

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Mike Sodrel

ADDRESS (number and street) 702 N Shore Drive

Check if different than previously reported. (ACC)
 Suite 500

Jeffersonville IN 47130 3104

2. **FEC IDENTIFICATION NUMBER** C00387399

CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

IN 09

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

Election on 11 04 2008 in the State of IN

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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 Gregory M. Fitzloff

Signature of Treasurer Electronically Filed by Gregory M. Fitzloff Date 10 23 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Mike Sodrel

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	50492.08	863710.72
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	6025.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	50492.08	857685.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	194482.97	912315.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	27506.32
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	194482.97	884809.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	119651.90	
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).....	238320.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Friends of Mike Sodrel

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

37220.00

559120.27

(ii) Unitemized.....

10272.08

119128.41

(iii) TOTAL of contributions

47492.08

678248.68

from individuals..... ▶

0.00

19500.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

3000.00

161362.04

(d) The Candidate.....

0.00

4600.00

(e) TOTAL CONTRIBUTIONS (other than loans)

50492.08

863710.72

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

1118.26

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

27506.32

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

2887.58

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

50492.08

895222.88

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	194482.97	912315.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	1000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	11680.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	11680.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	3025.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	6025.00
21. OTHER DISBURSEMENTS.....	0.00	609.55
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	194482.97	931629.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	263642.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	50492.08
25. SUBTOTAL (add Line 23 and Line 24).....	314134.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	194482.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	119651.90

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Donald P. Happel

Mailing Address 2016 Beckin Drive

City State Zip Code
Floyds Knobs IN 47119-8815

FEC ID number of contributing federal political committee. C

Name of Employer Accounting Unlimited, Inc. Occupation President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	8

Transaction ID: A-C14505

Amount of Each Receipt this Period
1000.00

Ind Contr-Earmarked thru Slatecard.Com
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Robert E Hauselman

Mailing Address 569 Wilwood Road

City State Zip Code
Sellersburg IN 47172

FEC ID number of contributing federal political committee. C

Name of Employer Restoration Christian Church Occupation Pastor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	8

Transaction ID: A-C14496

Amount of Each Receipt this Period
250.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mrs. Cheryl R. Koetter

Mailing Address 12212 Bridgeway Court

City State Zip Code
Sellersburg IN 47172-9670

FEC ID number of contributing federal political committee. C

Name of Employer Cancer Care Center of IN Occupation RN

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	8

Transaction ID: A-C14488

Amount of Each Receipt this Period
1000.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.	Full Name (Last, First, Middle Initial) Mr. John L. Koetter	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 6000 Moser Knob Road	Transaction ID: A-C14490
	City State Zip Code Floyds Knobs IN 47119-8936	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Koetter Construction Occupation CEO Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Victoria A. Koetter	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 3622 Eagles Trace	Transaction ID: A-C14489
	City State Zip Code Floyds Knobs IN 47119-9103	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer None Occupation Homemaker Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1100.00	

C.	Full Name (Last, First, Middle Initial) Dr. Eric A. Monesmith	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 5726 Central Avenue	Transaction ID: A-C14498
	City State Zip Code Indianapolis IN 46220-2508	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Ortholndy Occupation Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	2200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. William G. Orwick

Mailing Address 200 College Avenue

City State Zip Code
Corydon IN 47112-1306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 200.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Mr. William I. Waggoner

Mailing Address 3000 Grey Wolf Cove

City State Zip Code
New Albany IN 47150-9594

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Free Enterprise System Vice President - CFO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 250.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Amount of Each Receipt this Period: 1550.00

C. Full Name (Last, First, Middle Initial)
Mrs. Jean C. Warkentin

Mailing Address 1520 E Dunstan Drive

City State Zip Code
Bloomington IN 47401-8799

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 200.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Amount of Each Receipt this Period: 625.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A. Full Name (Last, First, Middle Initial) Mr. Cliff Blackburn</p> <p>Mailing Address 1347 County Route 19</p> <p>City State Zip Code Elizaville NY 12523-1209</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kingsway Lumber Carriers, Inc. Occupation CEO</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8</p> <p>Transaction ID: A-C14532</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Charles E Rentschler</p> <p>Mailing Address 2375 N 1050 N</p> <p>City State Zip Code Hartsville IN 47244</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Wall Street Access Occupation Vice President</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8</p> <p>Transaction ID: A-C14533</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mrs. Rebecca J. Weaver</p> <p>Mailing Address 10671 Winterwood</p> <p>City State Zip Code Carmel IN 46032-8258</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer None Occupation Homemaker</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8</p> <p>Transaction ID: A-C14529</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
Mrs. Kathy Bawel

Mailing Address PO Box 621

City State Zip Code
Jasper IN 47547-0621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Homemaker

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: A-C14565

Amount of Each Receipt this Period

500.00

Individual Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Mr. John F. Bednarczyk

