

**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

Mike Pence Committee

ADDRESS (number and street)  
▼

P, O, Box 408

☐Check if different  
than previously  
reported. (ACC)

Anderson

IN

46015

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00350397

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

IN

06

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

04

01

2005

through

06

30

2005

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

Steve Ford

Signature of Treasurer

Electronically Filed by Steve Ford

Date

07

17

2006

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

Mike Pence Committee

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 5

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 5

	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)).....	241240.50	345464.65
(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)).....	241240.50	345464.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	78853.73	202133.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	1195.00	1295.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	77658.73	200838.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	373482.35	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Mike Pence Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	5

## I. RECEIPTS

COLUMN A  
Total This PeriodCOLUMN B  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

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

141188.15

197732.96

(ii) Unitemized.....

8327.00

8792.00

(iii) TOTAL of contributions

from individuals..... ▶

149515.15

206524.96

(b) Political Party Committees.....

552.00

552.00

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

91173.35

138387.69

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)

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

241240.50

345464.65

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

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

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....

1195.00

1295.00

## 15. OTHER RECEIPTS

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

961.38

2395.31

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

243396.88

349154.96

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	78853.73	202133.75
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
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
21. OTHER DISBURSEMENTS.....	5000.00	11650.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	83853.73	213783.75

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	213939.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	243396.88
25. SUBTOTAL (add Line 23 and Line 24).....	457336.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	83853.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	373482.35

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

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

FOR LINE NUMBER: PAGE 5 / 238

(check only one)

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

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)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Wiley Rein & Fielding LLP Mailing Address 1776 K Street NW No Partners Require Itemization City Washington State DC Zip Code 20006 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00		Date of Receipt MM / DD / YYYY 06 / 30 / 2005 <b>Transaction ID:</b> 50712.C10334 Amount of Each Receipt this Period 1500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) C. Allan Rosar Mailing Address 3587 Wernle Road City Richmond State IN Zip Code 47374 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SELF-EMPLOYED Occupation Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 06 / 27 / 2005 <b>Transaction ID:</b> 50712.C10367 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Seema Agarwal Mailing Address 54546 Saddlebrook Crossing City Elkhart State IN Zip Code 46514 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 04 / 29 / 2005 <b>Transaction ID:</b> 50712.C10325 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2500.00

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

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

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

FOR LINE NUMBER: PAGE 6 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Terry Allen

Mailing Address 10414 Ashcroft Way

City State Zip Code

Fairfax VA 22032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIDELIS

Occupation  
PRESIDENT

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 5

Transaction ID: 50712.C10309

Amount of Each Receipt this Period

250.00

Receipt

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

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

Terry Allen

Mailing Address 10414 Ashcroft Way

City State Zip Code

Fairfax VA 22032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIDELIS

Occupation  
PRESIDENT

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

667.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 5

Transaction ID: 50712.C10052

Amount of Each Receipt this Period

417.48

Receipt

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

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

Terry Allen

Mailing Address 10414 Ashcroft Way

City State Zip Code

Fairfax VA 22032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIDELIS

Occupation  
PRESIDENT

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 5

Transaction ID: 50713.C10376

Amount of Each Receipt this Period

242.52

In-Kind

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

003 catering

SUBTOTAL of Receipts This Page (optional) .....

910.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Terry Allen  
Mailing Address 10414 Ashcroft Way

City State Zip Code  
Fairfax VA 22032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIDELIS

Occupation  
PRESIDENT

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 5

Transaction ID: 50713.C10375

Amount of Each Receipt this Period

840.00

In-Kind

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

003 event tickets

**B.** Full Name (Last, First, Middle Initial)  
J.R. Anthony  
Mailing Address 15249 Belle Forch Court

City State Zip Code  
Carmel IN 46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMMI

Occupation  
manufacturing

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 5

Transaction ID: 50712.C10073

Amount of Each Receipt this Period

500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Daniel Asher  
Mailing Address 211 East Chicago Avenue  
#1020

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Broker

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10162

Amount of Each Receipt this Period

500.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

1840.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 8 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Lars E. Bader		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 5
Mailing Address 527 Madison Ave. 8th Floor		<b>Transaction ID:</b> 50712.C10292
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer QVT Financial	Occupation Trader	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Richard Baehr		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address 1813 North Lincoln Park West		<b>Transaction ID:</b> 50712.C10161
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Richard A. Baehr & Associates	Occupation CONSULTANT	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) James K. Baker		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 5
Mailing Address 12044 West State Road 46		<b>Transaction ID:</b> 50712.C10015
City Columbus	State IN	Zip Code 47201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Rekab	Occupation Secretary-Treasurer	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

4250.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 9 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

William Ball, Jr.

Mailing Address 5225 Nob Lane

City State Zip Code  
 Indianapolis IN 46226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10066

Amount of Each Receipt this Period

250.00

Receipt

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

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

William Ball, Jr.

Mailing Address 5225 Nob Lane

City State Zip Code  
 Indianapolis IN 46226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10201

Amount of Each Receipt this Period

46.00

Receipt

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

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

Douglas Banning

Mailing Address 104 S. Creemoor Way

City State Zip Code  
 Anderson IN 46011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prairie Farms Dairy

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10098

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) .....

546.00

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 10 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Bharat Barai

Mailing Address 9903 Twin Creek Blvd.

City State Zip Code  
Munster IN 46321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
MD

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 5

Transaction ID: 50712.C10328

Amount of Each Receipt this Period

2000.00

Receipt

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

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

Stephen Baranyk

Mailing Address 202 Senator Way East

City State Zip Code  
Carmel IN 46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
CONSULTANT

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 5

Transaction ID: 50712.C10075

Amount of Each Receipt this Period

500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)

MaryAnn Barrett

Mailing Address 5400 Edgewood Drive

City State Zip Code  
Richmond IN 47374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C10129

Amount of Each Receipt this Period

250.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**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 11 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.**

Full Name (Last, First, Middle Initial)

Ike Batalis

Mailing Address 14490 Jeremy Dr.

City State Zip Code  
Carmel IN 46033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
CONSULTANT

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 5

Transaction ID: 50712.C10138

Amount of Each Receipt this Period

250.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)

Nancy Bennett

Mailing Address 4630 Foxmoor Lane

City State Zip Code  
Greenwood IN 46143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
HOMEMAKER

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10080

Amount of Each Receipt this Period

500.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)

Charles Black

Mailing Address 208 Virginia Avenue

City State Zip Code  
Alexandria VA 22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BKSH Associates

Occupation  
Chairman

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C10120

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 12 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michelle Blake Mailing Address 6277 S. Fox Chase City Pendleton State IN Zip Code 46064 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt MM / DD / YYYY 05 / 31 / 2005 <b>Transaction ID:</b> 50712.C10107 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Jeanne Bowen Mailing Address 21 S. Creedmoor Way City Anderson State IN Zip Code 46011 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer HOMEMAKER Occupation HOMEMAKER Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt MM / DD / YYYY 05 / 27 / 2005 <b>Transaction ID:</b> 50712.C10103 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Andrew Buroker Mailing Address 510 Wayside Dr. City Indianapolis State IN Zip Code 46220 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Krieg Devault Occupation Attorney Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt MM / DD / YYYY 06 / 07 / 2005 <b>Transaction ID:</b> 50712.C10046 Amount of Each Receipt this Period 500.00 Receipt <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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Jeffery Cardwell  
Mailing Address 3205 Madison Ave.

City State Zip Code  
Indianapolis IN 46227-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMI Do It Best Home Center

Occupation  
EXECUTIVE

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10067

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Dennis Casey  
Mailing Address 8190 Hunters Cove Court

City State Zip Code  
Indianapolis IN 46236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Well Point

Occupation  
EXECUTIVE

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 5

Transaction ID: 50712.C10132

Amount of Each Receipt this Period

250.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas Chalfant  
Mailing Address 12028 W CR 700 N

City State Zip Code  
Parker City IN 47368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chalfant Farms Inc.

Occupation  
Farm Manager

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 5

Transaction ID: 50712.C10144

Amount of Each Receipt this Period

250.00

Receipt

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

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
A.S. Cheema  
Mailing Address 620 W. Edison Rd. Ste. 126

City State Zip Code  
Mishawaka IN 46545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
RESTAURANT OWNER

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 5

Transaction ID: 50712.C10298

Amount of Each Receipt this Period

500.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
David Colby  
Mailing Address 120 Monument Circle

City State Zip Code  
Indianapolis IN 46204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Well Point

Occupation  
EXECUTIVE

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10358

Amount of Each Receipt this Period

250.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Christine Conner  
Mailing Address 5431 Whittier Lane

City State Zip Code  
Indianapolis IN 46250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conner Insurance Agency

Occupation  
Insurance

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10079

Amount of Each Receipt this Period

500.00

Receipt

☐ 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Thomas Costakis Mailing Address 8076 Heyward Dr. City Indianapolis State IN Zip Code 46250 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Krieg Devault Occupation Attorney Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10300 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Nancy Cox Mailing Address 4407 State Road 227 South City Richmond State IN Zip Code 47374 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer HOUSEWIFE Occupation HOUSEWIFE Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10025 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Paul Curry Mailing Address 9874 E. Balancing Rock City Scottsdale State AZ Zip Code 85262-2360 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 546.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10279 Amount of Each Receipt this Period 46.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

796.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 16 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Carolyn Dalstrom

Mailing Address 3739 Doty Ln.

City State Zip Code  
 Carmel IN 46033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USA Funds

Occupation  
PRESIDENT & CEO

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 7 / 2 0 0 5

Transaction ID: 50712.C10044

Amount of Each Receipt this Period

500.00

Receipt

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

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

Mary Davis

Mailing Address 210 Williamson Dr.

City State Zip Code  
 Portland IN 47371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 9 / 2 0 0 5

Transaction ID: 50712.C10255

Amount of Each Receipt this Period

460.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)

Joseph Dawson

Mailing Address 7899 High St.

