

**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

Hoosiers Supporting Buyer For Congress

ADDRESS (number and street)

200 North Main St., P.O. Box 712

Check if different than previously reported. (ACC)

Monticello

IN

47980

2. **FEC IDENTIFICATION NUMBER**

C00255471

CITY

STATE

ZIP CODE

STATE DISTRICT

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

IN 4

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

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 11 23 2004 through 12 31 2004

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 Douglas E. Raderstorf

Signature of Treasurer Electronically Filed by Douglas E. Raderstorf Date 01 28 2005

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Hoosiers Supporting Buyer For Congress

Report Covering the Period: From: M M D D Y Y Y Y To: V M D D Y Y Y Y
1 1 2 3 2 0 0 4 1 2 3 1 2 0 0 4

	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(a)).....	3448.00	3448.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3448.00	3448.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	15336.61	18001.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	63.00	63.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15273.61	17938.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	195123.51	
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).....	0.00	

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 02/2003)

Page 3

Write or Type Committee Name
Hoosiers Supporting Buyer For Congress

Report Covering the Period: From: ^{M M} 1 1 ^{D J} 23 ^{Y Y Y Y} 2 0 0 4 To: ^{V V} 1 2 ^{U J} 3 1 ^{Y Y Y Y} 2 0 0 4

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).....	800.00	
(ii) Unitemized.....	800.00	
(iii) TOTAL of contributions	1600.00	1600.00
from individuals..... ▶		
(b) Political Party Committees.....	98.00	98.00
(c) Other Political Committees (such as PACS).....	1750.00	1750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans)	3448.00	3448.00
(add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS	0.00	0.00
(add Lines 13(a) and (b)).....		
14. OFFSETS TO OPERATING EXPENDITURES		
(Refunds, Rebates, etc.).....	63.00	63.00
15. OTHER RECEIPTS		
(Dividends, Interest, etc.).....	28.24	35.04
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)		
(Carry Total to Line 24, page 4)..... ▶	3539.24	3546.04

DETAILED SUMMARY PAGE
of Disbursements

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Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	15336.61	18001.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
<hr/>		
21. OTHER DISBURSEMENTS.....	1500.00	1500.00
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	16836.61	19501.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	208420.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	3539.24
25. SUBTOTAL (add Line 23 and Line 24).....	211960.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16836.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	195123.51

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)**

Name of Candidate Congressman Steve Buyer		Candidate ID Number H2IN05025
Name of Principal Campaign Committee Hoosiers Supporting Buyer For Congress		Committee ID Number C C00255471
Committee Address 200 North Main St., P.O. Box 712		
City Monticello,	State IN	ZIP 47360-
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	0.00	0.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	0.00	0.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial) A. James Andrew		Date of Receipt 12 / 16 / 2004
Mailing Address 820 Central Avenue		Transaction ID: 0128200518C14768
City Lafayette	State IN	Zip Code 47805-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Henry Poor Lumber Co.	Occupation CEO	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	800.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
 Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial) A. BelSouth		Date of Receipt M / D / Y 12 / 16 / 2004
Mailing Address 1133-21st St. NW Suite 900		Transaction ID: 0128200518C14769
City Washington	State DC	Zip Code 20036-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1750.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)
 Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial) A. National Republican Congressional Commit		Date of Receipt M / D / Y 11 / 23 / 2004
Mailing Address 320 First St., SE		Transaction ID: 0103200550C14744
City	State	Zip Code
Washington	DC	20003-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 98.00
Name of Employer	Occupation	In-Kind
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 98.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1) Note: Ssatellite feed

SUBTOTAL of Receipts This Page (optional)	▶	98.00
TOTAL This Period (last page this line number only)	▶	98.00

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

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

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial) A. Lafayette Bank & Trust		Date of Receipt M / D / Y 12 / 09 / 2004
Mailing Address P.O. Box 1130		Transaction ID: 0103200550C14743
City Lafayette	State IN	Zip Code 47902-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.04
Name of Employer	Occupation	Other Receipt
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 13.84	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) Note: interest from CD

Full Name (Last, First, Middle Initial) B. Walks Fugo		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 119 North Main Street		Transaction ID: 0103200550C14741
City Monticello	State IN	Zip Code 47960-6748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.40
Name of Employer	Occupation	Other Receipt
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 7.40	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) Note: November Interest

