,500.00     |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Service Employees International Union<br>COPE US Division<br>1313 L Street NW<br>Washington, DC 20005-                             | <b>Name of Employer</b><br><br>Occupation<br><br>Aggregate Year-to-Date > \$                                                                                         | <b>Date (month, day, year)</b><br><br>6/20/00 | <b>Amount of Each Receipt this Period</b><br><br>\$5,000.00     |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Democratic Congressional Campaign Committee<br>Hon. Patrick Kennedy, Chairman<br>430 South Capitol Street<br>Washington, DC 20003  | <b>Name of Employer</b><br>Note: Above Contribution<br>earmarked through this organization<br>Occupation<br>Conduit total: \$5,000.00<br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/20/00 | <b>Amount of Each Receipt this Period</b><br>MEMO<br>\$5,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Sheet Metal Workers' International Association<br>Political Action League<br>1750 New York Avenue, NW<br>Washington, DC 20006-5386 | <b>Name of Employer</b><br><br>Occupation<br><br>Aggregate Year-to-Date > \$                                                                                         | <b>Date (month, day, year)</b><br><br>6/19/00 | <b>Amount of Each Receipt this Period</b><br><br>\$5,000.00     |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Transport Workers Union<br>Political Contributions Committee<br>80 West End Avenue<br>New York, NY 10023-                          | <b>Name of Employer</b><br><br>Occupation<br><br>Aggregate Year-to-Date > \$                                                                                         | <b>Date (month, day, year)</b><br><br>5/19/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00     |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>United Association of Plumber & Pipefitters PEC<br>901 Massachusetts Avenue, NW<br>Washington, DC 20001-                           | <b>Name of Employer</b><br><br>Occupation<br><br>Aggregate Year-to-Date > \$                                                                                         | <b>Date (month, day, year)</b><br><br>6/15/00 | <b>Amount of Each Receipt this Period</b><br><br>\$2,500.00     |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>United Mine Workers of America International Union<br>COMPAC Voluntary Account<br>8315 Lee Highway<br>Fairfax, VA 22031-2215       | <b>Name of Employer</b><br><br>Occupation<br><br>Aggregate Year-to-Date > \$                                                                                         | <b>Date (month, day, year)</b><br><br>6/28/00 | <b>Amount of Each Receipt this Period</b><br><br>\$6,000.00     |

SUBTOTAL of Receipts This Page (optional)

\$21,000.00

TOTAL This Period (last page this line number only)

\$70,000.00

# SCHEDULE A

## ITEMIZED RECEIPTS

Other Receipts

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

PAGE 1 OF 1  
FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

Goodnight for Congress CD0351221

|                                                                                                                                                                                                                                                                        |                                                                       |                                                         |                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>First National Bank and Trust<br>322 North Main<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>6/1/00<br><br>\$1,350.65 | Amount of Each Receipt this Period<br><br>\$598.38 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>First National Bank and Trust<br>322 North Main<br>Kokomo, IN 46901<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>5/1/00<br><br>\$1,350.65 | Amount of Each Receipt this Period<br><br>\$446.48 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>First National Bank and Trust<br>322 North Main<br>Kokomo, IN 46901<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>4/1/00<br><br>\$1,350.65 | Amount of Each Receipt this Period<br><br>\$160.06 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)                                 | Amount of Each Receipt this Period                 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)                                 | Amount of Each Receipt this Period                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)                                 | Amount of Each Receipt this Period                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)                                 | Amount of Each Receipt this Period                 |

SUBTOTAL of Receipts This Page (optional)

\$1,204.90

TOTAL This Period (last page this line number only)

\$1,204.90

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 1 OF 53  
FOR LINE NUMBER 11(a)ii

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)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                            |                                                                                                                                            |                                            |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/>Willy Abatia<br/>1428 W. 96th PL.<br/>Crown Point, IN 46307</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$ 55.00</p>  | <p>Date (month, day, year)<br/>6/3/00</p>  | <p>Amount of Each Receipt this Period<br/>\$50.00</p>  |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/>Daria Abel<br/>708 18th St.<br/>Bedford, IN 47421</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer<br/>Dana PTG</p> <p>Occupation<br/>Factory Worker</p> <p>Aggregate Year-to-Date &gt; \$ 40.00</p>                      | <p>Date (month, day, year)<br/>6/5/00</p>  | <p>Amount of Each Receipt this Period<br/>\$25.00</p>  |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/>Daria Abel<br/>708 18th St.<br/>Bedford, IN 47421</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer<br/>Dana PTG</p> <p>Occupation<br/>Factory Worker</p> <p>Aggregate Year-to-Date &gt; \$ 40.00</p>                      | <p>Date (month, day, year)<br/>6/8/00</p>  | <p>Amount of Each Receipt this Period<br/>\$10.00</p>  |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/>Paula Adair<br/>4597 S 500 E<br/>Kokomo, IN 46902</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer<br/>Western School</p> <p>Occupation<br/>Teacher</p> <p>Aggregate Year-to-Date &gt; \$ 25.00</p>                       | <p>Date (month, day, year)<br/>6/14/00</p> | <p>Amount of Each Receipt this Period<br/>\$10.00</p>  |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/>Susan Albrecht<br/>2257 East Charles Road<br/>Marion, IN 46952</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)<br/>6/28/00</p> | <p>Amount of Each Receipt this Period<br/>\$100.00</p> |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/>Ranton Alernan<br/>12767 Chieftain Court<br/>Lemont, IL 60439</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>  | <p>Date (month, day, year)<br/>6/3/00</p>  | <p>Amount of Each Receipt this Period<br/>\$50.00</p>  |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/>Carla Allen<br/>4010 North Guilford<br/>Indianapolis, IN 46205</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$ 25.00</p>  | <p>Date (month, day, year)<br/>6/5/00</p>  | <p>Amount of Each Receipt this Period<br/>\$25.00</p>  |

SUBTOTAL of Receipts This Page (optional)

\$270.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)ii

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NAME OF COMMITTEE (in Full)

Goodnight for Congress C00351221

|                                                                                                                                        |                                                                    |                                    |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------|------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Rosemary Amos<br>20 Southdowns Drive<br>Kokomo, IN 46902                          | Name of Employer<br><br>Occupation<br>Retired                      | Date (month, day, year)<br>6/1/00  | Amount of Each Receipt this Period<br>\$15.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$                                        | \$30.00                            |                                                |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Tom Anderson<br>10236 Otter Place<br>Carmel, IN 46033                             | Name of Employer<br>Self                                           | Date (month, day, year)<br>6/3/00  | Amount of Each Receipt this Period<br>\$10.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Bar Owner<br>Aggregate Year-to-Date > \$             | \$10.00                            |                                                |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Carl M Anspach<br>1810 Oakwood Drive<br>Rochester, IN 46075                       | Name of Employer<br><br>Occupation<br>Retired                      | Date (month, day, year)<br>6/1/00  | Amount of Each Receipt this Period<br>\$10.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$                                        | \$20.00                            |                                                |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Jeff Archer<br>2057 North 1080 West<br>Kokomo, IN 46901                           | Name of Employer<br>Haynes International                           | Date (month, day, year)<br>6/12/00 | Amount of Each Receipt this Period<br>\$20.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Steel Worker<br>Aggregate Year-to-Date > \$          | \$45.00                            |                                                |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Brion Ashley<br>109 Freemont Lane<br>Decatur, IN 46733                            | Name of Employer<br>Information Requested                          | Date (month, day, year)<br>6/5/00  | Amount of Each Receipt this Period<br>\$25.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested<br>Aggregate Year-to-Date > \$ | \$25.00                            |                                                |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Schuyler Atkins<br>408 Roswell Court<br>Indianapolis, IN 46234                    | Name of Employer<br>Marion Co. Sheriff's Dept.                     | Date (month, day, year)<br>6/3/00  | Amount of Each Receipt this Period<br>\$50.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Deputy Sheriff<br>Aggregate Year-to-Date > \$        | \$50.00                            |                                                |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Kenton Atwood<br>1742 Millenwood Drive<br>New Albany, IN 47150                    | Name of Employer<br><br>Occupation<br>Retired                      | Date (month, day, year)<br>6/12/00 | Amount of Each Receipt this Period<br>\$100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$                                        | \$100.00                           |                                                |

SUBTOTAL of Receipts This Page (optional)

\$230.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 3 OF 53  
FOR LINE NUMBER  
11(a)ii

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NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                   |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/>RJ Aubuchon<br/>8851 Taft Street<br/>Merrillville, IN 46410</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$</p> | <p>Date (month,<br/>day, year)</p> <p>4/1/00</p>  | <p>Amount of Each<br/>Receipt this Period</p> <p>\$10.00</p>  |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/>Fidel Azcona<br/>4657 Carolina Street<br/>Gary, IN 46408</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer<br/>ISPAT Inland Steel</p> <p>Occupation<br/>Millwright</p> <p>Aggregate Year-to-Date &gt; \$</p>               | <p>Date (month,<br/>day, year)</p> <p>4/1/00</p>  | <p>Amount of Each<br/>Receipt this Period</p> <p>\$50.00</p>  |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/>Daryl Baker<br/>1740 West 57th Avenue<br/>Merrillville, IN 46410</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$</p> | <p>Date (month,<br/>day, year)</p> <p>6/3/00</p>  | <p>Amount of Each<br/>Receipt this Period</p> <p>\$50.00</p>  |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/>David Baker<br/>1300 Academy Road # 45<br/>Culver, IN 46511</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p>Occupation<br/>Retired</p> <p>Aggregate Year-to-Date &gt; \$</p>                                         | <p>Date (month,<br/>day, year)</p> <p>4/20/00</p> | <p>Amount of Each<br/>Receipt this Period</p> <p>\$25.00</p>  |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/>Patricia Baker<br/>3733 Margaret Avenue<br/>Indianapolis, IN 46203</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$</p> | <p>Date (month,<br/>day, year)</p> <p>5/2/00</p>  | <p>Amount of Each<br/>Receipt this Period</p> <p>\$100.00</p> |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/>Jim Ballee<br/>940 Sunset Drive<br/>Webash, IN 46982</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$</p> | <p>Date (month,<br/>day, year)</p> <p>6/3/00</p>  | <p>Amount of Each<br/>Receipt this Period</p> <p>\$50.00</p>  |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/>D.L. Banyard<br/>3374 Royalton Road<br/>North Royalton, OH 44133</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer<br/>USWA (District 1)</p> <p>Occupation<br/>Cas. Organizer</p> <p>Aggregate Year-to-Date &gt; \$</p>            | <p>Date (month,<br/>day, year)</p> <p>6/19/00</p> | <p>Amount of Each<br/>Receipt this Period</p> <p>\$25.00</p>  |

SUBTOTAL of Receipts This Page (optional)

\$310.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER  
11(a)ii

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NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                    |                                                                                                                                                     |                                           |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Tom Barnes<br>3726 North Moorlands<br>Marion, IN 46952<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Delco<br><br><b>Occupation</b><br>Technician<br><br><b>Aggregate Year-to-Date</b> > \$ 550.00                            | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Danny Barton<br>5535 Hill-Ridge Drive<br>Indianapolis, IN 46237<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Teamster Local 135<br><br><b>Occupation</b><br>President<br><br><b>Aggregate Year-to-Date</b> > \$ 10.00                 | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$10.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Herbert Bazemore<br>7705 Trotter Road<br>Camby, IN 46113<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Joe Beauchamp<br>370 West 13th<br>Peru, IN 46970<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 25.00  | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Harry E Beaver<br>2740 West Sundown<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>IMI Irving Materials<br><br><b>Occupation</b><br>Truck Driver<br><br><b>Aggregate Year-to-Date</b> > \$ 50.00            | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Pete Beck<br>2614 W 500 N<br>Logansport, IN 46947<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$ 20.00                                     | <b>Date (month, day, year)</b><br>5/31/00 | <b>Amount of Each Receipt this Period</b><br>\$20.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>George F Becker<br>9600 Buckingham Dr<br>Allison Park, PA 15101<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>USWA<br><br><b>Occupation</b><br>International President<br><br><b>Aggregate Year-to-Date</b> > \$ 200.00                | <b>Date (month, day, year)</b><br>6/25/00 | <b>Amount of Each Receipt this Period</b><br>\$200.00 |

SUBTOTAL of Receipts This Page (optional)

\$555.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

# ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 5 OF 53  
FOR LINE NUMBER 11(a)(i)

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## NAME OF COMMITTEE (in Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                  |                                                                                                                                              |                                                           |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Joyce Behney<br>Peru, IN 46970<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/5/00<br><br>\$25.00   | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Gilbert Benke<br>710 North 5th<br>Boonville, IN 47601<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/5/00<br><br>\$25.00   | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Chris Bennett<br>4013 S Co Rd 85<br>Greensburg, IN 47240<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/5/00<br><br>\$25.00   | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Chris Benson<br>1400 N. Hickory<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Haynes International<br><br><b>Occupation</b><br>Steelworker<br><br><b>Aggregate Year-to-Date</b> > \$            | <b>Date (month, day, year)</b><br>6/5/00<br><br>\$80.00   | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Paul T Berkowitz<br>1417 South Federal<br>Chicago, IL 60605<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Paul T. Berkowitz & Associates<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$     | <b>Date (month, day, year)</b><br>5/29/00<br><br>\$100.00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Melanie Bernardi<br>213 Arjam Street<br>Huntingburg, IN 47542<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/5/00<br><br>\$50.00   | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Marilyn D Beroshak<br>921 S. Locke St.<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>Center Township Assessor<br><br><b>Occupation</b><br>Chief Deputy<br><br><b>Aggregate Year-to-Date</b> > \$       | <b>Date (month, day, year)</b><br>8/12/00<br><br>\$45.00  | <b>Amount of Each Receipt this Period</b><br>\$25.00  |

SUBTOTAL of Receipts This Page (optional)

\$250.00

TOTAL This Period (last page this line number only)



# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 8 OF 53  
FOR LINE NUMBER 11(b)ii

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)**

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                                 |                                                                                                                                                     |                                           |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Bob Biddle<br>4721 Stratford<br>Indianapolis, IN 46201<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br>Roadway Express<br><br><b>Occupation</b><br>Driver<br><br><b>Aggregate Year-to-Date</b> > \$ 50.00                       | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Brian Biddle<br>4911 Orion Avenue<br>Indianapolis, IN 46201<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Contractor<br><br><b>Aggregate Year-to-Date</b> > \$ 50.00                              | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>John Bierman<br>742 West Raymond<br>Griffith, IN 46319<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 10.00  | <b>Date (month, day, year)</b><br>4/27/00 | <b>Amount of Each Receipt this Period</b><br>\$10.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Peter Blanco Jr<br>904 S Court St<br>Crown Point, IN 46307-4843<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Pete's Liquor Buckel<br><br><b>Occupation</b><br>Owner<br><br><b>Aggregate Year-to-Date</b> > \$ 50.00                   | <b>Date (month, day, year)</b><br>5/22/00 | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Jacqueline M Blaney<br>303 Lafayette St.<br>Valparaiso, IN 46383<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Bethlehem Steel<br><br><b>Occupation</b><br>Steelworker<br><br><b>Aggregate Year-to-Date</b> > \$ 50.00                  | <b>Date (month, day, year)</b><br>6/29/00 | <b>Amount of Each Receipt this Period</b><br>\$40.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Andrew Bonnell<br>522 West Adams Street<br>Apt. 301<br>Muncie, IN 47305-2314<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 25.00  | <b>Date (month, day, year)</b><br>4/17/00 | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Sarah Bosch-Luehn<br>14517 Norwalk Dr<br>Carmel, IN 46033<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>6/28/00 | <b>Amount of Each Receipt this Period</b><br>\$200.00 |

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

\$425.00

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

# SCHEDULE A

# ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 7 OF 59  
FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (in full)