City State Zip Code  
 Indianapolis IN 46240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Land Developer, Residential Co

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 5

Transaction ID: 50712.C10072

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

1960.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 17 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dana De Fur Mailing Address 1707 Mimosa Ln. City State Zip Code Anderson IN 46011 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer HOMEMAKER Occupation HOMEMAKER Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 05 / 27 / 2005 <b>Transaction ID:</b> 50712.C10102 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Wayne DeVeydt Mailing Address 3908 Knickerbocker Pl. #1A City State Zip Code Indianapolis IN 46240 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Well Point Occupation Chief Accounting Officer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 27 / 2005 <b>Transaction ID:</b> 50712.C10357 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Marsha Dunkin Mailing Address 1409 Vanbuskirk Rd. City State Zip Code Anderson IN 46011 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer W. R. Dunkin & Son, Inc. Occupation OWNER Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 05 / 31 / 2005 <b>Transaction ID:</b> 50712.C10114 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

750.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Terence Dwyer

Mailing Address 425 Breakwater

City State Zip Code  
Fishers IN 46038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia House

Occupation  
Chief Operating Officer

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 0 5

Transaction ID: 50712.C10048

Amount of Each Receipt this Period

500.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Debra Edelman

Mailing Address 3274 Lantern Trail

City State Zip Code  
Richmond IN 47374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Recycling Center, Inc.

Occupation  
President/Owner

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10140

Amount of Each Receipt this Period

2000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Andrew Ehrlich

Mailing Address 2403 Davis Avenue

City State Zip Code  
Alexandria VA 22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B & D Sagamore

Occupation  
Senior Vice President

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10095

Amount of Each Receipt this Period

500.00

Receipt

☐ 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) .....

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

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

FOR LINE NUMBER: PAGE 19 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Carl Erskine

Mailing Address 4031 Fallbrook

City State Zip Code  
 Anderson IN 46011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 0 5

Transaction ID: 50712.C10111

Amount of Each Receipt this Period

250.00

Receipt

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

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

Michael Evans

Mailing Address 9184 Lakewind Drive

City State Zip Code  
 Indianapolis IN 46256

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chorus Inc.

Occupation  
PRESIDENT & CEO

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 6 / 2 0 0 5

Transaction ID: 50712.C10043

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)

Thomas Ewbank

Mailing Address 1280 Laurelwood

City State Zip Code  
 Carmel IN 46032

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Krieg DeVault, LLP

Occupation  
Attorney

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 5

Transaction ID: 50712.C10299

Amount of Each Receipt this Period

500.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 20 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Fisch		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5
Mailing Address 666 3rd Ave. 29th Floor American Securities Capital		<b>Transaction ID:</b> 50712.C10091
City State Zip Code New York NY 10017	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer American Securities Capital	Occupation Managing Director	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Janice Fisher		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 5
Mailing Address P.O. Box 1408		<b>Transaction ID:</b> 50712.C10267
City State Zip Code Muncie IN 47308	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) John Fisher		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 5
Mailing Address P.O. Box 1408		<b>Transaction ID:</b> 50712.C10268
City State Zip Code Muncie IN 47308	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 21 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Steven Fisher		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 5
Mailing Address 1656-D Beekman Place North West		<b>Transaction ID:</b> 50713.C10382
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 468.00
Name of Employer self Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Consultant-government affairs Election Cycle-to-Date ▼ 468.00	
		In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 003 catering

<b>B.</b> Full Name (Last, First, Middle Initial) Steven Fisher		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 5
Mailing Address 1656-D Beekman Place North West		<b>Transaction ID:</b> 50712.C10054
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Consultant-government affairs Election Cycle-to-Date ▼ 968.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b> Full Name (Last, First, Middle Initial) Harold Force		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address 11700 W Maple St.		<b>Transaction ID:</b> 50712.C10016
City Columbus	State IN	Zip Code 47201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Force Construction Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation contractor Election Cycle-to-Date ▼ 1000.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1968.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 22 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

A. Andrew Foster

Mailing Address 112 Stony Creek Overlook

City State Zip Code  
 Noblesville IN 46060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Financial Advisor

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 6 / 2 0 0 5

Transaction ID: 50712.C10116

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Donald Foster

Mailing Address 3536 East 116th Street

City State Zip Code  
 Carmel IN 46033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First Management Corp.

Occupation  
Businessman

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 6 / 2 0 0 5

Transaction ID: 50712.C10040

Amount of Each Receipt this Period

2000.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. William Fredericks

Mailing Address 2604 West Huntsville Road

City State Zip Code  
 Pendleton IN 46064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fredericks Inc.

Occupation  
contractor

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 8 / 2 0 0 5

Transaction ID: 50712.C10150

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) .....

4000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 238

(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)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Caress Garten Mailing Address 4503 Kessler Blvd. E. Drive City Indianapolis State IN Zip Code 46220 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Author Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10042 Amount of Each Receipt this Period 250.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) John Gaylor Mailing Address 13818 Salsbury Creek Drive City Carmel State IN Zip Code 46032 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Gaylor Electric Occupation PRESIDENT Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10152 Amount of Each Receipt this Period 2000.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) John R. Gaylor Mailing Address 16270 Quartz Dr. City Noblesville State IN Zip Code 46060 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Associated Builders and Contra Occupation GOVERNMENT RELATIONS Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10154 Amount of Each Receipt this Period 250.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 24 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Valerie Gaylor Mailing Address 13818 Salsbury Creek Drive City State Zip Code Carmel IN 46032 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Witham Hospital Occupation pharmacist Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10153 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Eugene Glick Mailing Address P.o. Box 40177 City State Zip Code Indianapolis IN 46240 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Gene B. Glick Co. Inc. Occupation Owner/President Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10332 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Kathleen Glynn Mailing Address 2026 Minneman Road City State Zip Code Richmond IN 47374 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Richmond Art Museum Occupation museum director Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10028 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2500.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
 Marc Goldman  
 Mailing Address 409 Washington St., #391

City State Zip Code  
 Hoboken NJ 07030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 8 / 2 0 0 5

Transaction ID: 50712.C10286

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
 Stephen Goldsmith  
 Mailing Address 805 15th St. NW  
 Ste. 600

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Knowledge Universe

Occupation  
partner

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10355

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
 Ramesh Gopal  
 Mailing Address 52392 Clarendon Hills Dr.

City State Zip Code  
 Granger IN 46530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Inc.

Occupation  
Radiation Oncologist

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 3 / 2 0 0 5

Transaction ID: 50712.C10347

Amount of Each Receipt this Period

350.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

2350.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 26 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Howard Graninger Mailing Address 9793 W. Ridgeway Ct. City Columbus State IN Zip Code 47201 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10014 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Howard Graninger Mailing Address 9793 W. Ridgeway Ct. City Columbus State IN Zip Code 47201 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 546.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 7 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10187 Amount of Each Receipt this Period 46.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Joseph J. Grano Mailing Address 1285 Ave. of Americas City New York State NY Zip Code 10019 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer UBS Wealth Management Occupation Chairman & CEO Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10282 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1546.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
James Haas  
Mailing Address 1784 Ginseng Trail

City State Zip Code  
Avon IN 46123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 5

Transaction ID: 50712.C10064

Amount of Each Receipt this Period

500.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Robert Haddad  
Mailing Address 4345 Riverside Dr.

City State Zip Code  
Columbus IN 47203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus Contractors, Inc.

Occupation  
Owner/President

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 5

Transaction ID: 50712.C10018

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
J. Robert Hall  
Mailing Address 3063 Dogwood Lane

City State Zip Code  
Richmond IN 47374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richmond Oral Surgery As-  
sc.,

Occupation  
Oral Surgeon

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 5

Transaction ID: 50712.C10029

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 28 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Melvin Hall		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 5
Mailing Address 1618 East Wayne Street		<b>Transaction ID:</b> 50712.C10094
City South Bend	State IN	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Press Ganey	Occupation PRESIDENT & CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Melvin Hall		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 5
Mailing Address 1618 East Wayne Street		<b>Transaction ID:</b> 50712.C10093
City South Bend	State IN	Amount of Each Receipt this Period 2100.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Press Ganey	Occupation PRESIDENT & CEO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Peggy Hall		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 3596 Newhouse Place		<b>Transaction ID:</b> 50712.C10142
City Greenwood	State IN	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 29 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
 Rochelle Hanfling  
 Mailing Address 11N120 Williamsburg Drive

City State Zip Code  
 Elgin IL 60123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 HOMEMAKER

Occupation  
 HOMEMAKER

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10163

Amount of Each Receipt this Period

700.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
 William W. Hanka  
 Mailing Address 4016 14th St., NW  
 1130 Connecticut Ave., NW Suite 30

City State Zip Code  
 Washington DC 20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 The Ferguson Group

Occupation  
 Lobbyist

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C10123

Amount of Each Receipt this Period

500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
 William Hardacre  
 Mailing Address 216 Summerlake Circle

City State Zip Code  
 Anderson IN 46011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 0 5

Transaction ID: 50712.C10110

Amount of Each Receipt this Period

500.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 30 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
 Timothy Harden  
 Mailing Address 1600 East 79th Street

City State Zip Code  
 Indianapolis IN 46240-2795

FEC ID number of contributing federal political committee.

C

Name of Employer  
Krieg DevaultOccupation  
Attorney

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 0 / 2 0 0 5

Transaction ID: 50712.C10034

Amount of Each Receipt this Period

500.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
 Jan Haviland  
 Mailing Address 2208 W. Stop 11 Rd.

City State Zip Code  
 Indianapolis IN 46217

FEC ID number of contributing federal political committee.

C

Name of Employer  
Meridian Veterinary Clini-  
c, InOccupation  
OFFICE MANAGER

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 0 5

Transaction ID: 50712.C10089

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
 Steven Hefter  
 Mailing Address 2386 Tennyson Lane

City State Zip Code  
 Highland Park IL 60035

FEC ID number of contributing federal political committee.

C

Name of Employer  
Morgan StanleyOccupation  
Stock Broker

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10168

Amount of Each Receipt this Period

500.00

Receipt

☐ 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

James Henderson

Mailing Address 4228 Riverside Dr.

City State Zip Code  
 Columbus IN 47203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 0 5

Transaction ID: 50712.C10012

Amount of Each Receipt this Period

1000.00

Receipt

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

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

Mary Heyob

Mailing Address 17148 Jerry Meyers Road

City State Zip Code  
 Cambridge City IN 47327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pro Crop Insurance

Occupation  
INSURANCE AGENT

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 9 / 2 0 0 5

Transaction ID: 50712.C10277

Amount of Each Receipt this Period

500.00

Receipt

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

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

Christina Hilker

Mailing Address 2001 Reeveston Road

City State Zip Code  
 Richmond IN 47374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Junior Achievement Of Eastern

Occupation  
PRESIDENT

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10366

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) .....

1750.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Carol Hilliard-Burt

Mailing Address 714 Humboldt Street

City State Zip Code  
 Denver CO 80218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellpoint

Occupation  
Senior Vice President Corporat

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 0 / 2 0 0 5

Transaction ID: 50712.C10053

Amount of Each Receipt this Period

250.00

Receipt

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

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

Thomas Hinshaw

Mailing Address 9985 Raintree Dr. N.