Full Name (Last, First, Middle Initial) C. Walks Fugo		Date of Receipt M / D / Y 12 / 31 / 2004
Mailing Address 119 North Main Street		Transaction ID: D128200518C14749
City Monticello	State IN	Zip Code 47960-6748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.80
Name of Employer	Occupation	Other Receipt
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 21.20	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) Note: January Interest

SUBTOTAL of Receipts This Page (optional)	28.24
TOTAL This Period (last page this line number only)	28.24

**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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial)
A. Blasted Works

Mailing Address 214 N. Main

City Monticello State IN Zip Code 47980-

Purpose of Disbursement
PRINTING EXPENSE

Candidate Name

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

Category/
Type

Transaction ID: D128200519E5484
Date of Disbursement

12 / 14 / 2004

Amount of Each Disbursement this Period

326.48

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

PRINTING EXPENSE

Full Name (Last, First, Middle Initial)
B. Burrell Colour, Inc.

Mailing Address 1311 Merrillville Rd.

City Crown Point State IN Zip Code 46307-

Purpose of Disbursement
PHOTOGRAPH EXPENSE

Candidate Name

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

Category/
Type

Transaction ID: D128200519E5486
Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

1664.90

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

PHOTOGRAPH EXPENSE

Full Name (Last, First, Middle Initial)
C. Stephen Buyer

Mailing Address 200 North Main St

City Monticello State IN Zip Code 47980-

Purpose of Disbursement
SEE BELOW

Candidate Name

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

Category/
Type

Transaction ID: D128200519E5480
Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

311.95

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

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

2303.33

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Sams Wholesale Club

Mailing Address 3819 St. Rd. 26

City Lafayette State IN Zip Code 47905-

Purpose of Disbursement
MEMBERSHIP FEE

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D128200519E5482
Date of Disbursement
11 / 23 / 2004

Amount of Each Disbursement this Period
60.00

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

[MEMO ITEM]
MEMO: MEMBERSHIP FEE

B. Full Name (Last, First, Middle Initial)
Taxicab

Mailing Address

City Washington State DC Zip Code 20005-

Purpose of Disbursement
TAXI

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D128200519E5483
Date of Disbursement
11 / 23 / 2004

Amount of Each Disbursement this Period
216.00

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

[MEMO ITEM]
MEMO: TAXI

C. Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 1st St., S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement
FOOD & BEV. EXPENSE

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D128200519E5448
Date of Disbursement
11 / 23 / 2004

Amount of Each Disbursement this Period
22.01

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

FOOD & BEV. EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ 22.01

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 12 / 25

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial)
A. Chrysler Financial

Mailing Address P.O. Box 55000 Dept. 203201

City Detroit State MI Zip Code 48255-

Purpose of Disbursement
LEASE PAYMENT

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: D128200519E5456
Date of Disbursement
11 / 23 / 2004

Amount of Each Disbursement this Period
392.37

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

LEASE PAYMENT

Full Name (Last, First, Middle Initial)
B. Chrysler Financial

Mailing Address P.O. Box 55000 Dept. 203201

City Detroit State MI Zip Code 48255-

Purpose of Disbursement
LEASE PAYMENT

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: D128200519E5476
Date of Disbursement
12 / 22 / 2004

Amount of Each Disbursement this Period
392.37

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

LEASE PAYMENT

Full Name (Last, First, Middle Initial)
C. Corporate Card

Mailing Address P.O. Box 10347

City Des Moines State IA Zip Code 50308-

Purpose of Disbursement
SEE BELOW

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: D128200519E5487
Date of Disbursement
12 / 15 / 2004

Amount of Each Disbursement this Period
1175.34

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

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ► **1960.06**

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)

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

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NAME OF COMMITTEE (In Full)
 Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial)
A. American Airlines

Mailing Address

City State Zip Code

Purpose of Disbursement
 AIRFARE

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D128200519E55D2
 Date of Disbursement
 12 / 15 / 2004

Amount of Each Disbursement this Period
 822.98

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

[MEMO ITEM]
 MEMO: AIRFARE

Full Name (Last, First, Middle Initial)
B. Best Western

Mailing Address 728 South Sixth St

City State Zip Code
 Monticello IN 47960-

Purpose of Disbursement
 HOTEL EXPENSE

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D128200519E5485
 Date of Disbursement
 12 / 15 / 2004