Mailing Address 1804 Tennyson Drive

City State Zip Code
Clarksville IN 47129-1249

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: A-C14547

Amount of Each Receipt this Period

40.00

Individual Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Dr. Alan P. Friz

Mailing Address 5275 W 700s

City State Zip Code
Huntingburg IN 47542-9658

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Dentist

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: A-C14555

Amount of Each Receipt this Period

260.00

Individual Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Harold G. Goodlett, Sr.
Mailing Address 943 Monroe Street
City Charlestown State IN Zip Code 47111-1546
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 10 / 03 / 2008
Transaction ID: A-C14542
Amount of Each Receipt this Period 250.00
Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Roger A. Harbeson
Mailing Address 2620 Kepley Road
City Georgetown State IN Zip Code 47122-9517
FEC ID number of contributing federal political committee. **C**
Name of Employer Monroe Shine Occupation CPA
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 10 / 03 / 2008
Transaction ID: A-C14551
Amount of Each Receipt this Period 500.00
Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ms. Phyllis A. Hilton
Mailing Address 930 Howard Avenue
City Jeffersonville State IN Zip Code 47130-4238
FEC ID number of contributing federal political committee. **C**
Name of Employer Humane Occupation Manager
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 10 / 03 / 2008
Transaction ID: A-C14536
Amount of Each Receipt this Period 150.00
Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 900.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.	Full Name (Last, First, Middle Initial) Mr. John R. Holland	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address PO Box 143	Transaction ID: A-C14544
	City State Zip Code Moore Hill IN 47032-0143	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None	Occupation Retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. David C. Keister	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address PO Box 1970	Transaction ID: A-C14553
	City State Zip Code Martinsville IN 46151-0970	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mid-America Radio Group, Inc	Occupation President/Owner	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Mr. Frank H. Monroe	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 595 Industrial Boulevard	Transaction ID: A-C14571
	City State Zip Code New Albany IN 47150-2246	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None	Occupation Retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 58
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
Mr. William B. Nunn

Mailing Address 752 S Forrest Drive

City State Zip Code
Sellersburg IN 47172-1717

FEC ID number of contributing federal political committee. **C**

Name of Employer L Thorn Company Inc Occupation Executive VP

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: A-C14543

Amount of Each Receipt this Period
500.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Mr. Gregory A. Olinger

Mailing Address PO Box 13

City State Zip Code
Huntingburg IN 47542-0013

FEC ID number of contributing federal political committee. **C**

Name of Employer United Minerals Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: A-C14559

Amount of Each Receipt this Period
500.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Mrs. Martha Olinger

Mailing Address PO Box 400

City State Zip Code
Huntingburg IN 47542-0400

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: A-C14560

Amount of Each Receipt this Period
150.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mrs. Barbara J. Oser

Mailing Address 855 E Jasper Dubois Road

City Jasper State IN Zip Code 47546-7324

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 10 / 03 / 2008
Transaction ID: A-C14556
 Amount of Each Receipt this Period 300.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Gervase Schwenk

Mailing Address 1665 W State Road 56

City Jasper State IN Zip Code 47546-9229

FEC ID number of contributing federal political committee. **C**

Name of Employer Jasper Engines Occupation Chairman of the Board

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2008
Transaction ID: A-C14566
 Amount of Each Receipt this Period 150.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Theodore J. Seger

Mailing Address 683 University Drive

City Jasper State IN Zip Code 47546-8454

FEC ID number of contributing federal political committee. **C**

Name of Employer Farbest Foods Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 10 / 03 / 2008
Transaction ID: A-C14558
 Amount of Each Receipt this Period 150.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 58
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial) Mr. Michael H. Uebelhor		Date of Receipt MM / DD / YYYY 10 / 03 / 2008
Mailing Address 1465 Timber Ridge Drive		Transaction ID: A-C14563
City Huntingburg	State IN	Zip Code 47542-9136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Business Owner	Individual Contribution
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial) Mr. Stephen W. Uebelhor		Date of Receipt MM / DD / YYYY 10 / 03 / 2008
Mailing Address 1445 Timber Ridge Drive		Transaction ID: A-C14557
City Huntingburg	State IN	Zip Code 47542-9136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Uebelhor Development	Occupation Business Owner	Individual Contribution
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial) Stone Real Estate, LLC		Date of Receipt MM / DD / YYYY 10 / 06 / 2008
Mailing Address 2306 Plum Woods Drive		Transaction ID: A-C14748
City Sellersburg	State IN	Zip Code 47172-9082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Partner Listed Individual-ly
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
		Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 58
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
Wes Porter Developers, LLC

Mailing Address 2900 Glendale Court

City State Zip Code
Memphis IN 47143-9480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: A-C14587

Amount of Each Receipt this Period
250.00

No Partners Require Itemization
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

B.

Full Name (Last, First, Middle Initial)
Mrs. Georgia R. Bledsoe

Mailing Address 1208 S Hearthstone Court

City State Zip Code
Bloomington IN 47401-8885

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: A-C14592

Amount of Each Receipt this Period
100.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Mr. Samuel E. Eckart

Mailing Address 2111 Charles Court NE

City State Zip Code
Corydon IN 47112-7654

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Community First Bank President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: A-C14578