City State Zip Code  
 Columbus IN 47201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HRC Roofing & SH MTC., In-  
c.

Occupation  
Roofing Contractor

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1046.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 7 / 2 0 0 5

Transaction ID: 50712.C10194

Amount of Each Receipt this Period

1046.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)

Michael Hinshaw, M.D.

Mailing Address 3180 Wernle Rd.

City State Zip Code  
 Richmond IN 47374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10365

Amount of Each Receipt this Period

500.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

1796.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 33 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.**

Full Name (Last, First, Middle Initial)

Katrina Hockemeyer

Mailing Address 10936 Hamilton Pass

City State Zip Code  
 Fishers IN 46038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
CONSULTANT

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 8 / 2 0 0 5

Transaction ID: 50712.C10133

Amount of Each Receipt this Period

500.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)

Bert Hoffman

Mailing Address Box 5688  
 5688 Rosos Pkwy

City State Zip Code  
 Lake Zurich IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakewood Homes LLC

Occupation  
PRESIDENT

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10172

Amount of Each Receipt this Period

2000.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)

Frank Hoffman

Mailing Address 11583 Trail Ridge Place

City State Zip Code  
 Zionsville IN 46077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Krieg DeVault, LLP

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 0 / 2 0 0 5

Transaction ID: 50712.C10033

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 34 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Becky Holdman

Mailing Address 2467 W 1000 N.

City State Zip Code  
 Markle IN 46770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern Wells Comm. Scho-  
ols

Occupation  
TEACHER

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

814.20

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 9 / 2 0 0 5

Transaction ID: 50713.C10381

Amount of Each Receipt this Period

814.20

In-Kind

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

003 catering

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

Travis Holdman

Mailing Address 2467 W. 1000 N.

City State Zip Code  
 Markle IN 46770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Markle Bank

Occupation  
CEO

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1314.21

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 9 / 2 0 0 5

Transaction ID: 50713.C10380

Amount of Each Receipt this Period

814.21

In-Kind

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

003 Facility and entertain-  
ment

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

Tom Holthouse

Mailing Address 2074 Minneman Rd.

City State Zip Code  
 Richmond IN 47374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First Bank Richmond

Occupation  
Banking

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C10128

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) .....

1878.41

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

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

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

FOR LINE NUMBER: PAGE 35 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Lloyd Howe		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 5031 Trull Brook Dr.		<b>Transaction ID:</b> 50712.C10062
City Noblesville	State IN	Zip Code 46060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer The Precedent Companies, Inc.	Occupation Real Estate Developer	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b> Full Name (Last, First, Middle Initial) Barbara Huddleston		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address 3202 Byrd Drive		<b>Transaction ID:</b> 50712.C10069
City Indianapolis	State IN	Zip Code 46227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b> Full Name (Last, First, Middle Initial) Barbara Huddleston		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 7 / 2 0 0 5
Mailing Address 3202 Byrd Drive		<b>Transaction ID:</b> 50712.C10186
City Indianapolis	State IN	Zip Code 46227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	
		Receipt <input type="checkbox"/> 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)  
or each category of the  
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FOR LINE NUMBER: PAGE 36 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Stan Hurt  
Mailing Address 8801 Sargent Rd.

City State Zip Code  
Indianapolis IN 46256

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Indiana Supply Co.

Occupation  
OWNER

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10030

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Joel Hurwitz  
Mailing Address 317 Ravine Drive

City State Zip Code  
Highland Park IL 60035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arnstein & Lehr LLP

Occupation  
Lawyer

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10173

Amount of Each Receipt this Period

500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Blake Jackson  
Mailing Address 5600 E. Southport Road

City State Zip Code  
Indianapolis IN 46237-9339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Turtle Creek Management

Occupation  
EXECUTIVE

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 5

Transaction ID: 50712.C10086

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Franklin Jackson  
Mailing Address 6900 S. Gray Rd.

City State Zip Code  
Indianapolis IN 46237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FSJ, Inc

Occupation  
PRESIDENT

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 5

Transaction ID: 50712.C10065

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Richard Jackson  
Mailing Address 6589 W Stones Crossing Road

City State Zip Code  
Greenwood IN 46143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenwood Orthopedics

Occupation  
PHYSICIAN

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 5

Transaction ID: 50712.C10074

Amount of Each Receipt this Period

500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Wessley Jackson  
Mailing Address 5621 Woodworth Way

City State Zip Code  
Indianapolis IN 46237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Basic American Industries

Occupation  
EXECUTIVE

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 5

Transaction ID: 50712.C10088

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 38 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Richard L. Johnson

Mailing Address Po Box 27

City State Zip Code  
 Columbus IN 47202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Johnson Ventures

Occupation  
Chairman

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 3 / 2 0 0 5

Transaction ID: 50712.C10022

Amount of Each Receipt this Period

100.00

Receipt

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

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

Richard L. Johnson

Mailing Address Po Box 27

City State Zip Code  
 Columbus IN 47202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Johnson Ventures

Occupation  
Chairman

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 3 / 2 0 0 5

Transaction ID: 50712.C10021

Amount of Each Receipt this Period

2100.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)

Ruth W. Johnson

Mailing Address 9334 West Raintree Drive South

City State Zip Code  
 Columbus IN 47201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 3 / 2 0 0 5

Transaction ID: 50712.C10020

Amount of Each Receipt this Period

100.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 39 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ruth W. Johnson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 5
Mailing Address 9334 West Raintree Drive South		<b>Transaction ID:</b> 50712.C10019
City Columbus	State IN	Zip Code 47201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2200.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Brady Justice, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address 8037 Clymer Lane		<b>Transaction ID:</b> 50712.C10063
City Indianapolis	State IN	Zip Code 46250
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Businessman	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Naomi Kanter		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 5
Mailing Address 65 Vine Ave.		<b>Transaction ID:</b> 50712.C10288
City Highland Park	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

3350.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 40 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Vinod Khilnani  
Mailing Address 51500 Norwich Dr.

City State Zip Code  
Granger IN 46530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CTS Corp.

Occupation  
CFO

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 5

Transaction ID: 50712.C10316

Amount of Each Receipt this Period

300.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
John Kinman  
Mailing Address 356 Oak Meadows Ct.

City State Zip Code  
Greenwood IN 46142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regions Bank

Occupation  
Sr. Vice President

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C10118

Amount of Each Receipt this Period

250.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Fred Klipsch  
Mailing Address 3510 Sedgemoor Circle

City State Zip Code  
Carmel IN 46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Klipsch Lanham, Inc.

Occupation  
PRESIDENT

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10090

Amount of Each Receipt this Period

2000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

2550.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 41 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Kopin  
Mailing Address 150 Cary Avenue

City State Zip Code  
Highland Park IL 60035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Doctor

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10176

Amount of Each Receipt this Period

250.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Karen Kopin  
Mailing Address 1478 Berkley Court

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Professional

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10159

Amount of Each Receipt this Period

250.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Shoshana Korrub  
Mailing Address 80 Ellendale

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10170

Amount of Each Receipt this Period

500.00

Receipt

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

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Anil Kottoor

Mailing Address 8 Maple Avenue

City State Zip Code  
Eastchester NY 10709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wellpoint

Occupation  
VP of Application Development

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2005

Transaction ID: 50712.C10354

Amount of Each Receipt this Period

250.00

Receipt

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

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

James Lacrosse

Mailing Address PO Box 1602

City State Zip Code  
Indianapolis IN 46206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wine & Spirit Corp.

Occupation  
EXECUTIVE

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

04 / 18 / 2005

Transaction ID: 50712.C10155

Amount of Each Receipt this Period

500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)

Andre Lacy

Mailing Address 54 Monument Circle

City State Zip Code  
Indianapolis IN 46204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LDI, Ltd.

Occupation  
Chairman, CEO

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 23 / 2005

Transaction ID: 50712.C10056

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 43 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Martha Lamkin Mailing Address 4145 Washington Blvd. City Indianapolis State IN Zip Code 46205 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lumina Foundation Occupation PRESIDENT & CEO Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt MM / DD / YYYY 06 / 22 / 2005 <b>Transaction ID:</b> 50712.C10037 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Rex Lamm Mailing Address 830 Mill Lake Road City Fort Wayne State IN Zip Code 46845 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt MM / DD / YYYY 04 / 18 / 2005 <b>Transaction ID:</b> 50712.C10143 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Andrew Lappin Mailing Address 630 Lincoln Avenue City Glencoe State IL Zip Code 60022 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation INVESTOR Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 06 / 2005 <b>Transaction ID:</b> 50712.C10164 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1750.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Reed Larson  
Mailing Address 105 Robert Cole Court

City State Zip Code  
Williamsburg VA 23185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Right to Work Co-  
mm.

Occupation  
Treasurer

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10061

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Phyllis Laskowski  
Mailing Address 7802 Eaglecreek Overlook

City State Zip Code  
Indianapolis IN 46254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10068

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Ed Lasky  
Mailing Address 1250 Ridge Road

City State Zip Code  
Northbrook IL 60062-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
INVESTOR

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10174

Amount of Each Receipt this Period

1500.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
G. Timothy Lee  
Mailing Address 27 South Creedmoor Way

City State Zip Code  
Anderson IN 46011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Veterinarian

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10100

Amount of Each Receipt this Period

300.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Peter Leonard, D.D.S.  
Mailing Address 3680 Woodside Lane

City State Zip Code  
Columbus IN 47203-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
DENTIST

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 5

Transaction ID: 50712.C10017

Amount of Each Receipt this Period

2000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Nancy Likens  
Mailing Address 8663 West 300 North

City State Zip Code  
Anderson IN 46011-9129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 5

Transaction ID: 50712.C10117

Amount of Each Receipt this Period

1000.00

Receipt

☐ 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)  
or each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Paul Lindemann  
Mailing Address 8132 Meadowbrook

City State Zip Code  
Indianapolis IN 46240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Krieg DeVault, LLP

Occupation  
Lawyer

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 5

Transaction ID: 50712.C10297

Amount of Each Receipt this Period

500.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Joseph Loughrey  
Mailing Address 4251 N. Riverside Dr.

City State Zip Code  
Columbus IN 47203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cummins Engine Co.

Occupation  
Exec. Vice President

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10013

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Ted Lucas  
Mailing Address 1125 Constitution Dr.

City State Zip Code  
Edinburgh IN 46124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Milestone

Occupation  
contractor

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 5

Transaction ID: 50712.C10145

Amount of Each Receipt this Period

500.00

Receipt

☐ 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

A. Ted Lucas

Mailing Address 1125 Constitution Dr.