Amount of Each Disbursement this Period
 653.94

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

[MEMO ITEM]
 MEMO: HOTEL EXPENSE

Full Name (Last, First, Middle Initial)
C. Bob Evans

Mailing Address

City State Zip Code
 Bedford IN 47421-

Purpose of Disbursement
 FOOD & BEV. EXPENSE

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D128200519E5492
 Date of Disbursement
 12 / 15 / 2004

Amount of Each Disbursement this Period
 21.28

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

[MEMO ITEM]
 MEMO: FOOD & BEV. EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **0.00**

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)

PAGE 14 / 25

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial)

A. Capital Grille

Mailing Address 601 Pennsylvania Ave., NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement
FOOD & BEV. EXPENSE

Candidate Name

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

Category/
Type

Transaction ID: D128200519E5498
Date of Disbursement

12 / 15 / 2004

Amount of Each Disbursement this Period

185.03

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

[MEMO ITEM]

MEMO: FOOD & BEV. EXPENSE

Full Name (Last, First, Middle Initial)

B. Exxon Express

Mailing Address 650 S. Capital St.

City Washington State DC Zip Code 20032-

Purpose of Disbursement
GASOLINE

Candidate Name

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

Category/
Type

Transaction ID: D128200519E5498
Date of Disbursement

12 / 15 / 2004

Amount of Each Disbursement this Period

17.00

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

[MEMO ITEM]

MEMO: GASOLINE

Full Name (Last, First, Middle Initial)

C. Family Express

Mailing Address

City Lafayette State IN Zip Code 47902-

Purpose of Disbursement
GASOLINE

Candidate Name

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

Category/
Type

Transaction ID: D128200519E5498
Date of Disbursement

12 / 15 / 2004

Amount of Each Disbursement this Period

113.56

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

[MEMO ITEM]

MEMO: GASOLINE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

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

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NAME OF COMMITTEE (In Full)
 Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial)
 A. Hendrickson Chrysler

Mailing Address 114 N. Eighth Street

City Monticello State IN Zip Code 47980-

Purpose of Disbursement
 SERVICE JOB

Candidate Name

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

Category/
 Type

Transaction ID: D128200519E5493
 Date of Disbursement
 12 / 15 / 2004

Amount of Each Disbursement this Period
 311.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]
 MEMO: SERVICE JOB

Full Name (Last, First, Middle Initial)
 B. Hilton Hotels

Mailing Address 120 West Market Street

City Indianapolis State IN Zip Code 46204-

Purpose of Disbursement
 HOTEL EXPENSE

Candidate Name

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

Category/
 Type

Transaction ID: D128200519E5490
 Date of Disbursement
 12 / 15 / 2004

Amount of Each Disbursement this Period
 431.99

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]
 MEMO: HOTEL EXPENSE

Full Name (Last, First, Middle Initial)
 C. Holiday Inn Airport

Mailing Address 2501 South High School Rd.

City Indianapolis State IN Zip Code 46241-

Purpose of Disbursement
 HOTEL EXPENSE

Candidate Name

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

Category/
 Type

Transaction ID: D128200519E5506
 Date of Disbursement
 12 / 15 / 2004

Amount of Each Disbursement this Period
 97.08

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]
 MEMO: HOTEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **0.00**

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)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial)

A. Shell Station

Mailing Address 1290 West St. Rd. 32

City Lebanon State IN Zip Code 46052-

Purpose of Disbursement
GASOLINE

Candidate Name

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

State: District

Category/
Type

Transaction ID: D128200519E55D3
Date of Disbursement

12 / 15 / 2004

Amount of Each Disbursement this Period

33.32

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

[MEMO ITEM]
MEMO: GASOLINE

Full Name (Last, First, Middle Initial)

B. Sportsman Inn

Mailing Address US Hwy. 421 South

City Monticello State IN Zip Code 47060-

Purpose of Disbursement
FOOD & BEV. EXPENSE

Candidate Name

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

State: District

Category/
Type

Transaction ID: D128200519E5494
Date of Disbursement

12 / 15 / 2004

Amount of Each Disbursement this Period

37.12

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

[MEMO ITEM]
MEMO: FOOD & BEV. EXPENSE

Full Name (Last, First, Middle Initial)