Amount of Each Receipt this Period
250.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mrs. Emily Gladden
Mailing Address 5533 W Mallard Drive
City State Zip Code
Scottsburg IN 47170-7491
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Stanton Dunn, DDS Dental Assistant
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8
Transaction ID: A-C14591
Amount of Each Receipt this Period
500.00
Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. A. Thomas Hardy
Mailing Address 12507 Hummingbird Way
City State Zip Code
Sellersburg IN 47172-9685
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Key Electronics Business Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4300.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8
Transaction ID: A-C14584
Amount of Each Receipt this Period
2300.00
Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. James E. Hartfield, Jr.
Mailing Address 6202 Georgetown Greenville Road
City State Zip Code
Greenville IN 47124-9622
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
The Hartfield Company President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3550.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8
Transaction ID: A-C14586
Amount of Each Receipt this Period
500.00
Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3300.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 58
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.	Full Name (Last, First, Middle Initial) Mr. Charles M. Henry	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 6944 County Road 11a	Transaction ID: A-C14595
	City Auburn State IN Zip Code 46706-9524	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Individual Contribution
	Name of Employer: Henry Electric Occupation: Business Owner Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Dr. Dennis J. Jenkins	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 7709 Highway 311	Transaction ID: A-C14593
	City Sellersburg State IN Zip Code 47172-1819	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Individual Contribution
	Name of Employer: Designing Smiles, PSC Occupation: Dentist Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Mr. Norbert J. Kruer	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 7346 Scottsville Road	Transaction ID: A-C14585
	City Floyds Knobs State IN Zip Code 47119-8702	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Individual Contribution
	Name of Employer: None Occupation: Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mrs. Susan J Miller

Mailing Address PO Box 94

City State Zip Code
Sellersburg IN 47172-0094

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rock Creek Christian Academy
Occupation: Director of Development

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: A-C14590

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Charles Pals

Mailing Address 1750 E Exchange Street

City State Zip Code
Crete IL 60417-3400

FEC ID number of contributing federal political committee. **C**

Name of Employer: Eagle Express Lines
Occupation: President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: A-C14598

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Todd E. Perkins

Mailing Address 1492 Hancock Road

City State Zip Code
Georgetown IN 47122-9231

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Employed
Occupation: Business Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: A-C14582

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.	Full Name (Last, First, Middle Initial) Mrs. Claudia M. Popson	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 2851 Plantation Court	Transaction ID: A-C14581
	City State Zip Code Sellersburg IN 47172-9154	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Occupation Homemaker	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00

B.	Full Name (Last, First, Middle Initial) Mrs. Deatra D. Ragland	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 107 W Lynnwood Drive	Transaction ID: A-C14583
	City State Zip Code Clarksville IN 47129-1735	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer First Savings Bank Occupation Assistant Vice President	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Mr. Scott Schwinghammer	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 575 E 36th Street	Transaction ID: A-C14594
	City State Zip Code Jasper IN 47546-8184	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Ditto Sales, Inc. Occupation President/CEO	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mrs. Maria S. Shepard

Mailing Address 1506 Stone Ridge Drive

City State Zip Code
Georgetown IN 47122-9104

FEC ID number of contributing federal political committee. **C**

Name of Employer NAFC Schools Occupation Primary Aid

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: A-C14579

Amount of Each Receipt this Period
250.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Donald H. Stone

Mailing Address 2306 Plum Woods Drive

City State Zip Code
Sellersburg IN 47172-9082

FEC ID number of contributing federal political committee. **C**

Name of Employer Stone Automotive, Inc. Occupation Business Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: A-PI6015

Amount of Each Receipt this Period
500.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Partnership Itemization Memo

C. Full Name (Last, First, Middle Initial)
Mr. George Weber

Mailing Address 501 Erin Drive

City State Zip Code
Jeffersonville IN 47130-5292

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: A-C14588

Amount of Each Receipt this Period
250.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 21 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mrs. Janette B. Campbell

Mailing Address 1986 Old Vincennes Road

City State Zip Code
New Albany IN 47150-5493

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
President of Eagle Express Car Wash

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: A-C14609

Amount of Each Receipt this Period
250.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dr. Maurice R. Crowley

Mailing Address 1211 Falls Creek Landing

City State Zip Code
New Albany IN 47150-9635

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Dental Surgeon

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: A-C14612

Amount of Each Receipt this Period
100.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dr. Eli R. Hallal

Mailing Address 109 Brandywynne Lane

City State Zip Code
New Albany IN 47150-5404

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: A-C14627

Amount of Each Receipt this Period
250.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mrs. Melissa L. Hayden

Mailing Address 4782 Krestridge Court E

City State Zip Code
Bargersville IN 46106-8325

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: A-C14610

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. T. L. Mitchel

Mailing Address 611 W 146th Street

City State Zip Code
Westfield IN 46074-9609

FEC ID number of contributing federal political committee. **C**

Name of Employer Mitchel Group, Inc Occupation Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 450.00

Transaction ID: A-C14621

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mrs. Roberta Perkins

Mailing Address 3927 Chapel Lane

City State Zip Code
New Albany IN 47150-9608

FEC ID number of contributing federal political committee. **C**

Name of Employer Amatrol, Inc. Occupation Business Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: A-C14618

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Ms. Kathie Petkovic

Mailing Address 124 Wish Lane

City

Santa Rosa Beach

State

FL

Zip Code

32459-3472

FEC ID number of contributing federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 07 / 2008

Transaction ID: A-C14753

Amount of Each Receipt this Period

250.00

Individual Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Mr. Brent E. Steele

Mailing Address 714 Leatherwood Road

City

Bedford

State

IN

Zip Code

47421-8753

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Attorney

Receipt For: 2008

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY
10 / 07 / 2008

Transaction ID: A-C14616

Amount of Each Receipt this Period

100.00

Individual Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Willey

Mailing Address 1549 E County Road 450 N

City

Seymour

State

IN

Zip Code

47274-8587

FEC ID number of contributing federal political committee.