City State Zip Code  
 Edinburgh IN 46124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Milestone

Occupation  
contractor

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10060

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. P.E. MacAllister

Mailing Address P.O. Box 1941

City State Zip Code  
 Indianapolis IN 46206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MacAllister Machinery, In-  
c.

Occupation  
Chairman

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 0 5

Transaction ID: 50712.C10057

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. P.E. MacAllister

Mailing Address P.O. Box 1941

City State Zip Code  
 Indianapolis IN 46206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MacAllister Machinery, In-  
c.

Occupation  
Chairman

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10238

Amount of Each Receipt this Period

92.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) .....

2092.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Stephen Madinger

Mailing Address 210 S. Creedmoor Way

City State Zip Code  
 Anderson IN 46011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Roadhouse

Occupation  
partner

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1046.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 8 / 2 0 0 5

Transaction ID: 50712.C10136

Amount of Each Receipt this Period

1046.00

Receipt

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

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

John Maidlow

Mailing Address 15908 Emerald Lane

City State Zip Code  
 Middletown IN 47356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lehmans Inc. of Anderson

Occupation  
PRESIDENT

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 8 / 2 0 0 5

Transaction ID: 50712.C10151

Amount of Each Receipt this Period

1500.00

Receipt

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

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

Jerome Mandell

Mailing Address 180 East Pearson Street

City State Zip Code  
 Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Wrecking Co.

Occupation  
EXECUTIVE

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10175

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) .....

3046.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Lindley Mann		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 5
Mailing Address 2584 Abington Pike		<b>Transaction ID:</b> 50712.C10295
City Richmond	State IN	Zip Code 47374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hills Floral Group	Occupation Floral Distributor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b> Full Name (Last, First, Middle Initial) Leah Mannweiler		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 5
Mailing Address 3543 Delaware Common, South Drive		<b>Transaction ID:</b> 50712.C10041
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Krieg DeVault, LLP	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b> Full Name (Last, First, Middle Initial) Laurel Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 5
Mailing Address 1690 Cielito Dr.		<b>Transaction ID:</b> 50712.C10147
City Glendale	State CA	Zip Code 91207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 50 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dianna Massie Mailing Address 10051 East Southport Road City State Zip Code Indianapolis IN 46259 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Massie Inc. Occupation OWNER Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10083 Amount of Each Receipt this Period 1000.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Stephen May Mailing Address 5900 Ashby Manor Pl. City State Zip Code Alexandria VA 22310 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cummins Occupation GOVERNMENT RELATIONS Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 4 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10125 Amount of Each Receipt this Period 500.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Claire Mazer Mailing Address 800 N. Michigan Ave Apt 5601 City State Zip Code Chicago IL 60611 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer HOMEMAKER Occupation HOMEMAKER Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 5 <b>Transaction ID:</b> 50712.C10166 Amount of Each Receipt this Period 1000.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 51 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Mazer		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 5	
Mailing Address 800 North Michigan Avenue Apt 5601		<b>Transaction ID:</b> 50713.C10374	
City Chicago	State IL	Amount of Each Receipt this Period 550.00	
Zip Code 60611		In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>		003 event Tickets	
Name of Employer Retired	Occupation Retired	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 550.00			

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Mazer		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 5	
Mailing Address 800 North Michigan Avenue Apt 5601		<b>Transaction ID:</b> 50712.C10222	
City Chicago	State IL	Amount of Each Receipt this Period 46.00	
Zip Code 60611		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 596.00			

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Mazer		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 5	
Mailing Address 800 North Michigan Avenue Apt 5601		<b>Transaction ID:</b> 50712.C10165	
City Chicago	State IL	Amount of Each Receipt this Period 1000.00	
Zip Code 60611		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1596.00			

**SUBTOTAL** of Receipts This Page (optional) .....

1596.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 52 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Donald McArdle

Mailing Address 3530 Rosewood Drive

City State Zip Code  
 Fort Wayne IN 46804

FEC ID number of contributing federal political committee.

C

Name of Employer  
McArdle Realty & ConsultingOccupation  
PRESIDENT

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 3 / 2 0 0 5

Transaction ID: 50712.C10181

Amount of Each Receipt this Period

100.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Richard Meade

Mailing Address 702 Berry Street

City State Zip Code  
 Falls Church VA 22042

FEC ID number of contributing federal political committee.

C

Name of Employer  
BKSH AssociatesOccupation  
DIRECTOR

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C10124

Amount of Each Receipt this Period

500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Dr.Christopher Melin

Mailing Address 737 Dresser Drive

City State Zip Code  
 Anderson IN 46011

FEC ID number of contributing federal political committee.

C

Name of Employer  
selfOccupation  
Medical Doctor

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 9 / 2 0 0 5

Transaction ID: 50712.C10276

Amount of Each Receipt this Period

250.00

Receipt

☐ 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Menis  
Mailing Address 850 Munshaw Lane

City State Zip Code  
Crystal Lake IL 60014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Oral Maxillofacial Surgeon

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10179

Amount of Each Receipt this Period

500.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Michael Mihalke  
Mailing Address 1699 Foxhall Rd. NW

City State Zip Code  
Washington DC 20007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alexander Strategy Group

Occupation  
Senior Partner

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10360

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Sue Miller  
Mailing Address 1359 Henley Rd.

City State Zip Code  
Richmond IN 47374

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
46.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10243

Amount of Each Receipt this Period

46.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

1546.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 54 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Sue Miller  
Mailing Address 1359 Henley Rd.

City State Zip Code  
Richmond IN 47374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
296.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10362

Amount of Each Receipt this Period

250.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
BETTY MILLS  
Mailing Address 3071 Waverly Dr.

City State Zip Code  
Richmond IN 47374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mills Funeral Home, Inc

Occupation  
Funeral Director

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 5

Transaction ID: 50712.C10023

Amount of Each Receipt this Period

500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
William Moeller  
Mailing Address 11093 East Rolling Rock Drive

City State Zip Code  
Scottsdale AZ 85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 5

Transaction ID: 50712.C10156

Amount of Each Receipt this Period

500.00

Receipt

☐ 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 238

(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)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Morgan  
Mailing Address 1549 Greenwood Ave.

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
REAL ESTATE

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	5

Transaction ID: 50712.C10177

Amount of Each Receipt this Period

250.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Terry Muilenburg  
Mailing Address 3625 N. Upland St.

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USA FundsOccupation  
GOVERNMENT RELATIONS

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	5

Transaction ID: 50712.C10047

Amount of Each Receipt this Period

250.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Manjula Musunuru  
Mailing Address 50840 Fox Trail

City State Zip Code  
Granger IN 46530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	5

Transaction ID: 50712.C10319

Amount of Each Receipt this Period

400.00

Receipt

☐ 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Philip Newton

Mailing Address 12925 E 100 N

City State Zip Code  
 Columbus IN 47203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Industrial Sales

Occupation  
Sales Representative

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 5

Transaction ID: 50712.C10290

Amount of Each Receipt this Period

500.00

Receipt

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

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

Cynthia Noe

Mailing Address 5236 East 72nd Street

City State Zip Code  
 Indianapolis IN 46250-2520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Integrated Housekeeping  
System

Occupation  
OWNER

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 0 / 2 0 0 5

Transaction ID: 50712.C10035

Amount of Each Receipt this Period

250.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)

Ajit Pai

Mailing Address 51564 Foxpointe Lane

City State Zip Code  
 Granger IN 46530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pain Management Center

Occupation  
OWNER

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 9 / 2 0 0 5

Transaction ID: 50712.C10329

Amount of Each Receipt this Period

2100.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

2850.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 57 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Praful Palan  
Mailing Address 19636 Lacey Ln.

City State Zip Code  
Bristol IN 46507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holiday Inn Express

Occupation  
OWNER

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 5

Transaction ID: 50712.C10310

Amount of Each Receipt this Period

250.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Jayanti Patel  
Mailing Address 52652 Helvie Dr.

City State Zip Code  
South Bend IN 46635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howard Johnson Inn

Occupation  
Inn Keeper

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 5

Transaction ID: 50712.C10313

Amount of Each Receipt this Period

250.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Shetal Patel  
Mailing Address 51362 Amesbury Way

City State Zip Code  
Granger IN 46530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 5

Transaction ID: 50712.C10315

Amount of Each Receipt this Period

250.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 58 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Linda Paust		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 5	
Mailing Address 3411 Dorothy Lane		<b>Transaction ID:</b> 50712.C10269	
City State Zip Code Richmond IN 47374		Amount of Each Receipt this Period 92.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Paust Printers, Global Service		Occupation VICE PRESIDENT	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 92.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Linda Paust		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5	
Mailing Address 3411 Dorothy Lane		<b>Transaction ID:</b> 50713.C10378	
City State Zip Code Richmond IN 47374		Amount of Each Receipt this Period 152.00	
FEC ID number of contributing federal political committee. C		In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Paust Printers, Global Service		Occupation VICE PRESIDENT	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 244.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ron J. Ponder		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 5	
Mailing Address PO Box 465		<b>Transaction ID:</b> 50712.C10356	
City State Zip Code New Vernon NJ 07976		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Well Point		Occupation VICE PRESIDENT	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

494.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 59 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Lewis Pringle  
Mailing Address 2858 North Stout Road

City State Zip Code  
Liberty IN 47353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 5

Transaction ID: 50712.C10148

Amount of Each Receipt this Period

2000.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas Reilly, Jr.  
Mailing Address 8877 Pickwick Dr.

City State Zip Code  
Indianapolis IN 46260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reilly Industries, Inc.

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 0 5

Transaction ID: 50712.C10081

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Shirley Retherford  
Mailing Address 8130 Knapp Road

City State Zip Code  
Indianapolis IN 46259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Real Estate Broker & Insurance

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 5

Transaction ID: 50712.C10071

Amount of Each Receipt this Period

500.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 60 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Sidney Retsky		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address 145 Lakewood Pl.		<b>Transaction ID:</b> 50712.C10171
City Highland Park	State IL	Zip Code 60035-5009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Nancy Ricker		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 5
Mailing Address 6320 West Foster Branch Drive		<b>Transaction ID:</b> 50712.C10115
City Pendleton	State IN	Zip Code 46064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ricker Oil	Occupation Treasurer	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Nancy Ricker		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 6320 West Foster Branch Drive		<b>Transaction ID:</b> 50712.C10137
City Pendleton	State IN	Zip Code 46064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ricker Oil	Occupation Treasurer	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Thomas Rivkin  
Mailing Address 3004 Indianwood

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Bldg & Preservati-  
on LP

Occupation  
Building Preservation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10160

Amount of Each Receipt this Period

250.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Kosaraju Roa  
Mailing Address 51410 Hidden Pines Ct.