Goodnight for Congress C00351221

|                                                                                                                                               |                                                  |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Brad Bowman<br>6832 Thousand Oaks Dr.<br>Indianapolis, IN 46201                          | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 30.00  |                                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Mark L. Bowyer<br>RR 4 Box 317<br>Peru, IN 46970-9246                                    | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>4/20/00 | <b>Amount of Each Receipt this Period</b><br>\$200.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 200.00 |                                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Tom Boyd<br>409 Marilyn Court<br>Kokomo, IN 46901                                        | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>8/5/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 25.00  |                                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Carol Bridge<br>1235 Bittersweet Lane<br>Rochester, IN 46975                             | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>5/27/00 | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 25.00  |                                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Kate Bronfenbrenner<br>207 Cobb Street<br>Ithaca, NY 14850                               | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>5/19/00 | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 50.00  |                                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jesse Brown<br>Box 141<br>Windfall, IN 46076                                             | <b>Name of Employer</b><br>Steel Parts Corp.     | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Laborer                     | <b>Aggregate Year-to-Date</b> > \$ 50.00  |                                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Kenneth L Brown<br>702 East Ninth<br>North Manchester, IN 46962                          | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/26/00 | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 50.00  |                                                       |

SUBTOTAL of Receipts This Page (optional)

\$400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 8 OF 53  
FOR LINE NUMBER 11(a)ii

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NAME OF COMMITTEE (in Full)

Goodnight for Congress CDD351221

|                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                    |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Paula Brown<br>1901 South Armstrong<br>Kokomo, IN 46902<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Name of Employer<br>Haynes International<br><br>Occupation<br>Production Worker<br><br>Aggregate Year-to-Date > \$      | Date (month, day, year)<br>5/1/00<br><br>\$100.00  | Amount of Each Receipt this Period<br>\$50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Paula Brown<br>1901 South Armstrong<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Name of Employer<br>Haynes International<br><br>Occupation<br>Production Worker<br><br>Aggregate Year-to-Date > \$      | Date (month, day, year)<br>6/5/00<br><br>\$100.00  | Amount of Each Receipt this Period<br>\$25.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Paula Brown<br>1901 South Armstrong<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Name of Employer<br>Haynes International<br><br>Occupation<br>Production Worker<br><br>Aggregate Year-to-Date > \$      | Date (month, day, year)<br>6/5/00<br><br>\$100.00  | Amount of Each Receipt this Period<br>\$25.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Tremper Bruce<br>22 East Tennyson Road<br>Boonville, IN 47601<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Name of Employer<br>Information Requested<br><br>Occupation<br>Information Requested<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>6/5/00<br><br>\$25.00   | Amount of Each Receipt this Period<br>\$25.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Mercedes Brugh<br>1315 East Markel Street<br>Logansport, IN 46947<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Self-Employed<br><br>Occupation<br>Gold Jewelry Designer<br><br>Aggregate Year-to-Date > \$         | Date (month, day, year)<br>5/24/00<br><br>\$200.00 | Amount of Each Receipt this Period<br>\$200.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Carolyn Bucko<br>708 W 35D S<br>Hebron, IN 46341<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | Name of Employer<br>Information Requested<br><br>Occupation<br>Information Requested<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>4/1/00<br><br>\$25.00   | Amount of Each Receipt this Period<br>\$25.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Jeff Budd<br>1016 S. Delphos<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | Name of Employer<br>Haynes International<br><br>Occupation<br>Production Worker<br><br>Aggregate Year-to-Date > \$      | Date (month, day, year)<br>6/5/00<br><br>\$80.00   | Amount of Each Receipt this Period<br>\$25.00  |

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

\$375.00

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

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 9 OF 53  
FOR LINE NUMBER 11(a)ii

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NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                               |                                                  |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Hiawatha Bumett<br>2620 Van Buren<br>Gary, IN 46405                                      | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 50.00  |                                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Alice Bush<br>1106 North Shelby Street<br>Gary, IN 46403                                 | <b>Name of Employer</b><br>Local 73 SEIU         | <b>Date (month, day, year)</b><br>4/1/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>1199 District Director      | <b>Aggregate Year-to-Date</b> > \$ 25.00  |                                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>David Bush<br>10585 Green Tree<br>Carmel, IN 46032                                       | <b>Name of Employer</b><br>Crouse                | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Truck Driver                | <b>Aggregate Year-to-Date</b> > \$ 50.00  |                                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Jackquan Celne<br>722 South Washington Street<br>Kokomo, IN 46901                        | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/12/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 100.00 |                                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Carolyn Camp<br>605 South Bell Apt 211<br>Kokomo, IN 46901                               | <b>Name of Employer</b>                          | <b>Date (month, day, year)</b><br>6/14/00 | <b>Amount of Each Receipt this Period</b><br>\$20.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Railroad                    | <b>Aggregate Year-to-Date</b> > \$ 50.00  |                                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Sona Camp<br>3205 Williams Drive<br>Kokomo, IN 46902                                     | <b>Name of Employer</b><br>Delphi Delco          | <b>Date (month, day, year)</b><br>4/20/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Tool and Die Maker          | <b>Aggregate Year-to-Date</b> > \$ 115.00 |                                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Chad Campbell<br>9221 Castleknoll Blvd<br>Indianapolis, IN 46250                         | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$ 50.00  |                                                       |

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

\$396.00

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

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)  
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Detailed Summary Page

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FOR LINE NUMBER 11(a)ii

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### NAME OF COMMITTEE (In Full)

Goodnight for Congress CD0351221

|                                                                                                                                                                                                                                                                                  |                                                                                                                                                     |                                                          |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>John Campbell<br>1069 29th<br>Des Moines, IA 50311<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$        | <b>Date (month, day, year)</b><br>5/25/00<br><br>\$20.00 | <b>Amount of Each Receipt this Period</b><br>\$20.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Robert Campbell<br>5928 Brendon Ridge Court South<br>Indianapolis, IN 46226<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>McBroom Electric<br><br><b>Occupation</b><br>Sales<br><br><b>Aggregate Year-to-Date</b> > \$                             | <b>Date (month, day, year)</b><br>8/3/00<br><br>\$50.00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Francis Carl<br>710 Westminster Lane<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$        | <b>Date (month, day, year)</b><br>5/17/00<br><br>\$21.00 | <b>Amount of Each Receipt this Period</b><br>\$21.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Mark Carter<br>1015 Witherspoon Drive<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br>Daimler-Chrysler<br>Transmission<br><br><b>Occupation</b><br>Production Worker<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>5/3/00<br><br>\$50.00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Sharon Karl Casey<br>6502 Miramar Court<br>Indianapolis, IN 46250-3414<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>ISTA<br><br><b>Occupation</b><br>Uni-Serv Director<br><br><b>Aggregate Year-to-Date</b> > \$                             | <b>Date (month, day, year)</b><br>5/31/00<br><br>\$20.00 | <b>Amount of Each Receipt this Period</b><br>\$20.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Ed Catron<br>104 Emerald<br>Noblesville, IN 46060<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                             | <b>Name of Employer</b><br>Roadway<br><br><b>Occupation</b><br>Driver<br><br><b>Aggregate Year-to-Date</b> > \$                                     | <b>Date (month, day, year)</b><br>5/3/00<br><br>\$50.00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Steven Chestnut<br>2045 South Lick Creek Drive<br>Indianapolis, IN 46203-5862<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$        | <b>Date (month, day, year)</b><br>6/8/00<br><br>\$200.00 | <b>Amount of Each Receipt this Period</b><br>\$200.00 |

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

\$411.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)ii

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**NAME OF COMMITTEE (In Full)**

Goodnight for Congress CD0351221

|                                                                                                                                                                                                                                                                        |                                                                                                                                                |                                               |                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>David Chlebeck<br>1888 North Pine Ridge Drive<br>La Porte, IN 46350<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$   | <b>Date (month, day, year)</b><br><br>8/10/00 | <b>Amount of Each Receipt this Period</b><br><br>\$20.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>David Chlebek<br>1888 N Pine Ridge Dr<br>La Porte, IN 46350<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$   | <b>Date (month, day, year)</b><br><br>6/10/00 | <b>Amount of Each Receipt this Period</b><br><br>\$20.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Olin Clayton<br>707 South O'Bannon<br>Raymond, IL 62456-0<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$   | <b>Date (month, day, year)</b><br><br>5/25/00 | <b>Amount of Each Receipt this Period</b><br><br>\$20.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Mark J Collins<br>90 Mary Court<br>Sauk Village, IL 60411<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>USWA - District 7<br><br><b>Occupation</b><br>Organizing Coordinator<br><br><b>Aggregate Year-to-Date</b> > \$      | <b>Date (month, day, year)</b><br><br>5/31/00 | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Steven Combs<br>10450 Vista View Pkwy<br>Mooresville, IN 46158<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Rexnord/ Link Belt<br><br><b>Occupation</b><br>Factory Worker<br><br><b>Aggregate Year-to-Date</b> > \$             | <b>Date (month, day, year)</b><br><br>5/3/00  | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Kellie Copeland<br>792 Northwest Avenue<br>Tallmadge, OH 44278<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$   | <b>Date (month, day, year)</b><br><br>4/28/00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Jeffrey J Coyne<br>10200 Fairmont Dr. Apt G<br>Avon, IN 46168<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>Indiana Democratic Party<br><br><b>Occupation</b><br>Regional Coordinator<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |

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

\$350.00

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

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)ii

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NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                               |                                                                                                                                                                          |                                               |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Tammy Craft<br>5332 W 1050 N<br>Chesterton, IN 46304<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$                                          | <b>Date (month, day, year)</b><br><br>6/7/00  | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Frances Craig<br>2121 North Purdue<br>Kokomo, IN 48901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$                                          | <b>Date (month, day, year)</b><br><br>6/14/00 | <b>Amount of Each Receipt this Period</b><br><br>\$10.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Lorenzo Crowell<br>377 Lincoln Street<br>Gary, IN 46402<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer Information Requested</b><br>SEIU Local 73<br><br><b>Occupation Information Requested</b><br>Union Representative<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>4/1/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>James Daffada<br>161 North Clark Street<br>Suite 2500<br>Chicago, IL 60601<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$                                          | <b>Date (month, day, year)</b><br><br>4/27/00 | <b>Amount of Each Receipt this Period</b><br><br>\$150.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Steve Daily<br>816 West Walnut Street<br>Kokomo, IN 48901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer Information Requested</b><br>Ivy Tech<br><br><b>Occupation Information Requested</b><br>Educator<br><br>Aggregate Year-to-Date > \$                  | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jerome Davison<br>2301 Iowa St<br>Chesterton, IN 46304<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer Information Requested</b><br>USWA<br><br><b>Occupation Information Requested</b><br>Casual Representative<br><br>Aggregate Year-to-Date > \$         | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Melissa Deeter<br>303 Redwood Drive<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$                                          | <b>Date (month, day, year)</b><br><br>6/14/00 | <b>Amount of Each Receipt this Period</b><br><br>\$10.00  |

SUBTOTAL of Receipts This Page (optional)

\$395.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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|-----------------|----|
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NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                        |                                           |                                       |                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------|--------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Rick Deeter<br>303 Redwood Drive<br>Kokomo, IN 48902                              | Name of Employer<br>Information Requested | Date (month,<br>day, year)<br>6/14/00 | Amount of Each<br>Receipt this Period<br>\$10.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested       | Aggregate Year-to-Date > \$           | \$30.00                                          |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Thomas Dickerson<br>1800 Village Drive W<br>Apt. A<br>Greenfield, IN 46140        | Name of Employer<br>Roadway Express       | Date (month,<br>day, year)<br>6/3/00  | Amount of Each<br>Receipt this Period<br>\$50.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Truck Driver                | Aggregate Year-to-Date > \$           | \$55.00                                          |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Tessa Diehl<br>8425 N 000 Road<br>Decatur, IN 46733                               | Name of Employer<br>Information Requested | Date (month,<br>day, year)<br>6/5/00  | Amount of Each<br>Receipt this Period<br>\$25.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested       | Aggregate Year-to-Date > \$           | \$25.00                                          |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Dennis Dollinger<br>418 Seabreeze Circle<br>Avon, IN 46123                        | Name of Employer<br>G-F Motor Freights    | Date (month,<br>day, year)<br>6/3/00  | Amount of Each<br>Receipt this Period<br>\$50.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Truck Driver                | Aggregate Year-to-Date > \$           | \$50.00                                          |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Ronald Doser<br>417 Brookfield Drive<br>Lafayette, IN 47905                       | Name of Employer<br>Roadway               | Date (month,<br>day, year)<br>6/3/00  | Amount of Each<br>Receipt this Period<br>\$50.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Truck Driver                | Aggregate Year-to-Date > \$           | \$50.00                                          |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Julia Dover<br>8820 Appleby Lane<br>Indianapolis, IN 46256                        | Name of Employer<br>Information Requested | Date (month,<br>day, year)<br>5/14/00 | Amount of Each<br>Receipt this Period<br>\$50.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested       | Aggregate Year-to-Date > \$           | \$50.00                                          |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Lynn S Duggan<br>1807 Wexley Road<br>Bloomington, IN 47401                        | Name of Employer<br>Information Requested | Date (month,<br>day, year)<br>6/7/00  | Amount of Each<br>Receipt this Period<br>\$5.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested       | Aggregate Year-to-Date > \$           | \$5.00                                           |

SUBTOTAL of Receipts This Page (optional)

\$240.00

TOTAL This Period (last page this line number only)



# SCHEDULE A

# ITEMIZED RECEIPTS

## Contributions from Individuals/Persons

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

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### NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                      |                                                                                                                             |                                           |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Tony Dujmovich<br>732 Governor Road<br>Valparaiso, IN 46385<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>4/2/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Brenda Duncan<br>1800 East Sycamore Road<br>Kokomo, IN 46901-4971<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Kevin C Ehringer<br>119 Deborah Drive<br>Aurora, IN 47001<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>4/27/00 | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Ronda Eldridge<br>715 Salem Drive<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>John Engberg<br>2333 Cedarwood Ridge<br>Minnetonka, MN 55305<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer Self</b><br><br><b>Occupation Attorney</b><br>Aggregate Year-to-Date > \$                               | <b>Date (month, day, year)</b><br>5/17/00 | <b>Amount of Each Receipt this Period</b><br>\$30.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Nancy Engel<br>264 S Leeds Ave<br>Indianapolis, IN 46201<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>5/1/00  | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Greg England<br>5013 Stone Arbor Drive<br>Pinson, AL 35126<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>5/25/00 | <b>Amount of Each Receipt this Period</b><br>\$20.00  |

SUBTOTAL of Receipts This Page (optional)

\$350.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

# ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)ii

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NAME OF COMMITTEE (in Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                             |                                                                                                                         |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Mike English<br>10165 Edgewood Road<br>Brownsburg, IN 46112<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Name of Employer<br>Self-Employed<br><br>Occupation<br>Information Requested<br><br>Aggregate Year-to-Date > \$         | Date (month,<br>day, year)<br><br>6/3/00  | Amount of Each<br>Receipt this Period<br><br>\$50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Betsy Emy<br>1814 Kingston Road<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Name of Employer<br>Information Requested<br><br>Occupation<br>Information Requested<br><br>Aggregate Year-to-Date > \$ | Date (month,<br>day, year)<br><br>6/14/00 | Amount of Each<br>Receipt this Period<br><br>\$10.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Blir Everett<br>14020 N CR 750 W<br>Gaston, IN 47342<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | Name of Employer<br>Roadway<br><br>Occupation<br>Driver<br><br>Aggregate Year-to-Date > \$                              | Date (month,<br>day, year)<br><br>6/3/00  | Amount of Each<br>Receipt this Period<br><br>\$55.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Charlie Farber<br>520 Lodge "B"<br>Evansville, IN 47714<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | Name of Employer<br>Information Requested<br><br>Occupation<br>Information Requested<br><br>Aggregate Year-to-Date > \$ | Date (month,<br>day, year)<br><br>6/5/00  | Amount of Each<br>Receipt this Period<br><br>\$25.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Thelma Faust<br>11082 E County Rd 600 N<br>Forest, IN 46039<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Name of Employer<br>Information Requested<br><br>Occupation<br>Information Requested<br><br>Aggregate Year-to-Date > \$ | Date (month,<br>day, year)<br><br>6/21/00 | Amount of Each<br>Receipt this Period<br><br>\$20.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jerry Fields<br>1442 3rd Avenue<br>Terre Haute, IN 47804<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | Name of Employer<br>Information Requested<br><br>Occupation<br>Information Requested<br><br>Aggregate Year-to-Date > \$ | Date (month,<br>day, year)<br><br>6/5/00  | Amount of Each<br>Receipt this Period<br><br>\$25.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Edward J Fillenwarth Jr<br>7232 Kingman Circle<br>Indianapolis, IN 46256<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Self<br><br>Occupation<br>Attorney<br><br>Aggregate Year-to-Date > \$                               | Date (month,<br>day, year)<br><br>6/27/00 | Amount of Each<br>Receipt this Period<br><br>\$100.00 |

