

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

22 23  
FOR LINE NUMBER  
11(a)(i)

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

<p><b>A. Full Name, Mailing Address and Zip Code</b> Chuck Wiers P.O. Box 486 Demotte, IN 46310-0486</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Wiers Chev-Olds-Cadillac, Occupation Auto Dealer</p> <p><b>Date (month, day, year)</b> 09/29/2000</p> <p><b>Aggregate Year-to-Date -&gt;</b> 350.00</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b> Don Wilhelm 3402 Woodhaven Trail Kokomo, IN 46902-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Not Employed Occupation retired</p> <p><b>Date (month, day, year)</b> 09/07/2000</p> <p><b>Aggregate Year-to-Date -&gt;</b> 200.00</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> Dr. Jerry Willis 570 E. Main St. Wytheville, VA 24382-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> self Occupation doctor</p> <p><b>Date (month, day, year)</b> 09/26/2000</p> <p><b>Aggregate Year-to-Date -&gt;</b> 500.00</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b> Dr. Joe Willis P.O. Box 446 Darlington, SC 29540-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> self Occupation doctor</p> <p><b>Date (month, day, year)</b> 09/26/2000</p> <p><b>Aggregate Year-to-Date -&gt;</b> 500.00</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b> Sam Wireman 14459 N. St. Rd. 49 Wheatfield, IN 46392-9752</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Von Excavating Inc. Occupation Contractor</p> <p><b>Date (month, day, year)</b> 09/30/2000</p> <p><b>Aggregate Year-to-Date -&gt;</b> 250.00</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b> Anthony Wolf DC 13028 Cricklewood Ct. Carmel, IN 46033-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> self Occupation Chiropractor</p> <p><b>Date (month, day, year)</b> 09/05/2000</p> <p><b>Aggregate Year-to-Date -&gt;</b> 250.00</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b> Merrill Wolff P.O. Box 100 Oakford, IN 46965-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> self Occupation Contractor</p> <p><b>Date (month, day, year)</b> 08/16/2000</p> <p><b>Aggregate Year-to-Date -&gt;</b> 200.00</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional)</p>	<p>1,950.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)</p>	