City State Zip Code  
Granger IN 46530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
PHYSICIAN

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 5

Transaction ID: 50712.C10327

Amount of Each Receipt this Period

500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
J. Patrick Rooney  
Mailing Address 5835 West 74th St.

City State Zip Code  
Indianapolis IN 46278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10084

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 62 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
J. Patrick Rooney  
Mailing Address 5835 West 74th St.

City State Zip Code  
Indianapolis IN 46278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 5

Transaction ID: 50712.C10131

Amount of Each Receipt this Period

400.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
J. Patrick Rooney  
Mailing Address 5835 West 74th St.

City State Zip Code  
Indianapolis IN 46278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 5

Transaction ID: 50712.C10130

Amount of Each Receipt this Period

1100.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Therese Rooney  
Mailing Address 7720 N. College Ave.

City State Zip Code  
Indianapolis IN 46240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Golden Rule Financial Cor-  
porat

Occupation  
Chairwoman/CEO

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10085

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 63 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Irwin Rose

Mailing Address P.O. Box 40879

City State Zip Code  
 Indianapolis IN 46240-0879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Irwin R. Rose and Company

Occupation  
REAL ESTATE

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 546.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 3 / 2 0 0 5

Transaction ID: 50712.C10217

Amount of Each Receipt this Period

46.00

Receipt

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

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

Herbert Rosen

Mailing Address 441 Kelburn Rd. #313

City State Zip Code  
 Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
PHYSICIAN

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 331.74

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 4 / 2 0 0 5

Transaction ID: 50713.C10379

Amount of Each Receipt this Period

331.74

In-Kind

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

003 catering

**C.** Full Name (Last, First, Middle Initial)

Herbert Rosen

Mailing Address 441 Kelburn Rd. #313

City State Zip Code  
 Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
PHYSICIAN

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1331.74

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10167

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

1377.74

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 64 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Shari Rosen  
Mailing Address 441 Kelburn Rd. #313

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10169

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas H. Ross  
Mailing Address 6050 N. 52nd St.

City State Zip Code  
Paradise Valley AZ 85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
M.D.

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 5

Transaction ID: 50712.C9964

Amount of Each Receipt this Period

500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Lynn Rowley  
Mailing Address 1519 Van Buskirk Rd.

City State Zip Code  
Anderson IN 46011-1357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mad. Co. Tobacco Preventi-  
on

Occupation  
ADMINISTRATIVE ASSISTANT

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 5

Transaction ID: 50712.C10112

Amount of Each Receipt this Period

250.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 65 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Nicholas Runnebohm

Mailing Address 3177 S. 375 E.

City State Zip Code  
 Shelbyville IN 46176-9245

FEC ID number of contributing federal political committee.

C

Name of Employer  
Runnebohm Construction Co-  
.. InOccupation  
General Contractor

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 8 / 2 0 0 5

Transaction ID: 50712.C10149

Amount of Each Receipt this Period

1000.00

Receipt

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

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

Elizabeth Russell

Mailing Address 3508 E. Carmel Dr.

City State Zip Code  
 Carmel IN 46033

FEC ID number of contributing federal political committee.

C

Name of Employer  
Krieg DeVault, LLPOccupation  
Attorney

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 2 / 2 0 0 5

Transaction ID: 50712.C10039

Amount of Each Receipt this Period

500.00

Receipt

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

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

Edward R. Schmidt

Mailing Address 12170 Bridgewater Road

City State Zip Code  
 Indianapolis IN 46256

FEC ID number of contributing federal political committee.

C

Name of Employer  
selfOccupation  
Lawyer

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 0 / 2 0 0 5

Transaction ID: 50712.C10036

Amount of Each Receipt this Period

500.00

Receipt

☐ 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Charles Schoolcraft  
Mailing Address 3072 Golfview Dr.

City State Zip Code  
Greenwood IN 46143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
REAL ESTATE

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 5

Transaction ID: 50712.C10070

Amount of Each Receipt this Period

500.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Stephen Schoolcraft  
Mailing Address 3772 Highland Park Drive

City State Zip Code  
Greenwood IN 46143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Schoolcraft Dev., Inc.

Occupation  
self-employed, building develo

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 5

Transaction ID: 50712.C10078

Amount of Each Receipt this Period

250.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
John Schuler  
Mailing Address 13595 Landser Place

City State Zip Code  
Carmel IN 46033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Martin Marietta Aggregates

Occupation  
Director Government Affairs

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 5

Transaction ID: 50712.C10146

Amount of Each Receipt this Period

250.00

Receipt

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

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Beurt SerVaas

Mailing Address 2525 W. 44th St.

City State Zip Code  
 Indianapolis IN 46228

FEC ID number of contributing federal political committee.

C

Name of Employer  
SerVaas, Inc.Occupation  
CEO

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 3 / 2 0 0 5

Transaction ID: 50712.C10087

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Allison Shulman

Mailing Address 4426 South 36th Street  
Apt. #A2

City State Zip Code  
 Arlington VA 22206

FEC ID number of contributing federal political committee.

C

Name of Employer  
Dickstein, Shapiro, Morin  
& OsOccupation  
Lobbyist

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 0 / 2 0 0 5

Transaction ID: 50712.C10051

Amount of Each Receipt this Period

500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Michael Smith

Mailing Address 4975 Deer Ridge Dr. S.

City State Zip Code  
 Carmel IN 46033

FEC ID number of contributing federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 7 / 2 0 0 5

Transaction ID: 50712.C10185

Amount of Each Receipt this Period

460.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) .....

1960.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert David Smitson

Mailing Address 7876 S. Retriever Ln.

City State Zip Code  
 Zionsville IN 46077

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cummins Mid-States Power Inc.Occupation  
PRESIDENT

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 0 / 2 0 0 5

Transaction ID: 60419.C11090

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Bobbette Snyder

Mailing Address 984 N. 500 W.

City State Zip Code  
 Anderson IN 46011

FEC ID number of contributing federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 0 5

Transaction ID: 50712.C10106

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Linda M. Staley

Mailing Address 1335 Ravens Gate Lane

City State Zip Code  
 Anderson IN 46012

FEC ID number of contributing federal political committee.

C

Name of Employer  
Anderson UniversityOccupation  
Administration

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 0 5

Transaction ID: 50712.C10108

Amount of Each Receipt this Period

250.00

Receipt

☐ 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Dan Stamper  
Mailing Address 2014 Boston Pike

City State Zip Code  
Richmond IN 47374

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carroll Electric Inc.

Occupation  
Building Contractor

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10368

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
W. Dennis Stephens  
Mailing Address 6724 Princess Anne Lane

City State Zip Code  
Falls Church VA 22042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Preston Gates Ellis, LLP

Occupation  
GOVERNMENT RELATIONS

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: 50712.C10092

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Paul Stewart  
Mailing Address 5760 Walling Wood Drive

City State Zip Code  
Indianapolis IN 46226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 5

Transaction ID: 50712.C10049

Amount of Each Receipt this Period

500.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 70 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David Stidham		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 5
Mailing Address 820 E. Farlow Rd.		<b>Transaction ID:</b> 50712.C10296
City Richmond	State IN	Zip Code 47374-7725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Helen Rhea Stumbo		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 5
Mailing Address 305 Knoxville Street		<b>Transaction ID:</b> 50712.C10311
City Fort Valley	State GA	Zip Code 31030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Web Wise Kids	Occupation Internet Safety	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 150.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Helen Rhea Stumbo		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 5
Mailing Address 305 Knoxville Street		<b>Transaction ID:</b> 50712.C10348
City Fort Valley	State GA	Zip Code 31030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Web Wise Kids	Occupation Internet Safety	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
John Sturm  
Mailing Address 3606 Cardiff Road

City State Zip Code  
Chevy Chase MD 20815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newspaper Assoc. of Ameri-  
ca

Occupation  
President and CEO

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C10126

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Carol Teipen  
Mailing Address 3652 Creekwood Drive

City State Zip Code  
Greenwood IN 46142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kitchens By Teipen

Occupation  
Book Keeper/ Owner

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
46.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10202

Amount of Each Receipt this Period

46.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Carol Teipen  
Mailing Address 3652 Creekwood Drive

City State Zip Code  
Greenwood IN 46142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kitchens By Teipen

Occupation  
Book Keeper/ Owner

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
546.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10082

Amount of Each Receipt this Period

500.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

1546.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 72 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Aruna Thinakal

Mailing Address 15795 Lake Forest Ct.

City State Zip Code  
 Granger IN 46530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 9 / 2 0 0 5

Transaction ID: 50712.C10326

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

**B.** Gerald Torr

Mailing Address 11944 Esty Way

City State Zip Code  
 Carmel IN 46033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FCCI Insurance Group

Occupation  
Insurance

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 0 / 2 0 0 5

Transaction ID: 50712.C10050

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

**C.** G.N.R. Tripathi

Mailing Address 53075 Berwick Dr.

City State Zip Code  
 South Bend IN 46635

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 9 / 2 0 0 5

Transaction ID: 50712.C10306

Amount of Each Receipt this Period

600.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 73 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

A. Wayne Valis

Mailing Address 1700 Pennsylvania Ave., NW #950

City State Zip Code  
 Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
Lobbyist

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 3 / 2 0 0 5

Transaction ID: 50713.C10373

Amount of Each Receipt this Period

990.00

In-Kind

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

003 in-kind catering

Full Name (Last, First, Middle Initial)

B. William Vanness

Mailing Address 4014 Creedmoor Place

City State Zip Code  
 Anderson IN 46011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Hospital of And-  
erson

Occupation  
PRESIDENT

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 0 5

Transaction ID: 50712.C10109

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Jeff Viohl

Mailing Address 258 Finnegan Drive

City State Zip Code  
 Millersville MD 21108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Viohl & Associates, Inc

Occupation  
GOVERNMENT RELATIONS

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10139

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) .....

1990.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Nathan Wagner  
Mailing Address 600 Central Ave. Ste. 365

City State Zip Code  
Highland Park IL 60035

FEC ID number of contributing federal political committee.

C

Name of Employer  
Wagner AssociatesOccupation  
CPA

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C10178

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Becky Weber  
Mailing Address 7603 Bent Oak Court

City State Zip Code  
Falls Church VA 22043

FEC ID number of contributing federal political committee.