SUBTOTAL of Receipts This Page (optional)

\$285.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                        |                                                                                                                                                           |                                           |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Larry G Fingerhott<br>5532 Harmony Avenue<br>Portage, IN 46368<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                               | <b>Date (month, day, year)</b><br>5/19/00 | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Steve Fischer<br>2163 S 870 W<br>Russiaville, IN 46979<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                               | <b>Date (month, day, year)</b><br>6/29/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Harold Fisk<br>288 A Eads Road<br>Crittenden, KY 41030<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                               | <b>Date (month, day, year)</b><br>5/15/00 | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Sharon Ford<br>1446 North Broad<br>Griffith, IN 46319<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer Information Requested</b><br>NIPSCO<br><br><b>Occupation Information Requested</b><br>Accounting Clerk<br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>5/30/00 | <b>Amount of Each Receipt this Period</b><br>\$10.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Jack Francis<br>1340 South Wabash Street<br>Wabash, IN 46992<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                               | <b>Date (month, day, year)</b><br>4/13/00 | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Stephen Francisco<br>8069 Saint Annes Court<br>Alexandria, VA 22309<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                               | <b>Date (month, day, year)</b><br>5/25/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Mark Frech<br>1208 Abington<br>Richmond, IN 47374<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                               | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00  |

SUBTOTAL of Receipts This Page (optional)

\$335.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                             |                                                                                                                                                                         |                                                       |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Nancy Fredricks<br>922 E 191st St<br>Westfield, IN 46074<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                             | <b>Date (month, day, year)</b><br>4/15/00<br>\$3.50   | <b>Amount of Each Receipt this Period</b><br>\$3.50   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Eugene Friedman<br>277 West End Avenue<br>Apt 10-A<br>New York, NY 10023<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br>Friedman and Levine<br><br><b>Occupation Information Requested</b><br>Attorney<br>Aggregate Year-to-Date > \$          | <b>Date (month, day, year)</b><br>5/25/00<br>\$100.00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Shaw R Friedman<br>21 Green Acres<br>La Porte, IN 46350<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                             | <b>Date (month, day, year)</b><br>5/27/00<br>\$100.00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Jeremy Friedl<br>221 North 4th Street<br>Decatur, IN 46733<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                             | <b>Date (month, day, year)</b><br>6/5/00<br>\$25.00   | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Richard D Fry<br>PO Box 44<br>Logansport, IN 46947<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                             | <b>Date (month, day, year)</b><br>6/26/00<br>\$75.00  | <b>Amount of Each Receipt this Period</b><br>\$75.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Timothy J Gallagher<br>6837 Hilton Road<br>Brecksville, OH 44141<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer Information Requested</b><br>Schwarzwald, Rock and McNair<br><br><b>Occupation Information Requested</b><br>Attorney<br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>5/23/00<br>\$100.00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Rick Galle<br>3884 Cornwallis Lane<br>Carmel, IN 46032<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer Information Requested</b><br>Rockwell Automation<br><br><b>Occupation Information Requested</b><br>Engineer<br>Aggregate Year-to-Date > \$          | <b>Date (month, day, year)</b><br>6/3/00<br>\$50.00   | <b>Amount of Each Receipt this Period</b><br>\$50.00  |

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

\$453.50

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
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NAME OF COMMITTEE (in full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                    |                                                                                                                                       |                                               |                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>James Gardenhire<br>PO Box 447<br>Kokomo, IN 46903<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>5/16/00 | <b>Amount of Each Receipt this Period</b><br><br>\$200.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Thomas Gaffert<br>1005 Glenwood<br>Griffith, IN 46319<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>4/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Dan Gillock<br>RR 1 Box 443<br>Mitchell, IN 47448<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Don Ginsberg<br>83 North 4th Avenue<br>Beech Grove, IN 46107<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Owen Giten<br>450B Ridgewood Road, E<br>Springfield, OH 45503<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>4/21/00 | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Dan Goebel<br>8313 Klefer<br>Newburgh, IN 47630<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Joanne F Goldstein<br>3D Mill Street<br>Newton Centre, MA 02459<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Self-Employed<br><br><b>Occupation</b><br>Attorney<br><br>Aggregate Year-to-Date > \$                      | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |

SUBTOTAL of Receipts This Page (optional)

\$350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                     |                                                           |                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Steven Goodrich<br>PO Box 434<br>Rockfield, IN 46977-0434<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                                         | <b>Date (month, day, year)</b><br>4/26/00<br><br>\$200.00 | <b>Amount of Each Receipt this Period</b><br><br>\$200.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Bob Graham<br>5049 SR #3<br>Greensburg, IN 47240<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                                         | <b>Date (month, day, year)</b><br>6/5/00<br><br>\$25.00   | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>James Greer<br>8040 8C Road<br>Plymouth, IN 46563<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer Information Requested</b><br>Self-Employed<br><br><b>Occupation Information Requested</b><br>Farmer<br>Aggregate Year-to-Date > \$                              | <b>Date (month, day, year)</b><br>5/17/00<br><br>\$50.00  | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>David A Gregory<br>3808 Red Bud Lane<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                                         | <b>Date (month, day, year)</b><br>6/4/00<br><br>\$150.00  | <b>Amount of Each Receipt this Period</b><br><br>\$150.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Gary Gregory<br>10815 Bakeway Drive<br>Indianapolis, IN 46231<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer Information Requested</b><br>C-F Motor Freight<br><br><b>Occupation Information Requested</b><br>Truck Driver<br>Aggregate Year-to-Date > \$                    | <b>Date (month, day, year)</b><br>6/3/00<br><br>\$50.00   | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>William R Groth<br>7735 Brookview Lane<br>Indianapolis, IN 46250<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br>Self<br><br><b>Occupation Information Requested</b><br>Attorney<br>Aggregate Year-to-Date > \$                                     | <b>Date (month, day, year)</b><br>6/27/00<br><br>\$100.00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Gary Guest<br>2500 Greentree Lane<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer Information Requested</b><br>Center Township (Howard County)<br><br><b>Occupation Information Requested</b><br>Government Worker<br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>6/7/00<br><br>\$25.00   | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |

SUBTOTAL of Receipts This Page (optional)

\$500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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**NAME OF COMMITTEE (In Full)**

Goodnight for Congress CD0351221

|                                                                                                                                               |                                                  |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Cathy Gunderson<br>2427 East Sharp<br>Spokane, WA 99202                                  | <b>Name of Employer</b><br>Kaiser-Aluminum       | <b>Date (month, day, year)</b><br>5/22/00 | <b>Amount of Each Receipt this Period</b><br>\$20.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Works Repairer              | <b>Aggregate Year-to-Date</b> > \$        | \$85.00                                               |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Catherine Hahn<br>8708 South 800 W<br>Winamac, IN 46996                                  | <b>Name of Employer</b>                          | <b>Date (month, day, year)</b><br>4/18/00 | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                     | <b>Aggregate Year-to-Date</b> > \$        | \$55.00                                               |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Gregory F Hahn<br>One Indiana Square<br>Suite 21000<br>Indianapolis, IN 46204            | <b>Name of Employer</b><br>Self                  | <b>Date (month, day, year)</b><br>6/28/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                    | <b>Aggregate Year-to-Date</b> > \$        | \$100.00                                              |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Steve Hall I<br>1812 Valley View Drive S<br>Kokomo, IN 48902                             | <b>Name of Employer</b><br>Chrysler              | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Tool Crib                   | <b>Aggregate Year-to-Date</b> > \$        | \$50.00                                               |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Steven Hall II<br>1810 Nathan Drive<br>Kokomo, IN 46901                                  | <b>Name of Employer</b><br>Chrysler              | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Jobsetter                   | <b>Aggregate Year-to-Date</b> > \$        | \$50.00                                               |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Rebecca Hanscom<br>7310 Indian Boundary<br>Gary, IN 46403                                | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>4/1/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$        | \$75.00                                               |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Joe Hansen<br>6735 Laurel<br>Portage, IN 46368                                           | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>4/1/00  | <b>Amount of Each Receipt this Period</b><br>\$20.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$        | \$25.00                                               |

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

\$340.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                        |                                               |                                    |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Thomas Hargrove<br>3818 Orchard Drive<br>Hammond, IN 46323                        | Name of Employer<br>USWA                      | Date (month, day, year)<br>4/1/00  | Amount of Each Receipt this Period<br>\$100.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Local 1010 President            |                                    |                                                |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   |                                    | \$200.00                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Robert Harless<br>1901 South Gayer Road, Apt. 5<br>Kokomo, IN 46902-2735          | Name of Employer<br>Information Requested     | Date (month, day, year)<br>6/12/00 | Amount of Each Receipt this Period<br>\$100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested           |                                    |                                                |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   |                                    | \$100.00                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Bill Harmless<br>8345 S Co Rd 900 E<br>Galveston, IN 46932                        | Name of Employer<br>Information Requested     | Date (month, day, year)<br>6/14/00 | Amount of Each Receipt this Period<br>\$10.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested           |                                    |                                                |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   |                                    | \$10.00                                        |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Cathy Harmless<br>8345 S Co Rd 900 E<br>Galveston, IN 46932                       | Name of Employer<br>Information Requested     | Date (month, day, year)<br>6/14/00 | Amount of Each Receipt this Period<br>\$10.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested           |                                    |                                                |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   |                                    | \$10.00                                        |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Tim Harp<br>3613 S 200 W<br>Kokomo, IN 46902                                      | Name of Employer<br>Information Requested     | Date (month, day, year)<br>6/29/00 | Amount of Each Receipt this Period<br>\$20.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested           |                                    |                                                |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   |                                    | \$20.00                                        |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Mike Harper<br>3444 E 100 S<br>Kokomo, IN 46902                                   | Name of Employer<br>Howard Community Hospital | Date (month, day, year)<br>6/12/00 | Amount of Each Receipt this Period<br>\$100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Paramedic                       |                                    |                                                |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   |                                    | \$100.00                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Thomas Harrold<br>735 South Courtland Avenue<br>Kokomo, IN 46901-5361             | Name of Employer<br>Information Requested     | Date (month, day, year)<br>4/9/00  | Amount of Each Receipt this Period<br>\$50.00  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested           |                                    |                                                |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   |                                    | \$50.00                                        |

SUBTOTAL of Receipts This Page (optional)

\$390.00

TOTAL This Period (Use page this line number only)



**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                               |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Charlie Hastings<br>824 Wheatland Avenue<br>Logansport, IN 46947<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Mike Haughee<br>106 Tulp Court<br>Hebron, IN 46341<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/10/00 | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Dan J Heworth<br>1823 South Purdum<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/12/00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Michael Haynes<br>5 Frederick<br>Logansport, IN 46947<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Ron Heskett<br>1294 S Summit Grove Drive<br>Clinton, IN 47842<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>George Hiles<br>407 River Avenue<br>Jonesboro, IN 46938-1611<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>4/18/00 | <b>Amount of Each Receipt this Period</b><br><br>\$15.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Nedra Hollingsworth<br>835 South Armstrong St<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>5/26/00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |

SUBTOTAL of Receipts This Page (optional)

\$340.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                           |                                                                                                                                                      |                                                           |                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Glenn Holt<br>PO Box 4055<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                          | <b>Date (month, day, year)</b><br>6/30/00<br><br>\$70.00  | <b>Amount of Each Receipt this Period</b><br><br>\$20.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Sandra Hoover-Fisher<br>1810 Kensington on Berkley<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br>Delphi Delco<br><br><b>Occupation Information Requested</b><br>Clerk<br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>6/14/00<br><br>\$115.00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Lauren E Horne<br>1804-B Beekman Place, NW<br>Washington, DC 20009<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                          | <b>Date (month, day, year)</b><br>6/28/00<br><br>\$75.00  | <b>Amount of Each Receipt this Period</b><br><br>\$75.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Gary Hubbard<br>2604 33rd Street, NW<br>Washington, DC 20015<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                          | <b>Date (month, day, year)</b><br>5/25/00<br><br>\$100.00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Dorothy Huff<br>120 Liberty Street<br>Plymouth, IN 46563<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Retired<br>Aggregate Year-to-Date > \$               | <b>Date (month, day, year)</b><br>6/7/00<br><br>\$100.00  | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Brenda Imbler<br>1002 Brookhaven Court<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                          | <b>Date (month, day, year)</b><br>6/14/00<br><br>\$70.00  | <b>Amount of Each Receipt this Period</b><br><br>\$20.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Bill Jackson<br>281B Munaldi Pkwy<br>Oyer, IN 46311<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer Information Requested</b><br>Ford<br><br><b>Occupation Information Requested</b><br>Electrician<br>Aggregate Year-to-Date > \$   | <b>Date (month, day, year)</b><br>4/1/00<br><br>\$25.00   | <b>Amount of Each Receipt this Period</b><br><br>\$20.00  |

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

\$435.00

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

# SCHEDULE A

# ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                               |                                                                                                                                                       |                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Ray Jackson<br>PO Box 2435<br>Gary, IN 46403<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                               | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                           | <b>Date (month, day, year)</b><br>4/5/00<br><b>Amount of Each Receipt this Period</b><br>\$25.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Tony Jimenez Jr<br>130 West Vanderbilt<br>Corpus Christi, TX 78415<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                           | <b>Date (month, day, year)</b><br>5/2/00<br><b>Amount of Each Receipt this Period</b><br>\$5.00    |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Curt Johnson<br>2616 Riverside<br>Lake Station, IN 46405<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                           | <b>Date (month, day, year)</b><br>4/1/00<br><b>Amount of Each Receipt this Period</b><br>\$50.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Randy Johnson<br>4219 Alcove Dr.<br>Indianapolis, IN 46237<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                           | <b>Date (month, day, year)</b><br>5/5/00<br><b>Amount of Each Receipt this Period</b><br>\$25.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Stanley L Johnson<br>235 South Indiana<br>Greentown, IN 46938<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                           | <b>Date (month, day, year)</b><br>6/12/00<br><b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Bob Jolly<br>7 Long Cove Drive<br>Lemont, IL 60439<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                           | <b>Date (month, day, year)</b><br>6/3/00<br><b>Amount of Each Receipt this Period</b><br>\$50.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Charles J Jones Jr.<br>2867 South Fleming Street<br>Indianapolis, IN 46241<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br>USWA 1999<br><br><b>Occupation Information Requested</b><br>President<br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>5/2/00<br><b>Amount of Each Receipt this Period</b><br>\$100.00  |

SUBTOTAL of Receipts This Page (optional)