C

Name of Employer
Naturalscape, Inc.

Occupation

Business Owner

Receipt For: 2008

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
10 / 07 / 2008

Transaction ID: A-C14620

Amount of Each Receipt this Period

200.00

Individual Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
Mrs. Beverly A. Bagshaw

Mailing Address 17608 Mountain Grove Road

City State Zip Code
Henryville IN 47126-8462

FEC ID number of contributing federal political committee. **C**

Name of Employer
Bagshaw Trucking

Occupation
Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: A-C14666

Amount of Each Receipt this Period

500.00

Individual Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Mrs. Hazel Bales

Mailing Address 1515 Charlestown Pike

City State Zip Code
Jeffersonville IN 47130-7503

FEC ID number of contributing federal political committee. **C**

Name of Employer
None

Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: A-C14652

Amount of Each Receipt this Period

500.00

Individual Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Dr. Bradley C. Black

Mailing Address 33 Hilltop Road

City State Zip Code
Floyds Knobs IN 47119-9726

FEC ID number of contributing federal political committee. **C**

Name of Employer
Eye Assoc of Southern IN

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: A-C14724

Amount of Each Receipt this Period

800.00

Individual Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mrs. Tamara L. Black

Mailing Address 33 Hilltop Road

City State Zip Code
Floyds Knobs IN 47119-9726

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 200.00

Transaction ID: A-C14725

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Amount of Each Receipt this Period: 1200.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert C. Boone

Mailing Address 720 Country Club Road NE

City State Zip Code
Corydon IN 47112-1707

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 100.00

Transaction ID: A-C14644

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Ms. Sandy Dannenfelser

Mailing Address 3801 E Luther Road

City State Zip Code
Floyds Knobs IN 47119-9609

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: A-C14665

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 26 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Robert E. Goecker
 Mailing Address 7841 E County Road 50 N
 City Seymour State IN Zip Code 47274-9585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Goecker Construction, Inc. Occupation President
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt 10 / 09 / 2008
Transaction ID: A-C14659
 Amount of Each Receipt this Period 100.00
 Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs. Peggy Haas
 Mailing Address 11106 Highway 31
 City Sellersburg State IN Zip Code 47172-9614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt 10 / 09 / 2008
Transaction ID: A-C14754
 Amount of Each Receipt this Period 500.00
 Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mrs. Marilyn R. Jones
 Mailing Address 3209 Magnolia Court
 City Sellersburg State IN Zip Code 47172-9142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Business Owner
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00
 Date of Receipt 10 / 09 / 2008
Transaction ID: A-C14640
 Amount of Each Receipt this Period 250.00
 Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 850.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.	Full Name (Last, First, Middle Initial) Mr. Kendall Miller	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 7350 Wakefield Avenue	Transaction ID: A-C14667
	City State Zip Code Reedley CA 93654-9405	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Ind Contr-Conduit thru Co- cerned Women P <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Kencarol Inc.	Occupation Farm Manager	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Jamey Noel	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 5210 Idledice	Transaction ID: A-C14668
	City State Zip Code Jeffersonville IN 47130-8625	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Indiana State Police	Occupation Senior Trooper	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2350.00	

C.	Full Name (Last, First, Middle Initial) Ms. Leigh A. Rutherford	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 1680 Woodlawn Drive	Transaction ID: A-C14643
	City State Zip Code New Albany IN 47150-1823	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer US Dept. of Commerce	Occupation Staff Clerk	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 215.00	

SUBTOTAL of Receipts This Page (optional)	565.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Robert C. Carter

Mailing Address 18207 Clapp Road

City Otisco State IN Zip Code 47163-9722

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 315.00

Date of Receipt 10 / 10 / 2008
Transaction ID: A-C14714
 Amount of Each Receipt this Period 100.00
 Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Jack D. Craig

Mailing Address PO Box 272

City Bloomington State IN Zip Code 47402-0272

FEC ID number of contributing federal political committee. **C**

Name of Employer PTS Electronics Corp. Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 10 / 2008
Transaction ID: A-C14702
 Amount of Each Receipt this Period 2000.00
 Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Christian F. Gourley

Mailing Address 3200 W Venture Boulevard

City Bloomington State IN Zip Code 47404-2550

FEC ID number of contributing federal political committee. **C**

Name of Employer Bloomington Shuttle Service Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 10 / 10 / 2008
Transaction ID: A-C14713
 Amount of Each Receipt this Period 500.00
 Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2600.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Jean M. Hamilton

Mailing Address PO Box 7289

City State Zip Code
Bloomington IN 47407-7289

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: A-C14703

Amount of Each Receipt this Period

1000.00

Individual Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey S Hartfield

Mailing Address 8203 Salem Church Road

City State Zip Code
Charlestown IN 47111-9262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Financial Planner