C

Name of Employer  
BKSH AssociatesOccupation  
DIRECTOR

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C10122

Amount of Each Receipt this Period

500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Michael Williams  
Mailing Address 12206 Island Drive

City State Zip Code  
Indianapolis IN 46256

FEC ID number of contributing federal political committee.

C

Name of Employer  
Krieg DeVault, LLPOccupation  
Attorney

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 5

Transaction ID: 50712.C10038

Amount of Each Receipt this Period

500.00

Receipt

☐ 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) .....

141188.15

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

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

FOR LINE NUMBER: PAGE 75 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Affiliated Computer Services Inc. GGCPAC

Mailing Address ACS Good Government Committee  
1800 M St. NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10330

Amount of Each Receipt this Period

2500.00

Receipt

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

Full Name (Last, First, Middle Initial)

**B.** American Bankers Association PAC

Mailing Address 1120 Connecticut Avenue NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 5

Transaction ID: 50712.C9976

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)

**C.** American Bankers Association PAC

Mailing Address 1120 Connecticut Avenue NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C10004

Amount of Each Receipt this Period

1500.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 238

(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)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

A. American Hospital Association PAC

Mailing Address 325 7th St NW

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	5

Transaction ID: 50712.C10076

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. American Hospital Association PAC

Mailing Address 325 7th St NW

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	5

Transaction ID: 50712.C10372

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. American Intellectual Property Law PAC

Mailing Address 2001 Jefferson Davis Highway  
#208

City	State	Zip Code
Arlington	VA	22202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	5

Transaction ID: 50712.C9971

Amount of Each Receipt this Period

1000.00

Receipt

☐ 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) .....

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

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

FOR LINE NUMBER: PAGE 77 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

A. Full Name (Last, First, Middle Initial)  
American Nursery & Landscape A. PAC

Mailing Address 1000 Vermont Ave, NW, Ste. 300

City State Zip Code  
Washington DC 20005-4914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
GOVERNMENT RELATIONS

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C10000

Amount of Each Receipt this Period

5000.00

Receipt

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

B. Full Name (Last, First, Middle Initial)  
American Society of AnesthesiologistsPAC

Mailing Address 520 N. Northwest Highway

City State Zip Code  
Park Ridge IL 60068-2573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10011

Amount of Each Receipt this Period

1000.00

Receipt

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

C. Full Name (Last, First, Middle Initial)  
American United in Support of Democracy PAC

Mailing Address 350 West Hubbard Suite 350

City State Zip Code  
Chicago IL 60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 5

Transaction ID: 50712.C9967

Amount of Each Receipt this Period

3000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) .....

9000.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)  
**A.** Associated Builders & Contractors PAC

Mailing Address 1300 North 17th Street

City State Zip Code  
 Rosslyn VA 22209

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 2 0 / 2 0 0 5

Transaction ID: 50712.C9985

Amount of Each Receipt this Period

4000.00

Receipt

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

Full Name (Last, First, Middle Initial)  
**B.** B & D Sagamore Pac

Mailing Address 300 N. Meridian St., Ste. 2700

City State Zip Code  
 Indianapolis IN 46204

FEC ID number of contributing federal political committee.

C

C00386904

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 8 / 2 0 0 5

Transaction ID: 50712.C10006

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)  
**C.** Bank of America PAC

Mailing Address 600 Peachtree Street, NE  
3rd Floor

City State Zip Code  
 Atlanta GA 30308

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 3 / 2 0 0 5

Transaction ID: 50712.C9982

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) .....

5500.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Barnes & Thornburg PAC  
Mailing Address 11 S. Meridian St.

City State Zip Code  
Indianapolis IN 46204-3535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10077

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
Beverly Enterprises PAC  
Mailing Address 1250 H Street, NW  
Suite 555

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 5

Transaction ID: 50712.C9981

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Build PAC of the Nat. Assoc. of Home Bld  
Mailing Address 1201 15th Street Nw

City State Zip Code  
Washington DC 20005-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 5

Transaction ID: 50712.C9965

Amount of Each Receipt this Period

1000.00

Receipt

☐ 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) .....

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

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

FOR LINE NUMBER: PAGE 80 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Burson-Marsteller/Young&Rubcam PAC

Mailing Address 1801 K St. N.W., Ste. 901L

City State Zip Code  
 Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C10121

Amount of Each Receipt this Period

1000.00

Receipt

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

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

Campaign for Working Families

Mailing Address 2800 Shirlington Road Suite 605

City State Zip Code  
 Arlington VA 22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10331

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)

Conservative Victory Fund PAC

Mailing Address P.O. Box 15245

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

C00009704

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1341.75

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 5

Transaction ID: 50713.C10383

Amount of Each Receipt this Period

423.35

In-Kind

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

003 faxing invitation

**SUBTOTAL** of Receipts This Page (optional) .....

2423.35

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 81 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Credit Union Leg. Action Council PAC

Mailing Address 805 Fifteenth Street, N.W. Ste. 30

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C9997

Amount of Each Receipt this Period

5000.00

Receipt

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

Full Name (Last, First, Middle Initial)

**B.** Cummins Inc. PAC

Mailing Address 601 Pennsylvania Ave NW  
 North Building Suite 625

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00377952

Name of Employer Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C10001

Amount of Each Receipt this Period

2000.00

Receipt

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

Full Name (Last, First, Middle Initial)

**C.** Dairy Farmers Of America PAC

Mailing Address 10220 N Executive Hills Blvd.

City State Zip Code  
 Kansas City MO 65153

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10058

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 82 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** DealersElectionActionComm.ofNADA PAC

Mailing Address 8400 Westpark Drive

City State Zip Code  
 McClean VA 22102

FEC ID number of contributing  
federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10059

Amount of Each Receipt this Period

2500.00

Receipt

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

Full Name (Last, First, Middle Initial)

**B.** Dow Chemical Company Agricultrual PAC

Mailing Address 9330 Zionsville Road

City State Zip Code  
 Indianapolis IN 46268

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

Name of Employer Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 9 / 2 0 0 5

Transaction ID: 50712.C9970

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)

**C.** Federation of American Hospitals PAC

Mailing Address 801 Pennsylvania Avenue, NW  
 Suite 245

City State Zip Code  
 Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 3 / 2 0 0 5

Transaction ID: 50712.C9983

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 83 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Franchising PAC

Mailing Address 1350 New York Ave, Nw  
#900

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C9998

Amount of Each Receipt this Period

1000.00

Receipt

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

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

Golden Rule Financial Corporation PAC

Mailing Address 712 Eleventh Street

City State Zip Code  
Lawrenceville IL 62439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 0 5

Transaction ID: 50712.C9988

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)

Humane Society PAC

Mailing Address 519 C Street, NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C9999

Amount of Each Receipt this Period

1500.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 238

(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)

Mike Pence Committee

Full Name (Last, First, Middle Initial)  
**A.** Independent Insurance AgentsofAmericaPAC

Mailing Address 412 1st Street, Ste. 300

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 6		3 0		2 0 0 5

Transaction ID: 50712.C10097

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)  
**B.** Indiana Dental PAC

Mailing Address 1200 N. Walnut

City	State	Zip Code
Hartford City	IN	47348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 6		0 9		2 0 0 5

Transaction ID: 50712.C9968

Amount of Each Receipt this Period

2500.00

Receipt

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

Full Name (Last, First, Middle Initial)  
**C.** National Assoc. of Convenience StoresPAC

Mailing Address 1600 Duke Street

City	State	Zip Code
Alexandria	VA	22314-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 6		2 0		2 0 0 5

Transaction ID: 50712.C9992

Amount of Each Receipt this Period

2500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) .....

6000.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

National Funeral Directors Assoc. PAC

Mailing Address 13625 Bishops Drive

City State Zip Code  
 Brookfield WI 53005-6607

FEC ID number of contributing  
federal political committee. **C** C00204008

Name of Employer Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 3 / 2 0 0 5

Transaction ID: 50712.C9980

Amount of Each Receipt this Period

1000.00

Receipt

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

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

National Nutrition Foods Association PAC

Mailing Address 3931 Mac Arthur Blvd.  
Suite 101

City State Zip Code  
 Newport Beach CA 92660

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

Name of Employer Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 0 / 2 0 0 5

Transaction ID: 50712.C9994

Amount of Each Receipt this Period

500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)

National Restaurant Assoc. PAC

Mailing Address 1200 17th Street Nw

City State Zip Code  
 Washington DC 20036-3097

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

Name of Employer Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 2 0 / 2 0 0 5

Transaction ID: 50712.C9987

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 86 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
National Rifle Association PAC  
Mailing Address 11250 Waples Mill Road

City State Zip Code  
Fairfax VA 22030-7400

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 5

Transaction ID: 50712.C9990

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
National Rifle Association PAC  
Mailing Address 11250 Waples Mill Road

City State Zip Code  
Fairfax VA 22030-7400

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10009

Amount of Each Receipt this Period

2500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
National Turkey Federation PAC  
Mailing Address 1225 New York Avenue Nw  
Suite 400

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 5

Transaction ID: 50712.C9984

Amount of Each Receipt this Period

500.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 87 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Nelnet Higher Education Access PAC

Mailing Address 1726 M Street, NW  
Suite 701

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 5

Transaction ID: 50712.C9993

Amount of Each Receipt this Period

1500.00

Receipt

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

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

New York Mercantile Exchange PAC

Mailing Address One North End Avenue  
14th Floor WFC

City State Zip Code  
New York NY 10282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 5

Transaction ID: 50712.C9986

Amount of Each Receipt this Period

5000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)

New York State Conservative Party PAC

Mailing Address 486 78th Street

City State Zip Code  
Brooklyn NY 11209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 5

Transaction ID: 50712.C9972

Amount of Each Receipt this Period

500.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

NiSource Inc. PAC

Mailing Address 200 Civic Center Dr.

City State Zip Code  
 Columbus OH 43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 4 / 2 0 0 5

Transaction ID: 50712.C9974

Amount of Each Receipt this Period

1000.00

Receipt

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

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

Pfizer Inc. Pac

Mailing Address 235 East 42nd Street

City State Zip Code  
 New York NY 10017

FEC ID number of contributing  
federal political committee.

C

C00016683

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10350

Amount of Each Receipt this Period

3000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)

Print Pac

Mailing Address 100 Daingerfield Road

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 4 / 2 0 0 5

Transaction ID: 50712.C9975

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 89 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Regions Financial Corporation PAC

Mailing Address PO Box 10247

City State Zip Code  
 Birmingham AL 35202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 2 / 2 0 0 5

Transaction ID: 50712.C9995

Amount of Each Receipt this Period

1000.00

Receipt

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

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

Retail Leaders PAC

Mailing Address 1700 North Moore Street  
 Suite 2250

City State Zip Code  
 Arlington VA 22209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 50712.C9978

Amount of Each Receipt this Period

500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)

RJReynolds Political Action Committee

Mailing Address P.O. Box 718, 401 N. Main Street

City State Zip Code  
 Winston-Salem NC 27102

FEC ID number of contributing  
federal political committee.