\$355.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                             |                                                                                                                                 |                                               |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Chuck Jones<br>218 South Addison Street<br>Indianapolis, IN 46222<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Della Jones<br>2322 East 36th Street<br>Indianapolis, IN 46218<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Norm Jones<br>918 Fry Road<br>Greenwood, IN<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Name of Employer Self</b><br><br><b>Occupation Insurance</b><br><br>Aggregate Year-to-Date > \$                              | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br><br>\$20.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Gary V Kaiser<br>10126 Springstone Drive<br>Mc Cordsville, IN 46055-9631<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Eli Lilly</b><br><br><b>Occupation Resident and Development Di</b><br><br>Aggregate Year-to-Date > \$       | <b>Date (month, day, year)</b><br><br>5/17/00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Raymond E Kasmark<br>246 Beacon Pl<br>Munster, IN 46321<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/13/00 | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Susan Kennedy<br>1911 South Washington Street<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/4/00  | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Kent M Kimpel<br>11898 Ridgeview Drive<br>Plymouth, IN 46563<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer ISTA</b><br><br><b>Occupation Uni-Serv Director</b><br><br>Aggregate Year-to-Date > \$                      | <b>Date (month, day, year)</b><br><br>6/12/00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |

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

\$420.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
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NAME OF COMMITTEE (in full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                      |                                                                                                                                       |                                                               |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Mariangela Kincheloe<br>2358 Superior Avenue<br>Portage, IN 46368<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>4/1/00<br><br>\$55.00   | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>David M. Klein<br>11252 S. St. Lawrence<br>Chicago, IL 60601<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Calumet Project<br><br><b>Occupation</b><br>Organizer<br><br>Aggregate Year-to-Date > \$                   | <b>Date (month, day, year)</b><br><br>6/13/00<br><br>\$30.00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Karen J Kodree<br>3211 West Boulevard<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Delphi-Delco<br><br><b>Occupation</b><br>Pipefitter<br><br>Aggregate Year-to-Date > \$                     | <b>Date (month, day, year)</b><br><br>6/10/00<br><br>\$130.00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>David Krieter<br>2015 Union Avenue<br>Chesterton, IN 46304-2781<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>4/1/00<br><br>\$25.00   | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Patrick Lacefield<br>4709 Arbutus Avenue<br>Rockville, MD 20853<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>5/19/00<br><br>\$25.00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jack Lamberson<br>2030 George Street<br>Logansport, IN 46947-3729<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>4/29/00<br><br>\$100.00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Lori Landers-Rippy<br>238 Elm St<br>Plainfield, IN 46168<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/19/00<br><br>\$20.00  | <b>Amount of Each Receipt this Period</b><br><br>\$20.00  |

SUBTOTAL of Receipts This Page (optional)

\$345.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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**NAME OF COMMITTEE (In Full)**

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Francis LaRosa<br>9997 Cedarwood Drive<br>Union, KY 41091<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>NS Group, Inc.<br><br><b>Occupation</b><br>Corporate Vice President<br><br><b>Aggregate Year-to-Date</b> > \$     | <b>Date (month, day, year)</b><br>6/12/00<br><br><b>Amount of Each Receipt this Period</b><br>\$20.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Mark Lee<br>PO Box 334<br>Windfall, IN 46076<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/5/00<br><br><b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Thomas W Leggett<br>218 North First St<br>Argos, IN 46501<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>Duplicraft of Indiana<br><br><b>Occupation</b><br>Millworker<br><br><b>Aggregate Year-to-Date</b> > \$            | <b>Date (month, day, year)</b><br>6/16/00<br><br><b>Amount of Each Receipt this Period</b><br>\$11.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Larry Lehman<br>Richmond, IN 47374<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/5/00<br><br><b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>John Leuger<br>149 South Thorpe<br>West Terre Haute, IN 47885<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/5/00<br><br><b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Nancy Liebman<br>550 North Frontage<br>Suite 3405<br>Winnetka, IL 60093<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/12/00<br><br><b>Amount of Each Receipt this Period</b><br>\$25.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Bob Lindsey<br>128 S 16th<br>Decatur, IN 48733<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/5/00<br><br><b>Amount of Each Receipt this Period</b><br>\$25.00  |

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

\$156.00

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

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

|                 |    |
|-----------------|----|
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| 28              | 53 |
| FOR LINE NUMBER |    |
| 11(a)ii         |    |

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NAME OF COMMITTEE (in full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                           |                                                                |                                           |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Michelle Livinghouse<br>408 Miner Street, Apt. 1<br>Plymouth, IN 46563<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Information Requested                      | Date (month,<br>day, year)<br><br>6/15/00 | Amount of Each<br>Receipt this Period<br><br>\$25.00  |
|                                                                                                                                                                                                                                                                           | Occupation<br>Information Requested                            |                                           |                                                       |
|                                                                                                                                                                                                                                                                           | Aggregate Year-to-Date > \$                                    |                                           | \$55.00                                               |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Daniel E Livingston<br>557 Prospect Avenue<br>Hartford, CT 06105<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Name of Employer<br>Livingston, Adler, Pulda and<br>Meiklejohn | Date (month,<br>day, year)<br><br>5/22/00 | Amount of Each<br>Receipt this Period<br><br>\$50.00  |
|                                                                                                                                                                                                                                                                           | Occupation<br>Attorney                                         |                                           |                                                       |
|                                                                                                                                                                                                                                                                           | Aggregate Year-to-Date > \$                                    |                                           | \$50.00                                               |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Dan Lowe<br>1201 South Ohio<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | Name of Employer<br>Information Requested                      | Date (month,<br>day, year)<br><br>6/3/00  | Amount of Each<br>Receipt this Period<br><br>\$50.00  |
|                                                                                                                                                                                                                                                                           | Occupation<br>Information Requested                            |                                           |                                                       |
|                                                                                                                                                                                                                                                                           | Aggregate Year-to-Date > \$                                    |                                           | \$50.00                                               |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>John Lowe<br>1009 Emery St<br>PO Box 2341<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | Name of Employer<br>Chrysler                                   | Date (month,<br>day, year)<br><br>6/3/00  | Amount of Each<br>Receipt this Period<br><br>\$50.00  |
|                                                                                                                                                                                                                                                                           | Occupation<br>Corporate Auditor                                |                                           |                                                       |
|                                                                                                                                                                                                                                                                           | Aggregate Year-to-Date > \$                                    |                                           | \$55.00                                               |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Tim Lowe<br>1304 South Delphas<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | Name of Employer<br>Kokomo Fire Department                     | Date (month,<br>day, year)<br><br>8/3/00  | Amount of Each<br>Receipt this Period<br><br>\$50.00  |
|                                                                                                                                                                                                                                                                           | Occupation<br>Firefighter                                      |                                           |                                                       |
|                                                                                                                                                                                                                                                                           | Aggregate Year-to-Date > \$                                    |                                           | \$50.00                                               |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Joseph Lurie<br>2048 Lombard Street<br>Philadelphia, PA 19148<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | Name of Employer<br>Galfen & Berger                            | Date (month,<br>day, year)<br><br>5/16/00 | Amount of Each<br>Receipt this Period<br><br>\$200.00 |
|                                                                                                                                                                                                                                                                           | Occupation<br>Lawyer                                           |                                           |                                                       |
|                                                                                                                                                                                                                                                                           | Aggregate Year-to-Date > \$                                    |                                           | \$200.00                                              |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Paul Lushin<br>14517 Norwalk Drive<br>Carmel, IN 46033<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | Name of Employer<br>Lushin and Associates                      | Date (month,<br>day, year)<br><br>6/3/00  | Amount of Each<br>Receipt this Period<br><br>\$50.00  |
|                                                                                                                                                                                                                                                                           | Occupation<br>Self                                             |                                           |                                                       |
|                                                                                                                                                                                                                                                                           | Aggregate Year-to-Date > \$                                    |                                           | \$50.00                                               |

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

\$475.00

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

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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### **NAME OF COMMITTEE (In Full)**

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                      |                                                                                                                                       |                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Anthony Maidenberg<br>PO Box 1205<br>Marion, IN 46952-1205<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br>Occupation<br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$                                       | <b>Date (month, day, year)</b><br><br>5/24/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>John V Major<br>PO Box 232<br>Newport, IN 47966-0232<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Information Requested<br><br>Occupation<br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/29/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Cathy Mann<br>5263 E. Co. Rd. 150 S.<br>Logansport, IN 46947<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Information Requested<br><br>Occupation<br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/27/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Cathy Mann<br>5263 E. Co. Rd. 150 S.<br>Logansport, IN 46947<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Information Requested<br><br>Occupation<br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>4/25/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$58.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Eric Mansfield<br>1536 119th<br>Apartment 10<br>Whiting, IN 46394<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br>Occupation<br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/3/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$50.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Joan Martin<br>28 Plum Street<br>Mitchell, IN 47448<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>Information Requested<br><br>Occupation<br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/5/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$25.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Angela Martino<br>750 W 180 S<br>Russiaville, IN 46978<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Martino's Italian Villa<br><br>Occupation<br>Owner<br><br><b>Aggregate Year-to-Date</b> > \$               | <b>Date (month, day, year)</b><br><br>6/28/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$200.00 |

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

\$533.00

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



**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER  
11(a)ii

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NAME OF COMMITTEE (in Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                      |                                                                                                                                       |                                               |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Ken Massengill<br>810 Grassfork Road<br>Wanatah, IN 46390<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br><br>\$50.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Jennifer Matis<br>111 Elm Avenue<br>Takoma Park, MD 20912<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Jim McClard<br>Indianapolis, IN 46201<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                             | <b>Name of Employer</b><br>Industrial Feeders<br><br><b>Occupation</b><br>Machine Builder<br><br>Aggregate Year-to-Date > \$          | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br><br>\$50.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Pam McCollum<br>840 Hardin Blvd. Apt. A<br>Indianapolis, IN 46241<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>L.L. McCoy<br>6424 Rockville Road<br>Indianapolis, IN 46214<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>CSXT<br><br><b>Occupation</b><br>Railroad Engineer<br><br>Aggregate Year-to-Date > \$                      | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br><br>\$50.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Tim McDaniel<br>1375 Countryside Lane<br>Indianapolis, IN 46231<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br><br>\$50.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Mitch and Carmen McIlrath<br>714 South Main<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/14/00 | <b>Amount of Each Receipt this Period</b><br><br>\$50.00 |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                     |                                                                                                                                       |                                               | \$300.00                                                 |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                           |                                                                                                                                       |                                               |                                                          |

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (in Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                         |                                                                                                                                              |                                               |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Randy McNamey<br>130 Ohio Street<br>Box 57<br>Clayton, IN 46116<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Rexnord Link Belt<br><br><b>Occupation</b><br>Factory Worker<br><br><b>Aggregate Year-to-Date</b> > \$            | <b>Date (month, day, year)</b><br><br>5/2/00  | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>David McKinney<br>3985 Glen Moor Way<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Howard County Sheriff<br><br><b>Occupation</b><br>Deputy Sheriff<br><br><b>Aggregate Year-to-Date</b> > \$        | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Darrell McKnight<br>720 Adams Avenue<br>Evansville, IN 47713<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Chris McTaggart<br>4880 E 100 S<br>Tipton, IN 46072<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>5/17/00 | <b>Amount of Each Receipt this Period</b><br><br>\$21.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Robert Mehan<br>155 Robinson Road<br>Edmeston, NY 13335<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>4/19/00 | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Cathy Merritt<br>5605 Rd 31 S<br>Peru, IN 46970<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br>Merritt's Truck and Auto Repair<br><br><b>Occupation</b><br>Co-Owner<br><br><b>Aggregate Year-to-Date</b> > \$    | <b>Date (month, day, year)</b><br><br>4/26/00 | <b>Amount of Each Receipt this Period</b><br><br>\$200.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Rudolph L. Milasich Jr<br>5819 Ferrae Street<br>Pittsburgh, PA 15217<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/14/00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                        |                                                                                                                                              |                                               | \$546.00                                                  |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                              |                                                                                                                                              |                                               |                                                           |

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedules  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER 11(a)ii

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NAME OF COMMITTEE (in Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                    |                                                                                                                                                     |                                           |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>P.M. Millikan Jr<br>PO Box 26282<br>Indianapolis, IN 46226-6282<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>CSX Railroad<br><br><b>Occupation</b><br>Railroad Engineer<br><br><b>Aggregate Year-to-Date</b> > \$ 50.00               | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Michael Millsap<br>360 N. Wilson Street<br>Hobart, IN 46342<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>4/5/00  | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Tammy Mohr<br>2216 S. 600 W.<br>Russiaville, IN 46979<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Chrysler<br><br><b>Occupation</b><br>Assembler<br><br><b>Aggregate Year-to-Date</b> > \$ 50.00                           | <b>Date (month, day, year)</b><br>6/14/00 | <b>Amount of Each Receipt this Period</b><br>\$20.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Mike Moll<br>214 West Depot<br>Batesville, IN 47006<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 25.00  | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Michael Monroe<br>917 West Jackson<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Chrysler<br><br><b>Occupation</b><br>Jobsetter<br><br><b>Aggregate Year-to-Date</b> > \$ 50.00                           | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Enc Moore<br>RR 13 Box 970<br>Bedford, IN 47421<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 30.00  | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Michele P Moore<br>609 Marple Avenue<br>Canonsburg, PA 15317<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 35.00  | <b>Date (month, day, year)</b><br>4/24/00 | <b>Amount of Each Receipt this Period</b><br>\$35.00  |

SUBTOTAL of Receipts This Page (optional)

\$305.00

TOTAL This Period (last page this line number only)

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)ii

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NAME OF COMMITTEE (in Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                            |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/>Raymond Moreland<br/>2895 Hoosier Drive<br/>North Vernon, IN 47265</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Indianapolis Fire Department</p> <p>Occupation<br/>Firefighter</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>     | <p>Date (month, day, year)<br/>6/3/00</p>  | <p>Amount of Each Receipt this Period<br/>\$50.00</p>  |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/>Owen D Morgan Jr<br/>1730 Brookmade Drive<br/>South Bend, IN 46614</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)<br/>6/12/00</p> | <p>Amount of Each Receipt this Period<br/>\$100.00</p> |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/>Randy Morris<br/>1316 Red Bird Court<br/>Kokomo, IN 46902</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>          | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)<br/>6/2/00</p>  | <p>Amount of Each Receipt this Period<br/>\$100.00</p> |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/>Marsha Morrow-Riggs<br/>PO Box 585<br/>Walton, IN 46994-0585</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>       | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$ 25.00</p>  | <p>Date (month, day, year)<br/>4/13/00</p> | <p>Amount of Each Receipt this Period<br/>\$25.00</p>  |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/>Marilyn Moss<br/>606 W. Miami<br/>Logansport, IN 46947</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>             | <p>Name of Employer<br/>Information Requested</p> <p>Occupation<br/>Information Requested</p> <p>Aggregate Year-to-Date &gt; \$ 75.00</p>  | <p>Date (month, day, year)<br/>6/5/00</p>  | <p>Amount of Each Receipt this Period<br/>\$25.00</p>  |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/>Anne Moudy<br/>2009 West Spencer<br/>Marion, IN 46952</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer<br/>Teacher</p> <p>Occupation<br/>Teacher</p> <p>Aggregate Year-to-Date &gt; \$ 10.00</p>                              | <p>Date (month, day, year)<br/>5/31/00</p> | <p>Amount of Each Receipt this Period<br/>\$10.00</p>  |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/>Ralph T Moyer<br/>2820 N 1300 E<br/>Burnettsville, IN 47926</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer<br/>J &amp; J Crane Rental, Inc.</p> <p>Occupation<br/>Operator</p> <p>Aggregate Year-to-Date &gt; \$ 30.00</p>        | <p>Date (month, day, year)<br/>6/6/00</p>  | <p>Amount of Each Receipt this Period<br/>\$25.00</p>  |