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: A-C14686

Amount of Each Receipt this Period

500.00

Individual Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Dr. D.J. Tony Kenworthy

Mailing Address 1414 E Rhorer Road

City State Zip Code
Bloomington IN 47401-8857

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Dentist

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: A-C14694

Amount of Each Receipt this Period

500.00

Individual Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Michael J. LaGrange

Mailing Address 3013 Callaway Drive

City Jeffersonville State IN Zip Code 47130-7527

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Business Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt 10 / 10 / 2008
Transaction ID: A-C14697
 Amount of Each Receipt this Period 75.00
 Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. David R. Semmel

Mailing Address 2980 N Lakewood Court

City Bloomington State IN Zip Code 47408-1081

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt 10 / 10 / 2008
Transaction ID: A-C14712
 Amount of Each Receipt this Period 1000.00
 Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Brent E. Steele

Mailing Address 714 Leatherwood Road

City Bedford State IN Zip Code 47421-8753

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt 10 / 10 / 2008
Transaction ID: A-C14698
 Amount of Each Receipt this Period 200.00
 Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1275.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Richard Hostetter

Mailing Address 6405 Stqte Road 135 S

City Nashville State IN Zip Code 47448

FEC ID number of contributing federal political committee. **C**

Name of Employer Story Bed & Breakfast, LLP Occupation Business Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 10 / 13 / 2008
Transaction ID: A-PI6017
 Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Partnership Itemization Memo

B. Full Name (Last, First, Middle Initial)
Mr. John F. Bednarczyk

Mailing Address 1804 Tennyson Drive

City Clarksville State IN Zip Code 47129-1249

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 10 / 14 / 2008
Transaction ID: A-C14777
 Amount of Each Receipt this Period: 25.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Terry Cottongim

Mailing Address 142 E Eastern Hills Boulevard

City Salem State IN Zip Code 47167-9719

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Construction

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 10 / 14 / 2008
Transaction ID: A-C14756
 Amount of Each Receipt this Period: 50.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 58
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
Mr. Jack W. Forbes

Mailing Address 1602 Greenleaves Drive

City Jeffersonville State IN Zip Code 47130-7540

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2008

Transaction ID: A-C14765

Amount of Each Receipt this Period 250.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Mrs. Phyllis A. Jenkins

Mailing Address 2315 Grandview Drive

City Floyd's Knobs State IN Zip Code 47119-9733

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2008

Transaction ID: A-C14779

Amount of Each Receipt this Period 200.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Mr. William L. Mellencamp

Mailing Address 459 Euclid Avenue

City Greenwood State IN Zip Code 46142-3615

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 255.00

Date of Receipt 10 / 14 / 2008

Transaction ID: A-C14787

Amount of Each Receipt this Period 30.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **480.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
Mr. Frank H. Monroe

Mailing Address 595 Industrial Boulevard

City State Zip Code
New Albany IN 47150-2246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: A-C14780

Amount of Each Receipt this Period
200.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Mrs. Connie C. Ray

Mailing Address 251 N Garrison Hollow Road

City State Zip Code
Salem IN 47167-6130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: A-C14764

Amount of Each Receipt this Period
50.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Mr. David M. Richmer

Mailing Address 2371 Saint Johns Church Road NE

City State Zip Code
Lanesville IN 47136-8171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Appliance Service Technician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: A-C14774

Amount of Each Receipt this Period
200.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

450.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
Mr. Richard L. Schleicher

Mailing Address 16617 State Road 60

City State Zip Code
Borden IN 47106-8592

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
AJS Associates Business Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2008

Transaction ID: A-C14788

Amount of Each Receipt this Period
2300.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Ms. Elizabeth Wyckoff

Mailing Address 2732 Baywater Court

City State Zip Code
Greenwood IN 46143-7166

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pregnancy Care Ctr Morgan Volunteer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2008

Transaction ID: A-C14801

Amount of Each Receipt this Period
100.00

Ind Contr-Earmarked thru Slatecard.com P
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Dr. R. Joseph Clark

Mailing Address PO Box 684

City State Zip Code
Seymour IN 47274-0684

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Employed Dentist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2008

Transaction ID: A-C14838

Amount of Each Receipt this Period
200.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 2600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Douglas M Gerdon

Mailing Address 303 S Washington Street

City State Zip Code
Huntingburg IN 47542-9619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Dubois Distributors Business Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: A-C14832

Amount of Each Receipt this Period
100.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Maryann J Griffiths

Mailing Address 8703 Jamaica Court

City State Zip Code
Indianapolis IN 46219-2527

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: A-C14846

Amount of Each Receipt this Period
100.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

240.00

C. Full Name (Last, First, Middle Initial)
Ms. Fern R. King

Mailing Address 701 E Village Creek Road

City State Zip Code
Connersville IN 47331-3237

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: A-C14811

Amount of Each Receipt this Period
25.00

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

250.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 37 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Charles L. Lynch

Mailing Address 1140 Georgetown Lanessville Road

City State Zip Code
Georgetown IN 47122-9402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UPS Pilot

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 100.00

Transaction ID: A-C14823

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. William L. Mellencamp

Mailing Address 459 Euclid Avenue

City State Zip Code
Greenwood IN 46142-3615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Farmer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 50.00