C. US Airways, Inc.

Mailing Address Crystal Park Four
2345 Crystal Drive

City Indianapolis State IN Zip Code 46201-

Purpose of Disbursement
AIRFARE

Candidate Name

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

State: District

Category/
Type

Transaction ID: D128200519E5505
Date of Disbursement

12 / 15 / 2004

Amount of Each Disbursement this Period

180.70

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

[MEMO ITEM]
MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial)

A. Harmon Insurance

Mailing Address 107 W. Broadway
P.O. Box 752

City Monticello State IN Zip Code 47960-

Purpose of Disbursement
AUTO INSURANCE

Candidate Name

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

State: District

Category/
Type

Transaction ID: D128200519E5460

Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

282.87

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

AUTO INSURANCE

Full Name (Last, First, Middle Initial)

B. Harmon Insurance

Mailing Address 107 W. Broadway
P.O. Box 752

City Monticello State IN Zip Code 47960-

Purpose of Disbursement
AUTO INSURANCE

Candidate Name

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

State: District

Category/
Type

Transaction ID: D128200519E5457

Date of Disbursement

12 / 15 / 2004

Amount of Each Disbursement this Period

282.87

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

AUTO INSURANCE

Full Name (Last, First, Middle Initial)

C. Kevin Lewis

Mailing Address 809 Matsonford Rd.

City Villanova State PA Zip Code 19085-

Purpose of Disbursement
REIMB.RENTAL CAR

Candidate Name

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

State: District

Category/
Type

Transaction ID: D128200519E5454

Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

310.23

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

REIMB.RENTAL CAR

SUBTOTAL of Disbursements This Page (optional) ▶

875.97

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

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(check only one)

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Stephanie Mattix

Mailing Address 200 N. Main St.

City Monticello State IN Zip Code 47960-

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: D128200519E5473
Date of Disbursement
11 / 30 / 2004

Amount of Each Disbursement this Period
873.16

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

PAYROLL

B. Full Name (Last, First, Middle Initial)
Stephanie Mattix

Mailing Address 200 N. Main St.

City Monticello State IN Zip Code 47960-

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: D128200519E5465
Date of Disbursement
12 / 31 / 2004

Amount of Each Disbursement this Period
873.16

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

PAYROLL

C. Full Name (Last, First, Middle Initial)
Stephanie Mattix

Mailing Address 200 N. Main St.

City Monticello State IN Zip Code 47960-

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: D128200519E5466
Date of Disbursement
12 / 31 / 2004

Amount of Each Disbursement this Period
2000.00

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

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ **3746.32**

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial)

A. MBNA America

Mailing Address P.O. Box 15019

City Wilmington State DE Zip Code 19886-

Purpose of Disbursement
 SEE BELOW

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/
 Type

Transaction ID: D128200519E5445
 Date of Disbursement

11 / 30 / 2004

Amount of Each Disbursement this Period

1262.17

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

SEE BELOW

Full Name (Last, First, Middle Initial)

B. Millennium Broadway Hotel

Mailing Address 145 West 44th Street

City New York State NY Zip Code 10036-

Purpose of Disbursement
 HOTEL

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/
 Type

Transaction ID: D128200519E5446
 Date of Disbursement

11 / 30 / 2004

Amount of Each Disbursement this Period

1227.18

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

[MEMO ITEM]
 MEMO: HOTEL

Full Name (Last, First, Middle Initial)

C. Doug Raderstorf

Mailing Address 200 N. Main St.

City Muncicella State IN Zip Code 47980-

Purpose of Disbursement
 PAYROLL

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/
 Type

Transaction ID: D128200519E5479
 Date of Disbursement

11 / 30 / 2004

Amount of Each Disbursement this Period

384.78

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

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

1646.95

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial)
A. Doug Raderstorf

Mailing Address 200 N. Main St.