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

\$335.00

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

# SCHEDULE A

# ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                       |                                                                                                                           |                                                           |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Andrew Muhlis Jr.<br>PO Box 49<br>Elizabeth, PA 15037<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date \$ | <b>Date (month, day, year)</b><br>5/25/00<br><br>\$20.00  | <b>Amount of Each Receipt this Period</b><br><br>\$20.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Andrew Munkis Jr.<br>PO Box 49<br>Elizabeth, PA 15037<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date \$ | <b>Date (month, day, year)</b><br>5/25/00<br><br>\$20.00  | <b>Amount of Each Receipt this Period</b><br><br>\$20.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Roger L. Murphy DDS<br>2196 West Sycamore<br>Kokomo, IN 46901-4198<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Self</b><br><br><b>Occupation Dentist</b><br>Aggregate Year-to-Date \$                                | <b>Date (month, day, year)</b><br>6/3/00<br><br>\$50.00   | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Ruth A Needleman<br>1140 North Shelby Street<br>Gary, IN 46403<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date \$ | <b>Date (month, day, year)</b><br>4/1/00<br><br>\$150.00  | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Ruth A Needleman<br>1140 North Shelby Street<br>Gary, IN 46403<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date \$ | <b>Date (month, day, year)</b><br>6/16/00<br><br>\$150.00 | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Elaine Nekritz<br>Northbrook, IL 60062<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                             | <b>Name of Employer Self-Employed</b><br><br><b>Occupation Attorney</b><br>Aggregate Year-to-Date \$                      | <b>Date (month, day, year)</b><br>5/5/00<br><br>\$100.00  | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Jama Dinstead<br>7130 W 200 S<br>Russelville, IN 46879<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date \$ | <b>Date (month, day, year)</b><br>4/10/00<br><br>\$20.00  | <b>Amount of Each Receipt this Period</b><br><br>\$20.00  |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                      |                                                                                                                           |                                                           | \$360.00                                                  |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                            |                                                                                                                           |                                                           |                                                           |

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (in Full)**

Goodnight for Congress CD0351221

|                                                                                                                                        |                                           |                                       |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------|---------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>David Orentlicher<br>5200 Grandview Drive<br>Indianapolis, IN 46228               | Name of Employer<br>Indiana University    | Date (month,<br>day, year)<br>5/29/00 | Amount of Each<br>Receipt this Period<br>\$150.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Law Professor               | Aggregate Year-to-Date > \$           | \$150.00                                          |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Mickey Oswalt<br>Box 311<br>Bloomington, IN 47832                                 | Name of Employer<br>Information Requested | Date (month,<br>day, year)<br>6/5/00  | Amount of Each<br>Receipt this Period<br>\$25.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested       | Aggregate Year-to-Date > \$           | \$25.00                                           |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Barbara Padfield<br>303 Redwood Dr<br>Kokomo, IN 46901                            | Name of Employer<br>Information Requested | Date (month,<br>day, year)<br>6/14/00 | Amount of Each<br>Receipt this Period<br>\$10.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested       | Aggregate Year-to-Date > \$           | \$30.00                                           |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Dave Parker<br>223 South Broadway<br>Greensburg, IN 47240                         | Name of Employer<br>Information Requested | Date (month,<br>day, year)<br>6/5/00  | Amount of Each<br>Receipt this Period<br>\$25.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested       | Aggregate Year-to-Date > \$           | \$25.00                                           |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Tom Paschke<br>249 Old Oak Drive<br>Cortland, OH 44410                            | Name of Employer<br>Information Requested | Date (month,<br>day, year)<br>5/25/00 | Amount of Each<br>Receipt this Period<br>\$20.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested       | Aggregate Year-to-Date > \$           | \$20.00                                           |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Lois Pastor<br>2602 Maplewood<br>Valparaiso, IN 46383                             | Name of Employer<br>Information Requested | Date (month,<br>day, year)<br>6/3/00  | Amount of Each<br>Receipt this Period<br>\$100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested       | Aggregate Year-to-Date > \$           | \$100.00                                          |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Joseph Ken Patterson<br>145 West 600 N<br>Kokomo, IN 46901                        | Name of Employer<br>Haynes International  | Date (month,<br>day, year)<br>6/15/00 | Amount of Each<br>Receipt this Period<br>\$50.00  |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Information Requested       | Aggregate Year-to-Date > \$           | \$50.00                                           |

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

\$380.00

**TOTAL This Period (last page 51a line number only)**

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                    |                                                                                            |                                               |                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Kent Patton<br>1147 South West Street<br>Indianapolis, IN 46201<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$           | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Earl Pemberton<br>1805 N. Apperson Way<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Frances Pemberton<br>1805 North Apperson<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>Delphi Automotive<br><br><b>Aggregate Year-to-Date</b> > \$     | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Susan Perry<br>5130 E 1200 S<br>Galveston, IN 46932<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Chrysler<br><br><b>Aggregate Year-to-Date</b> > \$              | <b>Date (month, day, year)</b><br><br>5/21/00 | <b>Amount of Each Receipt this Period</b><br><br>\$20.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Susan Perry<br>5130 E 1200 S<br>Galveston, IN 46932<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Chrysler<br><br><b>Aggregate Year-to-Date</b> > \$              | <b>Date (month, day, year)</b><br><br>6/14/00 | <b>Amount of Each Receipt this Period</b><br><br>\$10.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Robert E Peterson<br>550 Sweetgum Road<br>Rochester, IN 46975<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Peterson and Waggoner<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/12/00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Jac Phillips<br>2116 East Main<br>Apt. 20<br>Richmond, IN 47374<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                   |                                                                                            |                                               | \$405.00                                                  |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                         |                                                                                            |                                               |                                                           |

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                               |                                                                                                                                              |                                                                          |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Harry Plasecki<br>2874 Charlotte Street<br>Portage, IN 46368-3605<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/3/00<br><br>6/3/00<br><br>\$100.00   | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Thomas Powers<br>9800 Juniper Hill Road<br>Rockville, MD 20850<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Powers and Lewis<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$                   | <b>Date (month, day, year)</b><br>6/5/00<br><br>6/5/00<br><br>\$50.00    | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Charley Pruitt<br>527 North Montgomery St<br>Gary, IN 46403<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/3/00<br><br>6/3/00<br><br>\$50.00    | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Erin Claire Quinn<br>521 South Washington St<br>Apt. A<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/19/00<br><br>6/19/00<br><br>\$200.00 | <b>Amount of Each Receipt this Period</b><br>\$200.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Fred Redmond<br>203 Tally Drive<br>Pittsburgh, PA 15201<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>USWA<br><br><b>Occupation</b><br>Technician<br><br><b>Aggregate Year-to-Date</b> > \$                             | <b>Date (month, day, year)</b><br>6/3/00<br><br>6/3/00<br><br>\$50.00    | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Barbara Reed<br>998 Stonegate Road<br>Greenwood, IN 46142<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>Rexnord Link Belt<br><br><b>Occupation</b><br>Factory Worker<br><br><b>Aggregate Year-to-Date</b> > \$            | <b>Date (month, day, year)</b><br>5/1/00<br><br>5/1/00<br><br>\$100.00   | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Roy C Reese<br>6917 N 300 E<br>Wheatfield, IN 46392<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | <b>Name of Employer</b><br>Retired<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$                             | <b>Date (month, day, year)</b><br>6/12/00<br><br>6/12/00<br><br>\$200.00 | <b>Amount of Each Receipt this Period</b><br>\$200.00 |

SUBTOTAL of Receipts This Page (optional)

\$750.00

TOTAL This Period (last page this line number only)



# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 38 OF 53  
FOR LINE NUMBER  
11(a)ii

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)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                 |                                                                                                                                                         |                                                                                                    |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Oscar Reeves<br>3137 West 21st Avenue<br>Gary, IN 46402<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                             | <b>Date (month, day, year)</b><br>6/3/00<br><b>Amount of Each Receipt this Period</b><br>\$50.00   |          |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Delone Rich<br>3088 W 250 N<br>Marion, IN 46852<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                             | <b>Date (month, day, year)</b><br>6/5/00<br><b>Amount of Each Receipt this Period</b><br>\$25.00   |          |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Tom Richardson<br>1818 St Louis Drive<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                             | <b>Date (month, day, year)</b><br>6/14/00<br><b>Amount of Each Receipt this Period</b><br>\$10.00  |          |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Becky J Riggs<br>1407 Ruhl Meadows Court<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br>ISTA<br><br><b>Occupation Information Requested</b><br>UniServ Director<br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>5/31/00<br><b>Amount of Each Receipt this Period</b><br>\$50.00  |          |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Becky J Riggs<br>1407 Ruhl Meadows Court<br>Kokomo, IN 46902<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br>ISTA<br><br><b>Occupation Information Requested</b><br>UniServ Director<br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>4/15/00<br><b>Amount of Each Receipt this Period</b><br>\$100.00 |          |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Becky J Riggs<br>1407 Ruhl Meadows Court<br>Kokomo, IN 46902<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br>ISTA<br><br><b>Occupation Information Requested</b><br>UniServ Director<br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>4/15/00<br><b>Amount of Each Receipt this Period</b><br>\$50.00  |          |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Jeannie Rink<br>3704 Melody Lane East<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                             | <b>Date (month, day, year)</b><br>6/23/00<br><b>Amount of Each Receipt this Period</b><br>\$100.00 |          |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                |                                                                                                                                                         |                                                                                                    | \$385.00 |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                      |                                                                                                                                                         |                                                                                                    |          |

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 39 OF 53  
FOR LINE NUMBER 11(a)ii

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NAME OF COMMITTEE (in full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                                |                                                                                                                                                    |                                           |                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Brent Roberts<br>828 W Co Rd 1050 S<br>Clay City, IN 47841<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>Consolidated Freightways, Inc.<br><br><b>Occupation</b><br>Truck Driver<br><br><b>Aggregate Year-to-Date</b> > \$ 50.00 | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Bud Roberts<br>7702 Quail Creek Traca<br>Pittsboro, IN 46167<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>C-F Motor Freights<br><br><b>Occupation</b><br>Truck Driver<br><br><b>Aggregate Year-to-Date</b> > \$ 50.00             | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Chuck Rocha<br>713 WSW Loop 323<br>Tyler, TX 75701<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 35.00 | <b>Date (month, day, year)</b><br>4/14/00 | <b>Amount of Each Receipt this Period</b><br>\$35.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Sharon Rusk<br>2510 Greentree Lane<br>Kokomo, IN 46902-2948<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$ 50.00                                    | <b>Date (month, day, year)</b><br>4/22/00 | <b>Amount of Each Receipt this Period</b><br>\$50.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Diane Rousseau<br>RR 1<br>Russlerville, IN 46979<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 75.00 | <b>Date (month, day, year)</b><br>4/13/00 | <b>Amount of Each Receipt this Period</b><br>\$60.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Michael P Scarver<br>574 Evergreen Ct.<br>Mars, PA 16406<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 55.00 | <b>Date (month, day, year)</b><br>6/28/00 | <b>Amount of Each Receipt this Period</b><br>\$50.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Carlos Schafer Jr<br>288 North Stevenson Station Road<br>Chandler, IN 47810<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 25.00 | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00 |

SUBTOTAL of Receipts This Page (optional)

\$310.00

TOTAL This Period (last page this line number only)

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedules  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER  
**11(a)ii**

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**NAME OF COMMITTEE (in Full)**

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |                                                          |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Scott Schoekl<br>Box 148 Walcott<br>Willshire, OH 45898<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                       | <b>Date (month, day, year)</b><br>6/5/00<br><br>\$25.00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Michael D Searfoss<br>PO Box 264<br>Leesburg, IN 46538<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer Information Requested</b><br>DANA Corporation<br><br><b>Occupation Information Requested</b><br>Factory Worker<br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>5/20/00<br><br>\$55.00 | <b>Amount of Each Receipt this Period</b><br><br>\$25.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Carl Selleck<br>RR1 Box 2<br>Peru, IN 46970<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                       | <b>Date (month, day, year)</b><br>6/5/00<br><br>\$30.00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Mark Sevier<br>2721 West Chapel Pike<br>Marion, IN 46952<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                       | <b>Date (month, day, year)</b><br>6/5/00<br><br>\$25.00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Connie Shaw<br>8037 East 450 S<br>Wabash, IN 46992<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer Information Requested</b><br>USWA (District 7)<br><br><b>Occupation Information Requested</b><br>Organizer<br>Aggregate Year-to-Date > \$     | <b>Date (month, day, year)</b><br>6/5/00<br><br>\$55.00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Chris Shea<br>5313 East 21st Street<br>Indianapolis, IN 46218<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br>Amade Engineer<br><br><b>Occupation Information Requested</b><br>Tooling Rep<br>Aggregate Year-to-Date > \$      | <b>Date (month, day, year)</b><br>6/3/00<br><br>\$50.00  | <b>Amount of Each Receipt this Period</b><br><br>\$50.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>George Shea<br>PO Box 88165<br>Indianapolis, IN 46268<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                       | <b>Date (month, day, year)</b><br>6/3/00<br><br>\$50.00  | <b>Amount of Each Receipt this Period</b><br><br>\$50.00 |

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

\$225.00

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

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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### **NAME OF COMMITTEE (In Full)**

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                        |                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Daniel Sherrick<br>933 Aberdeen<br>Ann Arbor, MI 48104<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Name of Employer<br>UAW International<br><br>Occupation<br>Attorney<br><br>Aggregate Year-to-Date > \$                  | Date (month, day, year)<br><br>5/27/00<br><br>\$25.00  | Amount of Each Receipt this Period<br><br>\$25.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Carole Shutt<br>4580 S. County Road 200 W<br>Kokomo, IN 46902-9105<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | Name of Employer<br>Information Requested<br><br>Occupation<br>Information Requested<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>4/19/00<br><br>\$100.00 | Amount of Each Receipt this Period<br><br>\$100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Scott Sigler<br>153 N 200 W<br>Tipton, IN 46072<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | Name of Employer<br>Information Requested<br><br>Occupation<br>Information Requested<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>6/5/00<br><br>\$25.00   | Amount of Each Receipt this Period<br><br>\$25.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Larry Silcox<br>3642 Beasley Drive<br>Indianapolis, IN 46222<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Name of Employer<br>Rexnord/Link Belt<br><br>Occupation<br>Factory Worker<br><br>Aggregate Year-to-Date > \$            | Date (month, day, year)<br><br>5/2/00<br><br>\$100.00  | Amount of Each Receipt this Period<br><br>\$100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Cheryl Silverthorne<br>40 Marine Drive, Unit 7<br>Michigan City, IN 46360<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Information Requested<br><br>Occupation<br>Information Requested<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>4/10/00<br><br>\$100.00 | Amount of Each Receipt this Period<br><br>\$100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Patrick Singleton<br>2135 E 200 S<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | Name of Employer<br>Kokomo Cycle Gear<br><br>Occupation<br>Business Manager<br><br>Aggregate Year-to-Date > \$          | Date (month, day, year)<br><br>6/28/00<br><br>\$200.00 | Amount of Each Receipt this Period<br><br>\$200.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Mona Sennett<br>5806 Peshewa Cjyrt<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Name of Employer<br>Information Requested<br><br>Occupation<br>Information Requested<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>6/14/00<br><br>\$10.00  | Amount of Each Receipt this Period<br><br>\$10.00  |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                             |                                                                                                                         |                                                        | \$580.00                                           |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                   |                                                                                                                         |                                                        |                                                    |

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 11 (a)ii

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NAME OF COMMITTEE (In Full)

Goodnight for Congress GDD351221

|                                                                                                                                                                                                                                                                  |                                                                                                                                                     |                                           |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Bob Skoo<br>8645 Lighthouse<br>Indianapolis, IN 46231<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Roadway<br><br><b>Occupation</b><br>Truck Driver<br><br><b>Aggregate Year-to-Date</b> > \$ 550.00                        | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Roxanne Smallwood<br>586 N 625 W<br>Hobart, IN 46342<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 550.00 | <b>Date (month, day, year)</b><br>4/1/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Dora Smith<br>10798 Glenway Drive<br>Camby, IN 46113<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 35.00  | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Duane Smith<br>304 Kingston Road<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$ 25.00                                         | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Henry Smith<br>Marion, IN 46953<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                               | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 20.00  | <b>Date (month, day, year)</b><br>5/31/00 | <b>Amount of Each Receipt this Period</b><br>\$20.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Terrel Smith<br>4710 Woodlake Drive<br>Allison Park, PA 15101<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>USWA<br><br><b>Occupation</b><br>Attorney/Technician<br><br><b>Aggregate Year-to-Date</b> > \$ 100.00                    | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Brigitte D Snemis<br>552 Shatz Drive<br>Valparaiso, IN 46384<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 20.00  | <b>Date (month, day, year)</b><br>5/23/00 | <b>Amount of Each Receipt this Period</b><br>\$20.00 |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                 |                                                                                                                                                     |                                           | \$240.00                                             |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                       |                                                                                                                                                     |                                           |                                                      |