Transaction ID: A-C14834

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Michael J. Piskos

Mailing Address 3760 S Mcdougal Street
Apt. 101

City State Zip Code
Bloomington IN 47403-4676

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US Navy Civil Servant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 100.00

Transaction ID: A-C14819

Individual Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 38 / 58	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.	Full Name (Last, First, Middle Initial) Mr. Charles B. Schladdand		Date of Receipt																					
	Mailing Address 3206 Greenleaves Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	5		2	0	0	8														
	City State Zip Code Jeffersonville IN 47130-7560		Transaction ID: A-C14803																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer Real Estate Appraiser		Occupation Self Employed																						
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 525.00																						
		Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																						

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	37220.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
HUCKPAC

Mailing Address PO Box 2008

City State Zip Code
Little Rock AR 72203-2008

FEC ID number of contributing federal political committee. **C** C00448373

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: A-C14546

Amount of Each Receipt this Period
1000.00

PAC Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jeff Miller For Congress

Mailing Address 610 S Boulevard

City State Zip Code
Tampa FL 33606-2693

FEC ID number of contributing federal political committee. **C** C00366757

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: A-C14782

Amount of Each Receipt this Period
1000.00

Committee Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Shelley Moore Capito For Congress Committee

Mailing Address PO Box 11519

City State Zip Code
Charleston WV 25339-1519

FEC ID number of contributing federal political committee. **C** C00347849

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: A-C14784

Amount of Each Receipt this Period
1000.00

Committee Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00

TOTAL This Period (last page this line number only) ► 3000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.	Full Name (Last, First, Middle Initial) CompleteCampaigns Mailing Address 610 Gateway Center Way Suite K City San Diego State CA Zip Code 92102-4548 Purpose of Disbursement Other: Software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14717 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Focused Capitol Solutions, LLC Mailing Address 425 Walnut Street Suite 1800 City Cincinnati State OH Zip Code 45202-3948 Purpose of Disbursement Other: Strategic Advisor & Campaign E Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14522 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Rely On Your Beliefs Fund Mailing Address 209 Pennsylvania Avenue SE City Washington State DC Zip Code 20003-1107 Purpose of Disbursement Other: Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14524 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 263.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1763.38

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A. Full Name (Last, First, Middle Initial) Slatecard.com PAC</p> <p>Mailing Address 228 S Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314-5404</p> <p>Purpose of Disbursement Other: Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14502</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 48.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Strategic Media Placement, Inc.</p> <p>Mailing Address 41 S High Street</p> <p>City Columbus State OH Zip Code 43215-6101</p> <p>Purpose of Disbursement Other: Radio Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14785</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 20000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1190 E Lewis And Clark Parkway</p> <p>City Clarksville State IN Zip Code 47129-7735</p> <p>Purpose of Disbursement Other: Cell Phones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14521</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 762.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

20811.13

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Your Community Bank of Southern Indiana Mailing Address 201 W Court Avenue City Jeffersonville State IN Zip Code 47130-3529 Purpose of Disbursement Other: Wire Transfer Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14573 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Mr. Charles E. Bryant Mailing Address 5707 Salem Noble Road City Charlestown State IN Zip Code 47111-8721 Purpose of Disbursement Other: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14679 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 681.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) Mr. Jeff Canada Mailing Address PO Box 842 City Haleiwa State HI Zip Code 96712-0842 Purpose of Disbursement Other: Voter ID Calls & Media Consult Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14607 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 20000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	20701.97
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A. Full Name (Last, First, Middle Initial) Ms. Jacqueline M. Guthrie</p> <p>Mailing Address 1516 Lakeview Drive</p> <p>City Keller State TX Zip Code 76248-3276</p> <p>Purpose of Disbursement Other: Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14520</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1184.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Ms. Jessica L. Howell</p> <p>Mailing Address 111 Quartermaster Court</p> <p>City Jeffersonville State IN Zip Code 47130-3627</p> <p>Purpose of Disbursement Other: Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14682</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 338.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Jessica L. Howell</p> <p>Mailing Address 111 Quartermaster Court</p> <p>City Jeffersonville State IN Zip Code 47130-3627</p> <p>Purpose of Disbursement Other: Parking, Copies, Chalk</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14716</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 62.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