**C** C00042002

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 4 / 2 0 0 5

Transaction ID: 50712.C9977

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 90 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

RJReynolds Political Action Committee

Mailing Address P.O. Box 718, 401 N. Main Street

City State Zip Code  
Winston-Salem NC 27102

FEC ID number of contributing  
federal political committee.

**C** C00042002

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C9996

Amount of Each Receipt this Period

1500.00

Receipt

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

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

Rolls-Royce North America PAC

Mailing Address 14850 Conference Center  
Suite 100

City State Zip Code  
Chantilly VA 20151

FEC ID number of contributing  
federal political committee.

**C** C00296822

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C10005

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)

Sony Pictures Entertainment Inc., PAC

Mailing Address 1401 K St., NW, 12th Floor

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00282038

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 5

Transaction ID: 50712.C9973

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 91 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Star Financial Bank PAC

Mailing Address 127 West Berry St.

City State Zip Code  
**Fort Wayne IN 46802**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 6 / 0 3 / 2 0 0 5**

Transaction ID: 50712.C9966

Amount of Each Receipt this Period

250.00

Receipt

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

Full Name (Last, First, Middle Initial)

**B.** The Walt Disney Co. Employees PAC

Mailing Address 1150 17th St. NW Ste. 400

City State Zip Code  
**Washington DC 20036**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 6 / 2 4 / 2 0 0 5**

Transaction ID: 50712.C10002

Amount of Each Receipt this Period

2500.00

Receipt

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

Full Name (Last, First, Middle Initial)

**C.** United Health Group PAC

Mailing Address 701 pennsylvania Avenue, NW  
Suite 530

City State Zip Code  
**Washington DC 20004**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 6 / 3 0 / 2 0 0 5**

Transaction ID: 50712.C10010

Amount of Each Receipt this Period

1000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

**3750.00**

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 92 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
United Parcel Service PAC  
Mailing Address 55 Glenlake Parkway Ne

City State Zip Code  
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 5

Transaction ID: 50712.C9991

Amount of Each Receipt this Period

500.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
United Parcel Service PAC  
Mailing Address 55 Glenlake Parkway Ne

City State Zip Code  
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10007

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
United Parcel Service PAC  
Mailing Address 55 Glenlake Parkway Ne

City State Zip Code  
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10371

Amount of Each Receipt this Period

2000.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

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

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

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(check only one)

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

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)

Mike Pence Committee

A. Full Name (Last, First, Middle Initial)  
United States Telecom Association PAC

Mailing Address 1401 H Street NW Suite 600

City State Zip Code  
Washington DC 20005-2164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10008

Amount of Each Receipt this Period

1000.00

Receipt

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

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

US Cuba Democracy PAC

Mailing Address 1299 W. 49th street

City State Zip Code  
Hialeah FL 33012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 0 5

Transaction ID: 50712.C9989

Amount of Each Receipt this Period

1000.00

Receipt

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

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

US Cuba Democracy PAC

Mailing Address 1299 W. 49th street

City State Zip Code  
Hialeah FL 33012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10096

Amount of Each Receipt this Period

1000.00

Receipt

☐ 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) .....

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 94 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
USINPAC

Mailing Address PO Box 222424

City State Zip Code  
 Chantilly VA 20153-2424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 9 / 2 0 0 5

Transaction ID: 50712.C9969

Amount of Each Receipt this Period

2500.00

Receipt

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

**B.** Full Name (Last, First, Middle Initial)  
USINPAC

Mailing Address PO Box 222424

City State Zip Code  
 Chantilly VA 20153-2424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 4 / 2 0 0 5

Transaction ID: 50712.C10003

Amount of Each Receipt this Period

2500.00

Receipt

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

**C.** Full Name (Last, First, Middle Initial)  
Wellpoint Inc. PAC

Mailing Address 120 Monument Circle

City State Zip Code  
 Indianapolis IN 46278

FEC ID number of contributing  
federal political committee.

**C** C00197228

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 7 / 2 0 0 5

Transaction ID: 50712.C10349

Amount of Each Receipt this Period

1500.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

91173.35

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Delaware County Republican Comm.

Mailing Address 213W. Main St.

City	State	Zip Code
Muncie	IN	47305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

506.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	5

Transaction ID: 50712.C10127

Amount of Each Receipt this Period

506.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.** Full Name (Last, First, Middle Initial)  
Henry County Republicans

Mailing Address 225 South 11th Street

City	State	Zip Code
New Castle	IN	47362-4616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

46.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	5

Transaction ID: 50712.C10180

Amount of Each Receipt this Period

46.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) .....

552.00

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

552.00

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

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

FOR LINE NUMBER: PAGE 96 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Sequoia Presidential Yacht, LLC

Mailing Address 2600 Virginia Ave. NW 606

City State Zip Code  
 Washington DC 20037-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10333

Amount of Each Receipt this Period

1000.00

Offsets to Operating Expe-  
nditu

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

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00



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

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

FOR LINE NUMBER: PAGE 97 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

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

Markle Bank

Mailing Address P.O. Box 595

City State Zip Code  
 Markle IN 46770-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1531.55

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 1 / 2 0 0 5

Transaction ID: 50712.C10343

Amount of Each Receipt this Period

262.47

Interest Received

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

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

Markle Bank

Mailing Address P.O. Box 595

City State Zip Code  
 Markle IN 46770-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1786.20

Date of Receipt

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

Transaction ID: 50712.C10345

Amount of Each Receipt this Period

254.65

Interest Received

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

**C.** Full Name (Last, First, Middle Initial)

Markle Bank

Mailing Address P.O. Box 595

City State Zip Code  
 Markle IN 46770-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2049.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 1 / 2 0 0 5

Transaction ID: 50712.C10351

Amount of Each Receipt this Period

263.78

Interest Received

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

**SUBTOTAL** of Receipts This Page (optional) .....

780.90

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 98 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

A. Star Financial Bank

Mailing Address 735 Main Street

City State Zip Code

Anderson IN 46016-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

190.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10344

Amount of Each Receipt this Period

39.29

Interest Received

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

Full Name (Last, First, Middle Initial)

B. Star Financial Bank

Mailing Address 735 Main Street

City State Zip Code

Anderson IN 46016-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.47

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 5

Transaction ID: 50712.C10346

Amount of Each Receipt this Period

50.07

Interest Received

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

Full Name (Last, First, Middle Initial)

C. Star Financial Bank

Mailing Address 735 Main Street

City State Zip Code

Anderson IN 46016-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

323.43

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 5

Transaction ID: 50712.C10353

Amount of Each Receipt this Period

82.96

Interest Received

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

SUBTOTAL of Receipts This Page (optional) .....

172.32

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

953.22

# **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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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Indiana Department of Revenue		<b>Transaction ID:</b> 50712.E8540 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 0 5</div> </div>
Mailing Address PO BOX 7226		Amount of Each Disbursement this Period <div>459.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>TAXES</b>
City Indianapolis State IN Zip Code 46207-7226		
Purpose of Disbursement Taxes Candidate Name	<div>001</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Indiana Department of Revenue		<b>Transaction ID:</b> 50712.E8539 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 0 5</div> </div>
Mailing Address PO BOX 7226		Amount of Each Disbursement this Period <div>525.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>TAXES</b>
City Indianapolis State IN Zip Code 46207-7226		
Purpose of Disbursement Taxes Candidate Name	<div>001</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Remy International		<b>Transaction ID:</b> 50712.E8370 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 9 / 2 0 0 5</div> </div>
Mailing Address 2902 Enterprise Dr.		Amount of Each Disbursement this Period <div>400.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>EVENT TICKETS</b>
City Anderson State IN Zip Code 46011-		
Purpose of Disbursement Event tickets Candidate Name	<div>003</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**1384.00**

**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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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Remy International**

Mailing Address 2902 Enterprise Dr.

City Anderson State IN Zip Code 46011-

Purpose of Disbursement  
catering

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8371

Date of Disbursement

05 / 10 / 2005

Amount of Each Disbursement this Period

500.00

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

CATERING

Full Name (Last, First, Middle Initial)

## **B. Indiana Dept. of Workforce**

Mailing Address 17 W. Market St.

City Indianapolis State IN Zip Code 46204-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8241

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

191.38

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

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

## **C. Indiana Dept. of Workforce**

Mailing Address 17 W. Market St.

City Indianapolis State IN Zip Code 46204-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8525

Date of Disbursement

06 / 16 / 2005

Amount of Each Disbursement this Period

21.05

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

PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

712.43

**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:  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Conservative Victory Fund PAC**

Mailing Address P.O. Box 15245

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
faxing invitation

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50713.C10383IK

Date of Disbursement

04 / 20 / 2005

Amount of Each Disbursement this Period

423.35

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

IN KIND: FAXING INVITATION

Full Name (Last, First, Middle Initial)

## **B. Sequoia Presidential Yacht, LLC**

Mailing Address 2600 Virginia Ave. NW 606

City  
Washington

State  
DC

Zip Code  
20037-

Purpose of Disbursement  
rental fee

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8373

Date of Disbursement

05 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

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

RENTAL FEE

Full Name (Last, First, Middle Initial)

## **C. Sequoia Presidential Yacht, LLC**

Mailing Address 2600 Virginia Ave. NW 606

City  
Washington

State  
DC

Zip Code  
20037-

Purpose of Disbursement  
rental fee

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8372

Date of Disbursement

05 / 16 / 2005

Amount of Each Disbursement this Period

3900.00

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

RENTAL FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

5323.35

**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  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** A.B. LLC

Mailing Address 21 W 8TH ST

City  
Anderson

State  
IN

Zip Code  
46016-

Purpose of Disbursement  
office rent

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8248

Date of Disbursement

04 / 06 / 2005

Amount of Each Disbursement this Period

250.00

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

OFFICE RENT

Full Name (Last, First, Middle Initial)

**B.** A.B. LLC

Mailing Address 21 W 8TH ST

City  
Anderson

State  
IN

Zip Code  
46016-

Purpose of Disbursement  
office rent

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8249

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

500.00

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

OFFICE RENT

Full Name (Last, First, Middle Initial)

**C.** ADT

Mailing Address 700 N. Madison Ave.