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER  
11(a)ii

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NAME OF COMMITTEE (in full)

Goodnight for Congress C00351221

|                                                                                                                                               |                                                           |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Michael Sommers<br>4925 East 10th Street<br>Indianapolis, IN 46201                       | <b>Name of Employer</b><br>Schwans Sales                  | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Sales Manager                        |                                           |                                                       |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$                        | \$50.00                                   |                                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>David Speak<br>7750 Renal<br>Camby, IN 46113                                             | <b>Name of Employer</b><br>Information Requested          | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested                |                                           |                                                       |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$                        | \$25.00                                   |                                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Dennis Stansbury<br>200 Eel River Avenue<br>Logansport, IN 46947                         | <b>Name of Employer</b><br>Information Requested          | <b>Date (month, day, year)</b><br>6/12/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested                |                                           |                                                       |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$                        | \$100.00                                  |                                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>David Stedry<br>736 South Plate Street<br>Kokomo, IN 46901                               | <b>Name of Employer</b><br>Information Requested          | <b>Date (month, day, year)</b><br>6/14/00 | <b>Amount of Each Receipt this Period</b><br>\$10.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested                |                                           |                                                       |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$                        | \$35.00                                   |                                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Karen A Steele<br>4919 S Park Road<br>Kokomo, IN 46902-5002                              | <b>Name of Employer</b><br>Information Requested          | <b>Date (month, day, year)</b><br>6/4/00  | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested                |                                           |                                                       |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$                        | \$100.00                                  |                                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Kenneth Steele<br>4919 South Park Road<br>Kokomo, IN 46902                               | <b>Name of Employer</b><br>Chrysler                       | <b>Date (month, day, year)</b><br>6/14/00 | <b>Amount of Each Receipt this Period</b><br>\$10.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Facilitator                          |                                           |                                                       |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$                        | \$30.00                                   |                                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Melvin Stein<br>2928 Fernwald Road<br>Pittsburgh, PA 15217                               | <b>Name of Employer</b><br>United Steelworkers of America | <b>Date (month, day, year)</b><br>5/12/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                             |                                           |                                                       |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$                        | \$100.00                                  |                                                       |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                              |                                                           |                                           | \$395.00                                              |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                    |                                                           |                                           |                                                       |

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)ii

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NAME OF COMMITTEE (In Full)

Goodnight for Congress COD351221

|                                                                                                                                                                                                                                                                             |                                                                                                                                                                            |                                                           |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Robert D Stephenson<br>835 South Armstrong Street<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                                | <b>Date (month, day, year)</b><br>5/28/00<br><br>\$110.00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Jeremy Stewart<br>421 Belmont<br>Decatur, IN 46733<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                                | <b>Date (month, day, year)</b><br>6/5/00<br><br>\$25.00   | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Garland Siovali<br>3525 North Graceland Avenue<br>Indianapolis, IN 46201<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                                | <b>Date (month, day, year)</b><br>5/1/00<br><br>\$100.00  | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Tom Strong<br>2803 Woodside Drive<br>Plainfield, IN 46188<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer Information Requested</b><br>Indiana Conference of Teamsters<br><br><b>Occupation Information Requested</b><br>Director<br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>6/3/00<br><br>\$10.00   | <b>Amount of Each Receipt this Period</b><br><br>\$10.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Nancy Sutton<br>175 W 1050 N<br>Chesterton, IN 46304<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                                | <b>Date (month, day, year)</b><br>4/1/00<br><br>\$100.00  | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Michael Sweitzer<br>2871 May Street<br>Portage, IN 46368<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                                | <b>Date (month, day, year)</b><br>6/3/00<br><br>\$80.00   | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Jack Swayman<br>1121 W ST. Rd 46 #6<br>Batesville, IN 47006<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                                | <b>Date (month, day, year)</b><br>6/5/00<br><br>\$25.00   | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |

SUBTOTAL of Receipts This Page (optional)

\$410.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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NAME OF COMMITTEE (In Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                          |                                                                                                                                              |                                                      |                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Charlie Taylor<br>2939 South Branson<br>Marion, IN 46953<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                  | <b>Date (month, day, year)</b><br>6/5/00<br>\$25.00  | <b>Amount of Each Receipt this Period</b><br>\$25.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Tom Thleke<br>427 North Carter<br>Greentown, IN 46936<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer Information Requested</b><br>NAPA<br><br><b>Occupation Information Requested</b><br>Sales<br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>6/3/00<br>\$50.00  | <b>Amount of Each Receipt this Period</b><br>\$50.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Ellis Thomas<br>4980 Adams<br>Gary, IN 46408<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                  | <b>Date (month, day, year)</b><br>6/3/00<br>\$50.00  | <b>Amount of Each Receipt this Period</b><br>\$50.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Joe Thomas<br>2685 Adams<br>Lake Station, IN 46405<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                  | <b>Date (month, day, year)</b><br>6/3/00<br>\$50.00  | <b>Amount of Each Receipt this Period</b><br>\$50.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Mark Thompson<br>6389 East French Drive<br>Plimento, IN 47886<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                  | <b>Date (month, day, year)</b><br>6/5/00<br>\$25.00  | <b>Amount of Each Receipt this Period</b><br>\$25.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Terri Thompson<br>918 West Havens<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                  | <b>Date (month, day, year)</b><br>6/14/00<br>\$20.00 | <b>Amount of Each Receipt this Period</b><br>\$10.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Vickie Thompson<br>1042 East ST. Rd. 13<br>North Manchester, IN 46962<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                  | <b>Date (month, day, year)</b><br>6/5/00<br>\$30.00  | <b>Amount of Each Receipt this Period</b><br>\$25.00 |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                         |                                                                                                                                              |                                                      | \$235.00                                             |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                               |                                                                                                                                              |                                                      |                                                      |



# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER 11(a)i

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NAME OF COMMITTEE (In Full)

Goodnight for Congress CDD351221

|                                                                                                                                                                                                                                                                    |                                                                                                                                              |                                                                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>William Thompson<br>PO Box 1264<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/14/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$10.00 |  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Mark Thornberry<br>5710 Winship Drive<br>Indianapolis, IN 46221<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/3/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$50.00  |  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Bill Throop<br>PO Box 43<br>Milton, IN 47357<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/5/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$25.00  |  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Lucretia J Tinder<br>1010 East Jefferson<br>Kokomo, IN 46901<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br><br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$                                    | <b>Date (month, day, year)</b><br><br>4/1/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$50.00  |  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Lucretia J Tinder<br>1010 East Jefferson<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br><br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$                                    | <b>Date (month, day, year)</b><br><br>6/1/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$50.00  |  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Joyce Titus<br>536 Chelsea Way<br>Richmond, IN 47374<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/5/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$25.00  |  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>David Tocco<br>4838 North 350 E<br>Camden, IN 46917<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br>6/5/00<br><br><b>Amount of Each Receipt this Period</b><br><br>\$25.00  |  |

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

\$235.00

**TOTAL This Period (last page 11(a) line number only)**

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER 11(a)ii

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NAME OF COMMITTEE (in full)

Goodnight for Congress C00351221

|                                                                                                                                               |                                                  |                                           |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|-----------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Christina Todd<br>1831 High Street<br>Logansport, IN 46947                               | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>4/4/00  | <b>Amount of Each Receipt this Period</b><br> |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       |                                           |                                               |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$               |                                           | \$85.00                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Donald W Tomlinson<br>718 A South 15th Street<br>Arlington, VA 22202                     | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/7/00  | <b>Amount of Each Receipt this Period</b><br> |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       |                                           |                                               |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$               |                                           | \$25.00                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Anita Toth<br>1616 Birchard Avenue<br>Apt. B<br>Fremont, OH 43420                        | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>5/25/00 | <b>Amount of Each Receipt this Period</b><br> |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       |                                           |                                               |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$               |                                           | \$20.00                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Johnny Trammion<br>522D West Edwards Avenue<br>Indianapolis, IN 46221                    | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br> |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       |                                           |                                               |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$               |                                           | \$25.00                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>William J Trelle<br>8431 Mulberry<br>Portage, IN 46369-3819                              | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>8/2/00  | <b>Amount of Each Receipt this Period</b><br> |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       |                                           |                                               |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$               |                                           | \$50.00                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Heather Trinidad<br>6387 Savannah Avenue<br>Portage, IN 46368                            | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>4/1/00  | <b>Amount of Each Receipt this Period</b><br> |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       |                                           |                                               |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$               |                                           | \$50.00                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Mary Troxler<br>847 Sherman<br>Logansport, IN 46947                                      | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br> |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       |                                           |                                               |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$               |                                           | \$35.00                                       |

SUBTOTAL of Receipts This Page (optional)

\$260.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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11(g)ii

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NAME OF COMMITTEE (in full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                         |                                                                                                                                       |                                                              |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Dave Tudor<br>24848 Darton Road<br>Sheridan, IN 46068<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/5/00<br><br>\$25.00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>David Tudor<br>24848 Dartown Road<br>Sheridan, IN 46069<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Acra-Line<br><br><b>Occupation</b><br>Instructor of Classes<br><br>Aggregate Year-to-Date > \$             | <b>Date (month, day, year)</b><br><br>6/7/00<br><br>\$35.00  | <b>Amount of Each Receipt this Period</b><br><br>\$20.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Deborah L. Turkey<br>3007 Matthew Drive<br>Apt H<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/9/00<br><br>\$100.00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Dennis Ugelath<br>11873 N Co Rd 600<br>Lewis, IN 47858<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/5/00<br><br>\$25.00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Lupe Valadez<br>801 Harness<br>Calumet City, IL 60409<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>USWA (District 7)<br><br><b>Occupation</b><br>Organizing Director<br><br>Aggregate Year-to-Date > \$       | <b>Date (month, day, year)</b><br><br>6/3/00<br><br>\$105.00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jill VanNatter<br>484 N 975 W<br>Kokomo, IN 46904<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/14/00<br><br>\$10.00 | <b>Amount of Each Receipt this Period</b><br><br>\$10.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Randy VanNatter<br>9345 S Co Rd 900 E<br>Galveston, IN 46832<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br><br>6/14/00<br><br>\$10.00 | <b>Amount of Each Receipt this Period</b><br><br>\$10.00  |

SUBTOTAL of Receipts This Page (optional)

\$290.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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11(a)ii

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**NAME OF COMMITTEE (in full)**

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                 |                                                                                                                                                     |                                               |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Fidel Vasquez<br>2004 Stanton<br>Whiting, IN 46394<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Stat Graphic<br><br><b>Occupation</b><br>Sales<br><br><b>Aggregate Year-to-Date</b> > \$ 560.00                          | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br><br>\$60.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Michael K Vawter<br>220 Wickersham Dr. W<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br><br>6/29/00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Harold Vincent<br>7754 W 200 NS<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 10.00  | <b>Date (month, day, year)</b><br><br>6/14/00 | <b>Amount of Each Receipt this Period</b><br><br>\$10.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Marta Wagner<br>717 A St. NE<br>Washington, DC 20002<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Air Line Pilots Association<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ 25.00         | <b>Date (month, day, year)</b><br><br>6/27/00 | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Steven Wagner<br>3244 Maple Drive<br>Highland, IN 46322<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>ISPAT Inland<br><br><b>Occupation</b><br>Steelworker<br><br><b>Aggregate Year-to-Date</b> > \$ 25.00                     | <b>Date (month, day, year)</b><br><br>5/30/00 | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Ed Waiter<br>1620 South Armstrong<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 55.00  | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Receipt this Period</b><br><br>\$55.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Sandra Waldrop<br>152 Michigan<br>Hobart, IN 46342-3254<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ 25.00  | <b>Date (month, day, year)</b><br><br>4/1/00  | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>SUBTOTAL of Receipts This Page (optional)</b> .....                                                                                                                                                                                                          |                                                                                                                                                     |                                               | \$300.00                                                  |
| <b>TOTAL This Period (last page this line number only)</b> .....                                                                                                                                                                                                |                                                                                                                                                     |                                               |                                                           |

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedules  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER 11(a)

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**NAME OF COMMITTEE (in Full)**

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                     |                                                                                                                                                             |                                                           |                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Janie Webb<br>R #15 Box 198<br>Bedford, IN 47421<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                 | <b>Date (month, day, year)</b><br>6/5/00<br><br>\$25.00   | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Mary Anne Weston<br>1087 Firwood Dr<br>Pittsburgh, PA 15243<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                 | <b>Date (month, day, year)</b><br>6/28/00<br><br>\$50.00  | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Lisa Wheeler<br>305 West 4th<br>Greensburg, IN 47240<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                 | <b>Date (month, day, year)</b><br>6/5/00<br><br>\$25.00   | <b>Amount of Each Receipt this Period</b><br><br>\$25.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>James White<br>8436 Tampa Lane<br>Indianapolis, IN 46241<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer Information Requested</b><br>Westside Auto<br><br><b>Occupation Information Requested</b><br>Truckdriver<br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>6/3/00<br><br>\$50.00   | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Chip Whitney<br>2923 Jewett<br>Highland, IN 46322<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer Information Requested</b><br>Triple A<br><br><b>Occupation Information Requested</b><br>Manager<br>Aggregate Year-to-Date > \$          | <b>Date (month, day, year)</b><br>6/3/00<br><br>\$60.00   | <b>Amount of Each Receipt this Period</b><br><br>\$50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Michael Wiese<br>1400 East Boulevard<br>Kokomo, IN 46902<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer Information Requested</b><br>Wiese Olds/GMC<br><br><b>Occupation Information Requested</b><br>Owner<br>Aggregate Year-to-Date > \$      | <b>Date (month, day, year)</b><br>4/22/00<br><br>\$200.00 | <b>Amount of Each Receipt this Period</b><br><br>\$200.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Barbara Wilkerson<br>112 Westmorland Drive E<br>Kokomo, IN 46901<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer Information Requested</b><br><br><b>Occupation Information Requested</b><br>Aggregate Year-to-Date > \$                                 | <b>Date (month, day, year)</b><br>5/16/00<br><br>\$100.00 | <b>Amount of Each Receipt this Period</b><br><br>\$100.00 |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                    |                                                                                                                                                             |                                                           | \$500.00                                                  |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                          |                                                                                                                                                             |                                                           |                                                           |

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)

Goodnight for Congress C00351221

|                                                                                                                                               |                                                  |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Clyde Wilkerson<br>112 Westmorland Drive E<br>Kokomo, IN 46901                           | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>5/16/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$        | \$100.00                                              |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Debra Wilson<br>743 Riverview Drive<br>Kokomo, IN 46901-7025                             | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/16/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$        | \$100.00                                              |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Don Wilson<br>209 North Main Street<br>Kokomo, IN 46901                                  | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/5/00  | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$        | \$100.00                                              |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Gladys Winton<br>2022 North Jay Street<br>Kokomo, IN 46901                               | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/14/00 | <b>Amount of Each Receipt this Period</b><br>\$10.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$        | \$10.00                                               |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Mary Lou Wise<br>1016 Elm Street<br>Plymouth, IN 46563                                   | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>4/1/00  | <b>Amount of Each Receipt this Period</b><br>\$22.20  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$        | \$66.60                                               |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Mary Lou Wise<br>1016 Elm Street<br>Plymouth, IN 46563                                   | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/1/00  | <b>Amount of Each Receipt this Period</b><br>\$22.20  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$        | \$66.60                                               |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Kathleen Wolf<br>PO Box 786<br>Monticello, IN 47960                                      | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>6/12/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$        | \$100.00                                              |