1584.97

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.	Full Name (Last, First, Middle Initial) Mr. Cesar D. Morales <hr/> Mailing Address 4207 Miners Way <hr/> City Sellersburg State IN Zip Code 47172-1782 <hr/> Purpose of Disbursement Other: Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14678 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">1118.94</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0	8	1118.94
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	1	/	2	0	0	8														
1118.94																							
B.	Full Name (Last, First, Middle Initial) Mr. Nicholas L. Peay <hr/> Mailing Address 6659 Saint Marys Road <hr/> City Floyds Knobs State IN Zip Code 47119-9134 <hr/> Purpose of Disbursement Other: Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14685 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">578.49</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0	8	578.49
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	1	/	2	0	0	8														
578.49																							
C.	Full Name (Last, First, Middle Initial) Mr. Ryan E. Reger <hr/> Mailing Address 1313 E 9th Street <hr/> City Anderson State IN Zip Code 46012-4176 <hr/> Purpose of Disbursement Other: Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14677 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">2014.50</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0	8	2014.50
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	1	/	2	0	0	8														
2014.50																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td style="text-align: right;">3711.93</td> </tr> </table>	3711.93
3711.93		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td style="text-align: right;"> </td> </tr> </table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A. Full Name (Last, First, Middle Initial) Mr. Michael S. Summers</p> <p>Mailing Address 823 Applegate Lane Apt. 82</p> <p>City Clarksville State IN Zip Code 47129-6553</p> <p>Purpose of Disbursement Other: Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14684</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 479.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Ms. Krysta Thompson</p> <p>Mailing Address 10230 S. 560 W</p> <p>City Paris Crosing State IN Zip Code 47270</p> <p>Purpose of Disbursement Other: Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14523</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 262.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Your Community Bank of Southern Indiana</p> <p>Mailing Address 201 W Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130-3529</p> <p>Purpose of Disbursement Other: Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14931</p> <p>Date of Disbursement 10 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 76.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	818.11
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A. Full Name (Last, First, Middle Initial) Your Community Bank of Southern Indiana</p> <p>Mailing Address 201 W Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130-3529</p> <p>Purpose of Disbursement Other: Wire Transfer Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14574</p> <p>Date of Disbursement 10 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Master Productions</p> <p>Mailing Address 9419 W Constellation Drive</p> <p>City Pendleton State IN Zip Code 46064-7512</p> <p>Purpose of Disbursement Other: Website</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14674</p> <p>Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1237.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130</p> <p>Purpose of Disbursement Other: Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14605</p> <p>Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 522.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1779.78

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.	Full Name (Last, First, Middle Initial) USPS <hr/> Mailing Address Court Avenue <hr/> City Jeffersonville State IN Zip Code 47130 <hr/> Purpose of Disbursement Other: Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14606 Date of Disbursement 10 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Erie Insurance <hr/> Mailing Address 1416 Spring Street <hr/> City Jeffersonville State IN Zip Code 47130-3737 <hr/> Purpose of Disbursement Other: Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14630 Date of Disbursement 10 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 296.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Focused Capitol Solutions, LLC <hr/> Mailing Address 425 Walnut Street Suite 1800 <hr/> City Cincinnati State OH Zip Code 45202-3948 <hr/> Purpose of Disbursement Other: Strategic Advisor & Campaign E Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14635 Date of Disbursement 10 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1596.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.	Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: B-E-14637 Date of Disbursement 10 / 07 / 2008
	Mailing Address PO Box 7221	Amount of Each Disbursement this Period 375.00
	City Indianapolis State IN Zip Code 46207-7221	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Withholding Taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kaiser Wholesale, Inc.	Transaction ID: B-E-14633 Date of Disbursement 10 / 07 / 2008
	Mailing Address PO Box 1115	Amount of Each Disbursement this Period 370.76
	City New Albany State IN Zip Code 47151-1115	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Parade Candy Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Strategic Media Placement, Inc.	Transaction ID: B-E-14575 Date of Disbursement 10 / 07 / 2008
	Mailing Address 41 S High Street	Amount of Each Disbursement this Period 31305.00
	City Columbus State OH Zip Code 43215-6101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Radio Advertising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	32050.76
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.	Full Name (Last, First, Middle Initial) The Strategy Group for Media, Inc. Mailing Address 7669 Stagers Loop City Delaware State OH Zip Code 43015-7010 Purpose of Disbursement Other: TV Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14639 Date of Disbursement 10 / 07 / 2008 Amount of Each Disbursement this Period 7000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Your Community Bank of Southern Indiana Mailing Address 201 W Court Avenue City Jeffersonville State IN Zip Code 47130-3529 Purpose of Disbursement Other: Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14638 Date of Disbursement 10 / 07 / 2008 Amount of Each Disbursement this Period 2640.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Your Community Bank of Southern Indiana Mailing Address 201 W Court Avenue City Jeffersonville State IN Zip Code 47130-3529 Purpose of Disbursement Other: Wire Transfer Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14933 Date of Disbursement 10 / 07 / 2008 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

9660.44

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
Mr. Troy I. Dannenfelser

Mailing Address 3801 E Luther Road

City State Zip Code
Floyds Knobs IN 47119-9609

Purpose of Disbursement
Other: Mileage
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-14631
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Mr. Welby Edwards

Mailing Address 136 Bluff Ridge Road

City State Zip Code
Jeffersonville IN 47130-8484

Purpose of Disbursement
Other: Rent
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-14634
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Mr. Cesar D. Morales

Mailing Address 4207 Miners Way

City State Zip Code
Sellersburg IN 47172-1782

Purpose of Disbursement
Other: Dinner Tickets
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-14636
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.	Full Name (Last, First, Middle Initial) New Albany Broadcasting Co. Mailing Address PO Box 2623 City Clarksville State IN Zip Code 47131-2623 Purpose of Disbursement Other: Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14675 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8 Amount of Each Disbursement this Period 1101.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) USPS Mailing Address Court Avenue City Jeffersonville State IN Zip Code 47130 Purpose of Disbursement Other: Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14628 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8 Amount of Each Disbursement this Period 96.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) USPS Mailing Address Court Avenue City Jeffersonville State IN Zip Code 47130 Purpose of Disbursement Other: Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14629 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8 Amount of Each Disbursement this Period 55.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1253.72