City Monticello State IN Zip Code 47960-

Purpose of Disbursement
PAYROLL

Candidate Name

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

Category/
Type

Transaction ID: D128200519E5475
Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

384.78

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

PAYROLL

Full Name (Last, First, Middle Initial)
B. Matt Row

Mailing Address 200 North Main Street

City Monticello State IN Zip Code 47960-

Purpose of Disbursement
PAYROLL

Candidate Name

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

Category/
Type

Transaction ID: D128200519E5471
Date of Disbursement

11 / 30 / 2004

Amount of Each Disbursement this Period

587.78

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

PAYROLL

Full Name (Last, First, Middle Initial)
C. Matt Row

Mailing Address 200 North Main Street

City Monticello State IN Zip Code 47960-

Purpose of Disbursement
PAYROLL

Candidate Name

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

Category/
Type

Transaction ID: D128200519E5485
Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

258.15

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

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

1230.72

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)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial)

A. Sprint

Mailing Address P.O. Box 74517

City Atlanta State GA Zip Code 30374-

Purpose of Disbursement
PHONE BILL

Candidate Name

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

Category/
Type

Transaction ID: D128200519E5470
Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

467.04

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

PHONE BILL

Full Name (Last, First, Middle Initial)

B. Sprint

Mailing Address P.O. Box 74517

City Atlanta State GA Zip Code 30374-

Purpose of Disbursement
PHONE BILL

Candidate Name

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

Category/
Type

Transaction ID: D128200519E5477
Date of Disbursement

12 / 22 / 2004

Amount of Each Disbursement this Period

402.12

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

PHONE BILL

Full Name (Last, First, Middle Initial)

C. Super Test Service Stations

Mailing Address 305 E. Broadway Street

City Muncicella State IN Zip Code 47980-

Purpose of Disbursement
GASOLINE

Candidate Name

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

Category/
Type

Transaction ID: D128200519E5455
Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

414.40

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

GASOLINE

SUBTOTAL of Disbursements This Page (optional) ▶

1283.56

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial)
A. Super Test Service Stations

Mailing Address 305 E. Broadway Street

City Monticello State IN Zip Code 47960-

Purpose of Disbursement
GASOLINE

Candidate Name

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

State: District

Category/
Type

Transaction ID: D128200519E5468
Date of Disbursement

12 / 15 / 2004

Amount of Each Disbursement this Period

452.68

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

GASOLINE

Full Name (Last, First, Middle Initial)
B. Alberta Vogel

Mailing Address 102 E. Ohio St.

City Monticello State IN Zip Code 47960-

Purpose of Disbursement
DECEMBER RENT

Candidate Name

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

State: District

Category/
Type

Transaction ID: D128200519E5458
Date of Disbursement

12 / 08 / 2004

Amount of Each Disbursement this Period

250.00

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

DECEMBER RENT

Full Name (Last, First, Middle Initial)
C. Wells Fargo

Mailing Address 119 North Main Street

City Monticello State IN Zip Code 47960-874B

Purpose of Disbursement
FEE

Candidate Name

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

State: District

Category/
Type

Transaction ID: D103200551E5443
Date of Disbursement

11 / 30 / 2004

Amount of Each Disbursement this Period

10.00

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

FEE

SUBTOTAL of Disbursements This Page (optional) ▶

712.68

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 119 North Main Street

City Monticello State IN Zip Code 47960-6748

Purpose of Disbursement
 PETTY CASH/MONEY ORDER

Candidate Name

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

State: District

Category/
 Type

Transaction ID: D1282D0520E55D8
 Date of Disbursement

12 / 15 / 2004

Amount of Each Disbursement this Period

168.00

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

PETTY CASH/MONEY ORDER

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 119 North Main Street

City Monticello State IN Zip Code 47960-6748

Purpose of Disbursement
 PAYROLL TAXES

Candidate Name

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

State: District

Category/
 Type

Transaction ID: D1282D0519E5458
 Date of Disbursement

12 / 15 / 2004

Amount of Each Disbursement this Period

415.40

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

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶

583.40

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

14365.02

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 24 / 25

<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
 Hoosiers Supporting Buyer For Congress

Full Name (Last, First, Middle Initial)
A. Charles W. Boustany for Congress

Mailing Address 2938 Johnson Street

City Lafayette State LA Zip Code 70503-

Purpose of Disbursement
 CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: D1282D0519E5453
 Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)
B. Tauzin for Congress

Mailing Address P.O. Box 647

City State Zip Code 70302-

Purpose of Disbursement
 CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: D1282D0519E5451
 Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

TOTAL This Period (last page this line number only) ▶ 1500.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

Hoosiers Supporting Buyer For Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MBNA America

Nature of Debt (Purpose):
See below

Mailing Address P.O. Box 15019

City	State	ZIP Code
Wilmington	DE	19886

Outstanding Balance Beginning This Period

Transaction ID: LS0128200519E5445

1262.17

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

1262.17

0.00

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	0.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	