SUBTOTAL of Receipts This Page (optional)

\$454.40

TOTAL This Period (last page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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NAME OF COMMITTEE (in Full)

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                        |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Stephen P Wolfe<br>139 E 3rd St<br>Marion, IN 46952<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$                                                   | <b>Date (month, day, year)</b><br>6/30/00<br><br><b>Amount of Each Receipt this Period</b><br>\$100.00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Daniel E Wood<br>31 Emerald Lane<br>Kokomo, IN 46902<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                               | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$                     | <b>Date (month, day, year)</b><br>6/27/00<br><br><b>Amount of Each Receipt this Period</b><br>\$200.00 | <b>Amount of Each Receipt this Period</b><br>\$200.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Mary Wood<br>4147 Delap Road<br>Ellettsville, IN 47429<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                             | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$                     | <b>Date (month, day, year)</b><br>6/3/00<br><br><b>Amount of Each Receipt this Period</b><br>\$10.00   | <b>Amount of Each Receipt this Period</b><br>\$10.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Tim Wood<br>4147 Delap Rd<br>Ellettsville, IN 47429<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                | <b>Name of Employer</b><br>Roadway<br><br><b>Occupation</b><br>Road Driver<br><br><b>Aggregate Year-to-Date</b> > \$                                             | <b>Date (month, day, year)</b><br>6/3/00<br><br><b>Amount of Each Receipt this Period</b><br>\$100.00  | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Jeff Young<br>4346 South 580 West<br>Russiaville, IN 46979<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                         | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$                     | <b>Date (month, day, year)</b><br>6/14/00<br><br><b>Amount of Each Receipt this Period</b><br>\$20.00  | <b>Amount of Each Receipt this Period</b><br>\$20.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jeff Young<br>662 Rushburn Drive<br>Peru, IN 46970<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                 | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$                     | <b>Date (month, day, year)</b><br>6/5/00<br><br><b>Amount of Each Receipt this Period</b><br>\$25.00   | <b>Amount of Each Receipt this Period</b><br>\$25.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Nakamura & Quinn<br>The Landmark Center, Suite 300<br>2100 First Avenue, N<br>Birmingham, AL 35203<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Partnership<br><br><b>Occupation</b><br>PARTNERSHIP—partners below<br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/30/00<br><br><b>Amount of Each Receipt this Period</b><br>\$100.00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |

SUBTOTAL of Receipts This Page (optional)

\$555.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**Contributions from Individuals/Persons**

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

 PAGE 53 OF 53  
FOR LINE NUMBER  
11(a)(i)

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**NAME OF COMMITTEE (In Full)**

Goodnight for Congress C00351221

|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                   |                                           |                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Patrick K Nakamura<br>The Landmark Center, Suite 300<br>2100 First Avenue N<br>Birmingham, AL 35203<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Nakamura & Quinn<br><br><b>Occupation</b><br>Partner<br><br><b>Aggregate Year-to-Date</b> > \$                                         | <b>Date (month, day, year)</b><br>6/30/00 | <b>Amount of Each Receipt this Period</b><br><b>MEMO</b><br>\$100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>O'Donoghue & O'Donoghue<br>4178 Wisconsin Avenue<br>Washington, DC 20016<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | <b>Name of Employer</b><br>Partnership<br><br><b>Occupation</b><br>PARTNERSHIP--partners below<br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/19/00 | <b>Amount of Each Receipt this Period</b><br>\$200.00                |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Robert Matisoff<br>4748 Wisconsin Avenue<br>Washington, DC 20016<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                    | <b>Name of Employer</b><br>O'Donoghue & O'Donoghue<br><br><b>Occupation</b><br>Partner<br><br><b>Aggregate Year-to-Date</b> > \$                                  | <b>Date (month, day, year)</b><br>6/19/00 | <b>Amount of Each Receipt this Period</b><br><b>MEMO</b><br>\$200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Cornfield & Feldman<br>25 E Washington St, Suite 1400<br>Chicago, IL 60602-1803<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br>Partnership<br><br><b>Occupation</b><br>PARTNERSHIP--partners below<br>Information Requested<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>6/28/00 | <b>Amount of Each Receipt this Period</b><br>\$50.00                 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Jacob Pomeranz<br>25 E Washington St, Suite 1400<br>Chicago, IL 60602<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                               | <b>Name of Employer</b><br>Cornfield and Feldman<br><br><b>Occupation</b><br>Partner<br><br><b>Aggregate Year-to-Date</b> > \$                                    | <b>Date (month, day, year)</b><br>6/28/00 | <b>Amount of Each Receipt this Period</b><br><b>MEMO</b><br>\$50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                                               | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$                                                                | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>                            |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                                               | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$                                                                | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>                            |

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

\$250.00

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

\$18,763.90



**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE 1 OF 2  
FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Goodnight for Congress C00351221

|                                                                                                                                    |                                                                                                                                                                                                            |                                               |                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Ameritech<br>PO Box 4520<br>Carol Stream, IL 60197                            | <b>Purpose of Disbursement</b><br>Phone Service<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br><br>5/26/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$800.12   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Beckley's<br>112 South Main<br>Kokomo, IN 46901                               | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br><br>4/7/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$64.02    |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Beckley's<br>112 South Main<br>Kokomo, IN 46901                               | <b>Purpose of Disbursement</b><br>Office Supplies/Copier<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>5/9/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$3,778.36 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Beckley's<br>112 South Main<br>Kokomo, IN 46901                               | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$194.89   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Campaign Broadcast Service<br>2497 Sedona Cedar Avenue<br>Henderson, NV 89052 | <b>Purpose of Disbursement</b><br>Automated Phone Calls<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Date (month, day, year)</b><br><br>4/28/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$2,824.91 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Chippendale Golf Course<br>1047 Golf Course Lane<br>Kokomo, IN 46902          | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$2,750.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Kristina Graneats<br>720 S. Lindsay St.<br>Kokomo, IN 46901                   | <b>Purpose of Disbursement</b><br>Salary<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Date (month, day, year)</b><br><br>4/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$400.00   |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Designer Graphics<br>3550 Westway<br>Suite D<br>Tyler, TX 75703               | <b>Purpose of Disbursement</b><br>Yard Signs<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br><br>4/20/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,500.00 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Designer Graphics<br>3550 Westway<br>Suite D<br>Tyler, TX 75703               | <b>Purpose of Disbursement</b><br>Yard Signs<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br><br>6/14/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,215.02 |

**SUBTOTAL of Disbursements This Page (optional)**

\$13,527.12

**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 8  
FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (in full)**

Goodnight for Congress C00351221

|                                                                                                                      |                                                                                                                                                                                                                 |                                               |                                                                                        |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>DL&T Pro-Sort<br>PO Box 3033<br>Kokomo, IN 46904-3033           | <b>Purpose of Disbursement</b><br>Sorting/Postage for Mailing<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>6/8/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$740.22                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>DL&T Pro-Sort<br>PO Box 3033<br>Kokomo, IN 46904-3033           | <b>Purpose of Disbursement</b><br>Sorting/Postage for Mailing<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>5/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$2,073.39                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>DL&T Pro-Sort<br>PO Box 3033<br>Kokomo, IN 46904-3033           | <b>Purpose of Disbursement</b><br>Sorting/Postage for Mailing<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>4/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$3,192.22                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>DL&T Pro-Sort<br>PO Box 3033<br>Kokomo, IN 46904-3033           | <b>Purpose of Disbursement</b><br>Sorting/Postage for Mailing<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>4/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$39.30                          |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Jimmy Goodnight<br>1217 West Sycamore<br>Kokomo, IN 46901       | <b>Purpose of Disbursement</b><br>Golf Clubs<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Date (month, day, year)</b><br><br>5/25/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$106.00 *<br>* in-kind received |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Becky Hanawalt<br>4316 Kensington Drive<br>Logansport, IN 46947 | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br><br>6/8/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$250.00                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Humphrey Printing Company<br>315 North Main<br>Kokomo, IN 46901 | <b>Purpose of Disbursement</b><br>Printing Costs<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br><br>6/8/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$606.61                         |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Humphrey Printing Company<br>315 North Main<br>Kokomo, IN 46901 | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br><br>5/9/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$36.23                          |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Humphrey Printing Company<br>315 North Main<br>Kokomo, IN 46901 | <b>Purpose of Disbursement</b><br>Printing Costs<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br><br>4/26/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$487.46                         |

**SUBTOTAL of Disbursements This Page (optional)**

\$7,529.43

**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 8  
FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Goodnight for Congress C00351221

|                                                                                                                                           |                                                                                                                                                                                                        |                                               |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Indiana Democratic Party<br>One North Capitol<br>Suite 200<br>Indianapolis, IN 46204 | <b>Purpose of Disbursement</b><br>Staff Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br><br>5/17/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,589.90 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>IQuest Network Services<br>2035 E 46th Street<br>Indianapolis, IN 46205              | <b>Purpose of Disbursement</b><br>Internet Services<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Date (month, day, year)</b><br><br>4/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$43.55    |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Jiffy Print<br>1316 West 10th Street<br>Marion, IN 46953                             | <b>Purpose of Disbursement</b><br>Printing Costs<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br><br>4/26/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$346.50   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Jiffy Print<br>1316 West 10th Street<br>Marion, IN 46953                             | <b>Purpose of Disbursement</b><br>Printing Costs<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br><br>5/23/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$312.90   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Jiffy Print<br>1316 West 10th Street<br>Marion, IN 46953                             | <b>Purpose of Disbursement</b><br>Printing Costs<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br><br>5/5/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$857.33   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Johanning Civic Center<br>1500 North Reed Road<br>Kokomo, IN 46901                   | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>5/12/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$163.75   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>K-Mart<br>785 North Dixon<br>Kokomo, IN 46901                                        | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br><br>4/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$40.49    |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Kroger<br>Maplecrest Shopping Center<br>Kokomo, IN 46902                             | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>5/2/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$16.66    |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Lowe's<br>4005 South Lafountain<br>Kokomo, IN 46902                                  | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br><br>4/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$2.50     |

**SUBTOTAL of Disbursements This Page (optional)**

\$3,401.58

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE 4 OF 8  
FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Goodnight for Congress C00351221

|                                                                                                                      |                                                                                                                                                                                                    |                                           |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Mitch and Carmen McIlrath<br>714 South Main<br>Kokomo, IN 46901 | <b>Purpose of Disbursement</b><br>Fundraiser<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>6/14/00 | <b>Amount of Each Disbursement This Period</b><br>\$50.00 *<br>* In-kind received  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Meijer<br>2301 East Markland<br>Kokomo, IN 46901                | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>4/21/00 | <b>Amount of Each Disbursement This Period</b><br>\$52.83                          |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Meijer<br>2301 East Markland<br>Kokomo, IN 46901                | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>5/2/00  | <b>Amount of Each Disbursement This Period</b><br>\$5.42                           |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Meijer<br>2301 East Markland<br>Kokomo, IN 46901                | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>4/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$19.33                          |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Meijer<br>2301 East Markland<br>Kokomo, IN 46901                | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>4/15/00 | <b>Amount of Each Disbursement This Period</b><br>\$28.07                          |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Meijer<br>2301 East Markland<br>Kokomo, IN 46901                | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>5/2/00  | <b>Amount of Each Disbursement This Period</b><br>\$41.30                          |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Moorehead Communications<br>PO Box 1870<br>Marion, IN 46952     | <b>Purpose of Disbursement</b><br>Phone System<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>6/8/00  | <b>Amount of Each Disbursement This Period</b><br>\$421.98                         |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Moorehead Communications<br>PO Box 1870<br>Marion, IN 46952     | <b>Purpose of Disbursement</b><br>Phone System<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>5/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$300.00                         |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Michelle Morris<br>1316 Red Bird Court<br>Kokomo, IN 46902      | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>6/14/00 | <b>Amount of Each Disbursement This Period</b><br>\$294.65 *<br>* in-kind received |

**SUBTOTAL** of Disbursements This Page (optional)

\$1,213.58

**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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| 17              |    |

**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Goodnight for Congress C00351221

|                                                                                                                                              |                                                                                                                                                                                                             |                                           |                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Mr. Nathaniel Pearlman<br>NGP Software<br>5440 Nevada Avenue NW<br>Washington, DC 20015 | <b>Purpose of Disbursement</b><br>Software/Second Installment<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>4/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$2,000.00                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Mr. Nathaniel Pearlman<br>NGP Software<br>5440 Nevada Avenue NW<br>Washington, DC 20015 | <b>Purpose of Disbursement</b><br>Software/Conversion Costs<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>4/3/00  | <b>Amount of Each Disbursement This Period</b><br>\$750.00                           |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>One Stop<br>1175 Broadway<br>Chesterton, IN 46304                                       | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>4/13/00 | <b>Amount of Each Disbursement This Period</b><br>\$9.16                             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Glenda Pitcher<br>110 North Washington St<br>Kokomo, IN 46901                           | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>6/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,000.00 *<br>* In-kind received |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Scott Pitcher<br>110 North Washington<br>Kokomo, IN 46901                               | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>6/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,000.00 *<br>* in-kind received |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Pitney Bowes, Inc.<br>PO Box 66725<br>Indianapolis, IN 46266                            | <b>Purpose of Disbursement</b><br>Toner<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Date (month, day, year)</b><br>4/3/00  | <b>Amount of Each Disbursement This Period</b><br>\$69.25                            |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Mr. Brad Rusk<br>8644 Buffett Pkwy<br>Fishers, IN 46038                                 | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>6/3/00  | <b>Amount of Each Disbursement This Period</b><br>\$500.00                           |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Sam's Club<br>1917 East Markland Avenue<br>Kokomo, IN 46901                             | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>6/10/00 | <b>Amount of Each Disbursement This Period</b><br>\$44.35                            |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Staples<br>1807 East Markland<br>Kokomo, IN 46901                                       | <b>Purpose of Disbursement</b><br>Office Supplies<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>6/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$79.72                            |

**SUBTOTAL of Disbursements This Page (optional)**

\$5,452.48

**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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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Goodnight for Congress C00351221

|                                                                                                                       |                                                                                                                                                                                                        |                                               |                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Staples<br>1807 East Markland<br>Kokomo, IN 46901                | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br><br>4/19/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$67.12                            |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Staples<br>1807 East Markland<br>Kokomo, IN 46901                | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br><br>4/18/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$46.84                            |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Staples<br>1807 East Markland<br>Kokomo, IN 46901                | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br><br>4/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$21.17                            |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Staples<br>1807 East Markland<br>Kokomo, IN 46901                | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br><br>4/7/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$17.51                            |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Sycamore Grille<br>115 West Sycamore<br>Kokomo, IN 46901         | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>6/12/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,500.00                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Mark Thornberry<br>5710 Winship Drive<br>Indianapolis, IN 46221  | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$50.00                            |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Dick Troll<br>PO Box 17<br>Hemlock, IN 46937                     | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$1,000.00 *<br>* In-kind received |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>United Parcel Service<br>925 North Toby Pike<br>Kokomo, IN 46901 | <b>Purpose of Disbursement</b><br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br><br>4/26/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$15.25                            |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>United Parcel Service<br>925 North Toby Pike<br>Kokomo, IN 46901 | <b>Purpose of Disbursement</b><br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br><br>6/17/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$22.50                            |