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A.</p> <p>Full Name (Last, First, Middle Initial) WJTS TV</p> <p>Mailing Address 511 Newton Street Suite 202</p> <p>City Jasper State IN Zip Code 47546-3160</p> <p>Purpose of Disbursement Other: Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14676</p> <p>Date of Disbursement 10 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 420.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Strategic Media Placement, Inc.</p> <p>Mailing Address 41 S High Street</p> <p>City Columbus State OH Zip Code 43215-6101</p> <p>Purpose of Disbursement Other: TV Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14786</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 79805.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Your Community Bank of Southern Indiana</p> <p>Mailing Address 201 W Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130-3529</p> <p>Purpose of Disbursement Other: Wire Transfer Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14934</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

80245.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A. Full Name (Last, First, Middle Initial) Mr. Jeff Canada</p> <p>Mailing Address PO Box 842</p> <p>City Haleiwa State HI Zip Code 96712-0842</p> <p>Purpose of Disbursement Other: Voter ID Calls & Media Consult</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14935</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Charles E. Bryant</p> <p>Mailing Address 5707 Salem Noble Road</p> <p>City Charlestown State IN Zip Code 47111-8721</p> <p>Purpose of Disbursement Other: Mileage & Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14928</p> <p>Date of Disbursement 10 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 360.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Keen Screen</p> <p>Mailing Address PO Box 1</p> <p>City New Albany State IN Zip Code 47151-0001</p> <p>Purpose of Disbursement Other: Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14929</p> <p>Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 45.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10405.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A. Full Name (Last, First, Middle Initial) Slatecard.com PAC</p> <p>Mailing Address 228 S Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314-5404</p> <p>Purpose of Disbursement Other: Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14802</p> <p>Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 26.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Charles E. Bryant</p> <p>Mailing Address 5707 Salem Noble Road</p> <p>City Charlestown State IN Zip Code 47111-8721</p> <p>Purpose of Disbursement Other: Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14720</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 681.97</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Troy I. Dannenfels</p> <p>Mailing Address 3801 E Luther Road</p> <p>City Floyds Knobs State IN Zip Code 47119-9609</p> <p>Purpose of Disbursement Other: Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14926</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 396.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1105.11

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
Ms. Jacqueline M. Guthrie

Transaction ID: B-E-14925
Date of Disbursement

Mailing Address 1516 Lakeview Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

City State Zip Code
Keller TX 76248-3276

Amount of Each Disbursement this Period

1184.25

Purpose of Disbursement
Other: Salary
Candidate Name

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Ms. Jessica L. Howell

Transaction ID: B-E-14721
Date of Disbursement

Mailing Address 111 Quartermaster Court

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

City State Zip Code
Jeffersonville IN 47130-3627

Amount of Each Disbursement this Period

338.68

Purpose of Disbursement
Other: Salary
Candidate Name

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. Cesar D. Morales

Transaction ID: B-E-14718
Date of Disbursement

Mailing Address 4207 Miners Way

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

City State Zip Code
Sellersburg IN 47172-1782

Amount of Each Disbursement this Period

1118.94

Purpose of Disbursement
Other: Salary
Candidate Name

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

2641.87

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.	Full Name (Last, First, Middle Initial) Mr. Nicholas L. Peay <hr/> Mailing Address 6659 Saint Marys Road <hr/> City State Zip Code Floyds Knobs IN 47119-9134 <hr/> Purpose of Disbursement Other: Salary <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> State: District:	Transaction ID: B-E-14927 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 578.49 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mr. Ryan E. Reger <hr/> Mailing Address 1313 E 9th Street <hr/> City State Zip Code Anderson IN 46012-4176 <hr/> Purpose of Disbursement Other: Salary <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> State: District:	Transaction ID: B-E-14719 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2014.50 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mr. Michael S. Summers <hr/> Mailing Address 823 Applegate Lane Apt. 82 <hr/> City State Zip Code Clarksville IN 47129-6553 <hr/> Purpose of Disbursement Other: Salary <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> State: District:	Transaction ID: B-E-14722 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 479.07 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	3072.06
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 58

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
Ms. Krysta Thompson

Mailing Address 10230 S. 560 W

City Paris Crosing State IN Zip Code 47270

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-14930

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

136.14

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

136.14

TOTAL This Period (last page this line number only)

194432.62

SCHEDULE C (FEC Form 3)

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

PAGE 58 / 58

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Transaction ID: SC/10-L2

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Michael E. Sodrel, (Personal Funds) - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G2004
Mailing Address 3008 E Lobo Ridge	
City New Albany State IN ZIP Code 47150-9596	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	11680.00	238320.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="display: inline-table; border: 1px solid black;"> <tr><td>M</td><td>M</td></tr> <tr><td>1</td><td>0</td></tr> </table> <table style="display: inline-table; border: 1px solid black;"> <tr><td>D</td><td>D</td></tr> <tr><td>1</td><td>3</td></tr> </table> <table style="display: inline-table; border: 1px solid black;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>4</td></tr> </table>	M	M	1	0	D	D	1	3	Y	Y	Y	Y	2	0	0	4	12/31/2009	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
1	0																		
D	D																		
1	3																		
Y	Y	Y	Y																
2	0	0	4																

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="238320.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="238320.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.