

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

1. NAME OF COMMITTEE (in full)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Hoosiers Supporting Buyer For Congress		2. FEC IDENTIFICATION NUMBER <b>000255471 A 11-37</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 200 North Main St., P.O. Box 712	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CITY, STATE and ZIP CODE Monticello, IN 47960	STATE/DISTRICT IN 5	

### 4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input checked="" type="checkbox"/> Twelfth day report preceding	Primary	
<input type="checkbox"/> July 15 Quarterly Report	election on <u>05/02/2000</u>	(Type of Election)	in the State of <u>IN</u>
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on		
<input type="checkbox"/> January 31 Year End Report			in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report		

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

### SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-date
<u>04/01/2000</u> through <u>04/12/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	4,700.00	22,023.00
(b) Total Contribution Refunds (From Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	4,700.00	22,023.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3,597.03	18,737.15
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	3,597.03	18,737.15
8. Cash on Hand at Close of Reporting Period (from Line 27)	111,326.16	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$0	

For further information:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9630  
Local 202-219-3420

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 <b>Douglas E. Raderstorf</b>	Date <b>4/17/00</b>
Signature of Treasurer <i>Douglas E. Raderstorf</i>	

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

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

Name of Committee (in full) Hoosiers Supporting Buyer For Congress	Report Covering the Period: From: 04/01/2000 To: 04/12/2000	
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	700.00	
(ii) Unitemized		
(iii) Total of contributions from individual	700.00	3,023.00
(b) Political Party Committees		1,000.00
(c) Other Political Committees (such as PACs)	4,000.00	18,000.00
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	4,700.00	22,023.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)	46.98	1,352.31
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	4,746.98	23,381.31
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	3,597.03	18,737.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
21. OTHER DISBURSEMENTS		950.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	3,597.03	19,687.15
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		110,178.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		4,746.98
25. SUBTOTAL (add Line 23 and Line 24)		114,925.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		3,597.03
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		111,328.22

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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

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

<p>A. Full Name, Mailing Address and Zip Code Michael Dineen 1300 Crystal Dr., Apt. 607-S. Arlington, VA 22202-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Kemper</p> <p>Occupation V.P. Legislative Affairs</p> <p>Aggregate Year-to-Date -&gt; 200.00</p>	<p>Date (month, day, year) 04/12/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>B. Full Name, Mailing Address and Zip Code David Gogol 3714 Veazey St., NW Washington, DC 20016-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Sagamore &amp; Assoc.</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date -&gt; 250.00</p>	<p>Date (month, day, year) 04/12/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Doug Wasitis 2404 19th ST NW #66 Washington, DC 20009-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Sagamore &amp; Assoc.</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date -&gt; 250.00</p>	<p>Date (month, day, year) 04/12/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	700.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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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>                  American Maritime Officers                  Voluntary Political Action Fund                  650 4th Ave.                  Brooklyn, NY 11232-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 04/12/2000</p> <p>1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b>                  American Sugarbeet Growers PAC                  1156 15th Street, NW-Ste. 1101                  Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 04/12/2000</p> <p>500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b>                  General Electric PAC                  1299 Pennsylvania Ave., NW                  Suite 1100                  Washington, DC 20004-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 04/12/2000</p> <p>500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b>                  Highmark Health, PAC                  1800 Center Street                  Camp Hill, PA 17089-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 04/12/2000</p> <p>500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b>                  Lincoln National Corp. PAC                  1300 South Clinton St.                  Fort Wayne, IN 46801-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 04/12/2000</p> <p>500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b>                  National Assoc. of Broadcasters                  Television &amp; Radio PAC                  1771 N. St., NW                  Washington, DC 20036-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 04/12/2000</p> <p>1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

<b>SUBTOTAL</b> of Receipts This Page (optional)	4,000.00
<b>TOTAL</b> This Period (last page this line number only)	4,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code Lafayette Bank & Trust P.O. Box 1130  Lafayette, IN 47902-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	04/10/2000	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		46.98
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	46.98
TOTAL This Period (last page this line number only)	46.98

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page	PAGE	OF
	1	2
FOR LINE NUMBER		
17		

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Buschman's Service Center, Inc. 210 W. Broadway Monticello, IN 47960-	gasoline Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/12/2000	189.00
Capitol Hill Club 300 1st. St., S.E. Washington, DC 20003-	fundraiser facilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/06/2000	861.30
Stephanie Mattix 4479 E. Oakcrest Dr. Monticello, IN 47960-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/03/2000	910.66
Nipsco P.O. Box 13007 Merrillville, IN 46411-	electric bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/12/2000	89.85
Doug Raderstorf 800 East Ohio Street Monticello, IN 47960-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/03/2000	384.78
Republican Nat'l Committee 310 First St. S.E. Washington, DC 20003-	campaign college Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/05/2000	200.00
Sprint P.O. Box 74517 Atlanta, GA 30374-	telephone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/12/2000	258.05

<b>SUBTOTAL</b> of Disbursements This Page (optional)	2,793.04
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sprint P.O. Box 74517 Atlanta, GA 30374-	telephone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/12/2000	90.26
Lawrence Vogel 907 E. US 24 Monticello, IN 47960-	April rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/03/2000	650.00
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

<b>SUBTOTAL</b> of Disbursements This Page (optional)	740.26
<b>TOTAL</b> This Period (last page this line number only)	3,533.30

**SCHEDULE D**  
(Revised 3/80)

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

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<b>Hoosiers Supporting Buyer for Congress</b>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Stephanie Mattix 4479 E. Oakcrest Dr. Monticello, IN 47960	\$810.06	\$0	\$810.06	\$0
Nature of Debt (Purpose):				
payroll				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	\$0
2) TOTALS This Period (last page in this line only)	\$0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	\$0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	\$0



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4-17-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>REG</i> PREPARER	4-21-00 DATE PREPARED