

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Annette Vanhouten 213 S. Weston Rensselaer, IN 47978- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fair Oaks Dairy Farm Occupation Administrative Assistant Aggregate Year-to-Date -> 250.00	09/30/2000	250.00
B. Full Name, Mailing Address and Zip Code Jim Walstra 12701 N. 1100 W. Demotte, IN 46310-0152 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self Occupation Walstra Trucking Aggregate Year-to-Date -> 250.00	09/29/2000	250.00
C. Full Name, Mailing Address and Zip Code Leo Watson 5606 Four Mile Dr. Kokomo, IN 46901- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Eye Physicians, Inc. Occupation Ophthalmologist Aggregate Year-to-Date -> 1,000.00	09/16/2000	850.00
D. Full Name, Mailing Address and Zip Code Max Weaver 105 E. 5th St. Peru, IN 46970- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Wabash Abstract Occupation Pres. Aggregate Year-to-Date -> 250.00	09/06/2000	250.00
E. Full Name, Mailing Address and Zip Code Andy Webster 10007 W. 109th Ave. Cedar Lake, IN 46303-9253 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Webster Trucking Occupation CEO Aggregate Year-to-Date -> 400.00	09/12/2000	150.00
F. Full Name, Mailing Address and Zip Code Hugh Weckerly 2972 Chatsworth Blvd. San Diego, CA 92106- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation retired Aggregate Year-to-Date -> 600.00	09/06/2000	100.00
G. Full Name, Mailing Address and Zip Code Richard Wells 263 Hale Dr. Wabash, IN 46992- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self Occupation Chiropractor Aggregate Year-to-Date -> 250.00	09/05/2000	250.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	2,100.00
<b>TOTAL</b> This Period (last page this line number only)	