**SUBTOTAL of Disbursements This Page (optional)**

\$2,740.39

**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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**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Goodnight for Congress C40351221

|                                                                                                                          |                                                                                                                                                                                                     |                                           |                                                            |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>United States Post Office<br>2719 South Webster<br>Kokomo, IN 46902 | <b>Purpose of Disbursement</b><br>Postage<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>4/13/00 | <b>Amount of Each Disbursement This Period</b><br>\$11.75  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>United States Post Office<br>2719 South Webster<br>Kokomo, IN 46902 | <b>Purpose of Disbursement</b><br>Postage<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>4/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$11.75  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>United States Post Office<br>2719 South Webster<br>Kokomo, IN 46902 | <b>Purpose of Disbursement</b><br>Postage<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>4/14/00 | <b>Amount of Each Disbursement This Period</b><br>\$31.85  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>United States Post Office<br>2719 South Webster<br>Kokomo, IN 46902 | <b>Purpose of Disbursement</b><br>Post Office Box Fee<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>4/15/00 | <b>Amount of Each Disbursement This Period</b><br>\$57.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>United States Post Office<br>2719 South Webster<br>Kokomo, IN 46902 | <b>Purpose of Disbursement</b><br>Postage<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>4/17/00 | <b>Amount of Each Disbursement This Period</b><br>\$13.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>United States Post Office<br>2719 South Webster<br>Kokomo, IN 46902 | <b>Purpose of Disbursement</b><br>Postage<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>5/2/00  | <b>Amount of Each Disbursement This Period</b><br>\$132.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>United States Post Office<br>2719 South Webster<br>Kokomo, IN 46902 | <b>Purpose of Disbursement</b><br>Postage<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>5/23/00 | <b>Amount of Each Disbursement This Period</b><br>\$198.00 |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>United States Post Office<br>2719 South Webster<br>Kokomo, IN 46902 | <b>Purpose of Disbursement</b><br>Postage<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>5/31/00 | <b>Amount of Each Disbursement This Period</b><br>\$89.00  |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>United States Post Office<br>2719 South Webster<br>Kokomo, IN 46902 | <b>Purpose of Disbursement</b><br>Postage<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>6/8/00  | <b>Amount of Each Disbursement This Period</b><br>\$89.00  |

**SUBTOTAL of Disbursements This Page (optional)**

\$853.35

**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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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Goodnight for Congress C00351221

|                                                                                                                          |                                                                                                                                                                                                        |                                               |                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>United States Post Office<br>2718 South Webster<br>Kokomo, IN 46902 | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Date (month, day, year)</b><br><br>6/22/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$68.00                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>United States Post Office<br>2718 South Webster<br>Kokomo, IN 46902 | <b>Purpose of Disbursement</b><br>Postage<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br><br>4/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$22.95                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Walgreen's<br>107 South Washington<br>Kokomo, IN 46901              | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br><br>4/11/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$11.47                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Wal-Mart<br>1920 East Markland Avenue<br>Kokomo, IN 46901           | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br><br>4/2/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$32.64                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Timothy Waters<br>2506 Fife Drive<br>Pittsburgh, PA 15241           | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>6/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$300.00                        |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jeff Young<br>434B South 580 West<br>Russellville, IN 46979         | <b>Purpose of Disbursement</b><br>Fundraiser Expense<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>6/14/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$20.00 *<br>* in-kind received |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Young's Culligan<br>1126 East Monroe<br>Kokomo, IN 46902            | <b>Purpose of Disbursement</b><br>Water<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br><br>6/8/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$80.29                         |
| <b>H. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | <b>Date (month, day, year)</b>                | <b>Amount of Each Disbursement This Period</b>                                        |
| <b>I. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | <b>Date (month, day, year)</b>                | <b>Amount of Each Disbursement This Period</b>                                        |

**SUBTOTAL of Disbursements This Page (optional)**

\$533.35

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

\$35,051.28



**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

 Use separate schedule(s)  
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FOR LINE NUMBER 21

**Other Disbursements**

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**NAME OF COMMITTEE (in full)**

Goodnight for Congress C00351221

|                                                                                                                                                   |                                                                                                                                                                                                                |                                           |                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>US Treasury                                                                                  | <b>Purpose of Disbursement</b><br>Refund for Individual Contr.<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>4/25/00 | <b>Amount of Each Disbursement This Period</b><br>\$25.00    |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>ADI Screen Printing<br>4758 East Co Rd 00 N S<br>Kokomo, IN 46901                            | <b>Purpose of Disbursement</b><br>Tshirts<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Date (month, day, year)</b><br>6/8/00  | <b>Amount of Each Disbursement This Period</b><br>\$821.60   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Affordable Locksmith<br>1912 Tam-O-Shanter Court<br>Kokomo, IN 46902                         | <b>Purpose of Disbursement</b><br>Changed Locks<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Date (month, day, year)</b><br>4/3/00  | <b>Amount of Each Disbursement This Period</b><br>\$72.00    |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Mr James Choing<br>c/o Choing Research<br>4721 North Springfield Avenue<br>Chicago, IL 60625 | <b>Purpose of Disbursement</b><br>Research Consultant/2nd instal<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>4/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$2,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Mr James Choing<br>c/o Choing Research<br>4721 North Springfield Avenue<br>Chicago, IL 60625 | <b>Purpose of Disbursement</b><br>Research Consultant<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>5/25/00 | <b>Amount of Each Disbursement This Period</b><br>\$3,695.45 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Chronicle-Tribune<br>610 South Adams<br>PO Box 309<br>Marion, IN 46952                       | <b>Purpose of Disbursement</b><br>Newspaper Subscription<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>5/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$17.77    |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Chronicle-Tribune<br>610 South Adams<br>PO Box 309<br>Marion, IN 46952                       | <b>Purpose of Disbursement</b><br>Newspaper Subscription<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>5/8/00  | <b>Amount of Each Disbursement This Period</b><br>\$17.77    |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Chronicle-Tribune<br>610 South Adams<br>PO Box 309<br>Marion, IN 46952                       | <b>Purpose of Disbursement</b><br>Newspaper Subscription<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>5/17/00 | <b>Amount of Each Disbursement This Period</b><br>\$17.77    |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Cescape<br>PO Box 6301<br>Kokomo, IN 46904                                                   | <b>Purpose of Disbursement</b><br>Web Site Hosting<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Date (month, day, year)</b><br>6/8/00  | <b>Amount of Each Disbursement This Period</b><br>\$25.00    |

**SUBTOTAL** of Disbursements This Page (optional)

\$6,392.36

**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 5  
FOR LINE NUMBER 21

**Other Disbursements**

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**NAME OF COMMITTEE (In Full)**

Goodnight for Congress C00351221

|                                                                                                                          |                                                                                                                                                                                                                   |                                               |                                                               |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Cscape<br>PO Box 6301<br>Kokomo, IN 46904                           | <b>Purpose of Disbursement</b><br>Web Site Hosting<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br><br>5/17/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$25.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Cscape<br>PO Box 6301<br>Kokomo, IN 46904                           | <b>Purpose of Disbursement</b><br>Web Site Hosting<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br><br>5/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$25.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>First National Bank and Trust<br>322 North Main<br>Kokomo, IN 46901 | <b>Purpose of Disbursement</b><br>Bank Service Charges<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br><br>6/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$21.75 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>First National Bank and Trust<br>322 North Main<br>Kokomo, IN 46901 | <b>Purpose of Disbursement</b><br>Bank Service Charge<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br><br>4/13/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$25.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>First National Bank and Trust<br>322 North Main<br>Kokomo, IN 46901 | <b>Purpose of Disbursement</b><br>Bank Service Charges<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br><br>6/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$14.25 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Greg Goodnight<br>1025 West Walnut<br>Kokomo, IN 46901              | <b>Purpose of Disbursement</b><br>Reimbursement for Stamps<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br><br>4/7/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$66.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Greg Goodnight<br>1025 West Walnut<br>Kokomo, IN 46901              | <b>Purpose of Disbursement</b><br>Reimbursement/Office Supplies<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>6/8/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$51.31 |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Indianapolis Star<br>PO Box 7080<br>Indianapolis, IN 46207          | <b>Purpose of Disbursement</b><br>Newspaper Subscription<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br><br>4/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$94.84 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Larry Scott and Jack Williams<br>929 E. Hoffer<br>Kokomo, IN 46902  | <b>Purpose of Disbursement</b><br>T-shirt Purchase<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br><br>4/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$72.00 |

**SUBTOTAL** of Disbursements This Page (optional)

\$394.95

**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 5  
FOR LINE NUMBER 21

**Other Disbursements**

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**NAME OF COMMITTEE (in Full)**

Goodnight for Congress C00351221

|                                                                                                                                    |                                                                                                                                                                                                               |                                               |                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Netivation.Com<br>806 West Clearwater Loop<br>Suite N<br>Post Falls, ID 83854 | <b>Purpose of Disbursement</b><br>On-Line Contributions Fee<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>6/30/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Netivation.Com<br>806 West Clearwater Loop<br>Suite N<br>Post Falls, ID 83854 | <b>Purpose of Disbursement</b><br>On-Line Contributions Fee<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>4/14/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$3.50   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Netivation.Com<br>806 West Clearwater Loop<br>Suite N<br>Post Falls, ID 83854 | <b>Purpose of Disbursement</b><br>On-Line Contributions Fee<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>6/5/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$5.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Netivation.Com<br>806 West Clearwater Loop<br>Suite N<br>Post Falls, ID 83854 | <b>Purpose of Disbursement</b><br>On-Line Contribution Fee<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Date (month, day, year)</b><br><br>4/27/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$16.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Netivation.Com<br>806 West Clearwater Loop<br>Suite N<br>Post Falls, ID 83854 | <b>Purpose of Disbursement</b><br>On-Line Contribution Fee<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Date (month, day, year)</b><br><br>5/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$16.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Peru Tribune<br>26 West 3rd Street<br>Peru, IN 46970                          | <b>Purpose of Disbursement</b><br>Newspaper Subscription<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br><br>4/15/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$66.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Pharos Tribune<br>PO Box 210<br>Logansport, IN 46947                          | <b>Purpose of Disbursement</b><br><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                          | <b>Date (month, day, year)</b><br><br>5/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$76.70  |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Plymouth Pilot News<br>PO Box 220<br>Plymouth, IN 46563                       | <b>Purpose of Disbursement</b><br>Newspaper Subscription<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br><br>4/3/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$57.00  |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Erin Claire Quinn<br>521 South Washington St<br>Apt. A<br>Kokomo, IN 46901    | <b>Purpose of Disbursement</b><br>Advance on Salary<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br><br>4/13/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$200.00 |

**SUBTOTAL of Disbursements This Page (optional)**

\$489.20

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 5  
FOR LINE NUMBER 21

Other Disbursements

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NAME OF COMMITTEE (in Full)

Goodnight for Congress C00351221

|                                                                                                                                      |                                                                                                                                                                                                        |                                           |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Mr. Sean Rankin<br>235 Claremont Avenue<br>Montclair, NJ 07042                  | <b>Purpose of Disbursement</b><br>Consultant Fees<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>4/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$3,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Rindy, Miller and Bates<br>501 North Interregional<br>Austin, TX 78702          | <b>Purpose of Disbursement</b><br>Consultant Fees<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>4/3/00  | <b>Amount of Each Disbursement This Period</b><br>\$1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Rindy, Miller and Bates<br>501 North Interregional<br>Austin, TX 78702          | <b>Purpose of Disbursement</b><br>Consultant Fees<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>5/17/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,377.68 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Strategic Consultant Group<br>2155 West Huron Avenue<br>Chicago, IL 60612       | <b>Purpose of Disbursement</b><br>Consulting Fees<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>5/3/00  | <b>Amount of Each Disbursement This Period</b><br>\$8,333.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>The Times (Crown Point)<br>2080 North Main Street<br>Crown Point, IN 46307-2002 | <b>Purpose of Disbursement</b><br>Newspaper Subscription<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>4/6/00  | <b>Amount of Each Disbursement This Period</b><br>\$117.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Tigereye Design, Inc.<br>11188 State Road 185<br>Versailles, OH 45380           | <b>Purpose of Disbursement</b><br>Buttons<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>4/21/00 | <b>Amount of Each Disbursement This Period</b><br>\$167.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Tigereye Design, Inc.<br>11188 State Road 185<br>Versailles, OH 45380           | <b>Purpose of Disbursement</b><br>Buttons<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>4/3/00  | <b>Amount of Each Disbursement This Period</b><br>\$337.00   |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Brett A Voortles<br>2119 Main Street<br>Indianapolis, IN 46224                  | <b>Purpose of Disbursement</b><br>Lunch for Volunteers<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>5/9/00  | <b>Amount of Each Disbursement This Period</b><br>\$29.97    |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Walgreen's<br>107 South Washington<br>Kokomo, IN 46901                          | <b>Purpose of Disbursement</b><br>Photograph Development<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>6/14/00 | <b>Amount of Each Disbursement This Period</b><br>\$68.75    |

SUBTOTAL of Disbursements This Page (optional)

\$14,430.60

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

PAGE 5 OF 5  
FOR LINE NUMBER 21

**Other Disbursements**

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**NAME OF COMMITTEE (In Full)**

Goodnight for Congress C00351221

|                                                                                                                          |                                                                                                                                                                                                         |                                              |                                                                |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>First National Bank and Trust<br>322 North Main<br>Kokomo, IN 46901 | <b>Purpose of Disbursement</b><br>Credit Card Payment<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>6/8/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$282.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Date (month, day, year)</b>               | <b>Amount of Each Disbursement This Period</b>                 |
| <b>C. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Date (month, day, year)</b>               | <b>Amount of Each Disbursement This Period</b>                 |
| <b>D. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Date (month, day, year)</b>               | <b>Amount of Each Disbursement This Period</b>                 |
| <b>E. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Date (month, day, year)</b>               | <b>Amount of Each Disbursement This Period</b>                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Date (month, day, year)</b>               | <b>Amount of Each Disbursement This Period</b>                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Date (month, day, year)</b>               | <b>Amount of Each Disbursement This Period</b>                 |
| <b>H. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Date (month, day, year)</b>               | <b>Amount of Each Disbursement This Period</b>                 |
| <b>I. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Date (month, day, year)</b>               | <b>Amount of Each Disbursement This Period</b>                 |

**SUBTOTAL** of Disbursements This Page (optional) .....

\$282.00

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

\$21,999.11

**SCHEDULE D**  
(Revised 3/90)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

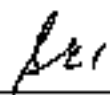
Page 1 of 1 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

| Name of Committee (in Full)                                                                                                   | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payments This Period | Outstanding Balance at Close of This Period |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------|----------------------|---------------------------------------------|
| Goodnight for Congress C00351221                                                                                              |                                           |                             |                      |                                             |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Internal Revenue Service<br><br>Cincinnati, KY 45999-0002 | \$2,798.60                                | \$0.00                      | \$0.00               | \$2,798.60                                  |
| Nature of Debt (Purpose):<br>Taxes on Fundraiser Prize                                                                        |                                           |                             |                      |                                             |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                                                              |                                           |                             |                      |                                             |
| Nature of Debt (Purpose):                                                                                                     |                                           |                             |                      |                                             |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                                                              |                                           |                             |                      |                                             |
| Nature of Debt (Purpose):                                                                                                     |                                           |                             |                      |                                             |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                                                              |                                           |                             |                      |                                             |
| Nature of Debt (Purpose):                                                                                                     |                                           |                             |                      |                                             |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                                                              |                                           |                             |                      |                                             |
| Nature of Debt (Purpose):                                                                                                     |                                           |                             |                      |                                             |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                                                              |                                           |                             |                      |                                             |
| Nature of Debt (Purpose):                                                                                                     |                                           |                             |                      |                                             |
| 1) SUBTOTALS This Period This Page (optional)                                                                                 |                                           |                             |                      |                                             |
| 2) TOTALS This Period (last page in this line only)                                                                           |                                           |                             |                      | \$2,798.60                                  |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)                                                                   |                                           |                             |                      | \$0.00                                      |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)                                       |                                           |                             |                      | \$2,798.60                                  |

## 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 type="checkbox"/> Registered/Certified Mail                                                  | POSTMARKED (R/C)                                           |
| <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 checked="" type="checkbox"/> Other ( Specify):                                               | <del>Postmarked</del><br>7-14-00<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing                                                          |                                                            |
| <br><br>PREPARER | <br>7-15-00<br>DATE PREPARED                               |

(6/2000)