City  
Muncie

State  
IN

Zip Code  
47305-

Purpose of Disbursement  
office security

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8260

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

168.00

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

OFFICE SECURITY

**SUBTOTAL** of Disbursements This Page (optional) .....

918.00

**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  
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FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Jerry Alexander

Mailing Address 1114 Emily Lane

City  
Anderson

State  
IN

Zip Code  
46012-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8222

Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

170.78

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

PAYROLL

Full Name (Last, First, Middle Initial)

**B.** Jerry Alexander

Mailing Address 1114 Emily Lane

City  
Anderson

State  
IN

Zip Code  
46012-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8223

Date of Disbursement

04 / 11 / 2005

Amount of Each Disbursement this Period

170.78

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

PAYROLL

Full Name (Last, First, Middle Initial)

**C.** Jerry Alexander

Mailing Address 1114 Emily Lane

City  
Anderson

State  
IN

Zip Code  
46012-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8224

Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

170.78

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

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

512.34

**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 PageFOR 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)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Jerry Alexander

Mailing Address 1114 Emily Lane

City  
AndersonState  
INZip Code  
46012-Purpose of Disbursement  
payroll

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8225

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	5

Amount of Each Disbursement this Period

170.78

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

PAYROLL

Full Name (Last, First, Middle Initial)

**B.** Jerry Alexander

Mailing Address 1114 Emily Lane

City  
AndersonState  
INZip Code  
46012-Purpose of Disbursement  
payroll

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8385

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	0	5

Amount of Each Disbursement this Period

170.78

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

PAYROLL

Full Name (Last, First, Middle Initial)

**C.** Jerry Alexander

Mailing Address 1114 Emily Lane

City  
AndersonState  
INZip Code  
46012-Purpose of Disbursement  
payroll

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8386

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	5

Amount of Each Disbursement this Period

170.78

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

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

512.34

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Jerry Alexander

Mailing Address 1114 Emily Lane

City Anderson State IN Zip Code 46012-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8387

Date of Disbursement

05 / 16 / 2005

Amount of Each Disbursement this Period

170.78

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

PAYROLL

Full Name (Last, First, Middle Initial)

**B.** Jerry Alexander

Mailing Address 1114 Emily Lane

City Anderson State IN Zip Code 46012-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8388

Date of Disbursement

05 / 23 / 2005

Amount of Each Disbursement this Period

170.78

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

PAYROLL

Full Name (Last, First, Middle Initial)

**C.** Jerry Alexander

Mailing Address 1114 Emily Lane

City Anderson State IN Zip Code 46012-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8389

Date of Disbursement

05 / 30 / 2005

Amount of Each Disbursement this Period

170.78

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

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

512.34

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Jerry Alexander

Mailing Address 1114 Emily Lane

City Anderson State IN Zip Code 46012-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8508

Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

170.78

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

PAYROLL

Full Name (Last, First, Middle Initial)

**B.** Jerry Alexander

Mailing Address 1114 Emily Lane

City Anderson State IN Zip Code 46012-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8509

Date of Disbursement

06 / 13 / 2005

Amount of Each Disbursement this Period

170.78

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

PAYROLL

Full Name (Last, First, Middle Initial)

**C.** Jerry Alexander

Mailing Address 1114 Emily Lane

City Anderson State IN Zip Code 46012-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8510

Date of Disbursement

06 / 20 / 2005

Amount of Each Disbursement this Period

170.78

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

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

512.34

**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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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Jerry Alexander

Mailing Address 1114 Emily Lane

City  
Anderson

State  
IN

Zip Code  
46012-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8511

Date of Disbursement

06 / 27 / 2005

Amount of Each Disbursement this Period

170.78

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

PAYROLL

Full Name (Last, First, Middle Initial)

**B.** Terry Allen

Mailing Address 10414 Ashcroft Way

City  
Fairfax

State  
VA

Zip Code  
22032-

Purpose of Disbursement  
catering

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50713.C10376IK

Date of Disbursement

06 / 28 / 2005

Amount of Each Disbursement this Period

242.52

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

IN KIND: CATERING

Full Name (Last, First, Middle Initial)

**C.** Terry Allen

Mailing Address 10414 Ashcroft Way

City  
Fairfax

State  
VA

Zip Code  
22032-

Purpose of Disbursement  
event tickets

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50713.C10375IK

Date of Disbursement

06 / 28 / 2005

Amount of Each Disbursement this Period

840.00

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

IN KIND: EVENT TICKETS

**SUBTOTAL** of Disbursements This Page (optional) .....

1253.30

**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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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Ron Arnold

Mailing Address 3709 Tulip St.

City  
Anderson

State  
IN

Zip Code  
46011-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8231

Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

2331.00

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

**PAYROLL**

Full Name (Last, First, Middle Initial)

**B.** Ron Arnold

Mailing Address 3709 Tulip St.

City  
Anderson

State  
IN

Zip Code  
46011-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8230

Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

3000.00

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

**PAYROLL**

Full Name (Last, First, Middle Initial)

**C.** Ron Arnold

Mailing Address 3709 Tulip St.

City  
Anderson

State  
IN

Zip Code  
46011-

Purpose of Disbursement  
Travel expenses

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8256

Date of Disbursement

04 / 13 / 2005

Amount of Each Disbursement this Period

80.00

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

**TRAVEL EXPENSES**

**SUBTOTAL** of Disbursements This Page (optional) .....

5411.00

**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 PageFOR 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)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Ron Arnold

Mailing Address 3709 Tulip St.

City  
AndersonState  
INZip Code  
46011-Purpose of Disbursement  
Petty Cash No Itemization requi

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8214

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	5

Amount of Each Disbursement this Period

107.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53PETTY CASH NO ITEMIZATION  
REQUI

Full Name (Last, First, Middle Initial)

**B.** Ron Arnold

Mailing Address 3709 Tulip St.

City  
AndersonState  
INZip Code  
46011-Purpose of Disbursement  
travel expenses

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8415

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	0	5

Amount of Each Disbursement this Period

161.38

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

TRAVEL EXPENSES

Full Name (Last, First, Middle Initial)

**C.** Ron Arnold

Mailing Address 3709 Tulip St.

City  
AndersonState  
INZip Code  
46011-Purpose of Disbursement  
Petty Cash No Itemization requi

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8376

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	5

Amount of Each Disbursement this Period

119.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53PETTY CASH NO ITEMIZATION  
REQUI

SUBTOTAL of Disbursements This Page (optional) .....

388.38

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)

PAGE 110 / 238

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ron Arnold		<b>Transaction ID:</b> 50712.E8503 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 5</div> </div>	
Mailing Address 3709 Tulip St.		<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>3000.00</div> </div>	
City Anderson State IN Zip Code 46011-	Purpose of Disbursement payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>
Candidate Name	Category/ Type 001	PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Ron Arnold		<b>Transaction ID:</b> 50712.E8499 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 0 5</div> </div>	
Mailing Address 3709 Tulip St.		<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>200.72</div> </div>	
City Anderson State IN Zip Code 46011-	Purpose of Disbursement PettyCash No Itemization requir	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>
Candidate Name	Category/ Type 001	PETTYCASH NO ITEMIZATION REQUIR	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club		<b>Transaction ID:</b> 50712.E8206 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 7 / 2 0 0 5</div> </div>	
Mailing Address 300 1st St., Se		<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>343.55</div> </div>	
City Washington State DC Zip Code 20003-	Purpose of Disbursement meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>
Candidate Name	Category/ Type 003	MEALS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

**3544.27**

**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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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Capitol Hill Club**

Mailing Address 300 1st St., Se

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
CATERING

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8210

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

536.21

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

CATERING

Full Name (Last, First, Middle Initial)

## **B. Capitol Hill Club**

Mailing Address 300 1st St., Se

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
CATERING

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8488

Date of Disbursement

06 / 16 / 2005

Amount of Each Disbursement this Period

844.58

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

CATERING

Full Name (Last, First, Middle Initial)

## **C. Cingular Wireless**

Mailing Address 5565 Glennridge Connector  
Suite 1401

City  
Atlanta

State  
GA

Zip Code  
30342-

Purpose of Disbursement  
telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8246

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

1.68

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

TELEPHONE

**SUBTOTAL** of Disbursements This Page (optional) .....

1382.47

**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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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Anderson City Utilities**

Mailing Address 120 E. 8th St.

City  
Anderson

State  
IN

Zip Code  
46016-

Purpose of Disbursement  
utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8262

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

144.82

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

UTILITIES

Full Name (Last, First, Middle Initial)

## **B. Anderson City Utilities**

Mailing Address 120 E. 8th St.

City  
Anderson

State  
IN

Zip Code  
46016-

Purpose of Disbursement  
utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8419

Date of Disbursement

05 / 13 / 2005

Amount of Each Disbursement this Period

161.30

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

UTILITIES

Full Name (Last, First, Middle Initial)

## **C. Anderson City Utilities**

Mailing Address 120 E. 8th St.

City  
Anderson

State  
IN

Zip Code  
46016-

Purpose of Disbursement  
utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8546

Date of Disbursement

06 / 16 / 2005

Amount of Each Disbursement this Period

167.72

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

UTILITIES

**SUBTOTAL** of Disbursements This Page (optional) .....

473.84

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Insight Communications**

Mailing Address 335 E. 10th St.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8257

Date of Disbursement

04 / 06 / 2005

Amount of Each Disbursement this Period

47.37

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

UTILITIES

Full Name (Last, First, Middle Initial)

## **B. Insight Communications**

Mailing Address 335 E. 10th St.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8418

Date of Disbursement

05 / 13 / 2005

Amount of Each Disbursement this Period

53.26

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

UTILITIES

Full Name (Last, First, Middle Initial)

## **C. Insight Communications**

Mailing Address 335 E. 10th St.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8542

Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

47.37

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

UTILITIES

**SUBTOTAL** of Disbursements This Page (optional) .....

148.00

**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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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Insight Communications**

Mailing Address 335 E. 10th St.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8544

Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

53.26

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

UTILITIES

Full Name (Last, First, Middle Initial)

## **B. Insight Communications**

Mailing Address 335 E. 10th St.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8543

Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

47.37

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

UTILITIES

Full Name (Last, First, Middle Initial)

## **C. SBC**

Mailing Address 220 N. Meridian St.

City Indianapolis State IN Zip Code 46204-

Purpose of Disbursement  
telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8242

Date of Disbursement

04 / 06 / 2005

Amount of Each Disbursement this Period

585.21

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

TELEPHONE

**SUBTOTAL** of Disbursements This Page (optional) .....

685.84

**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:  
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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** SBC

Mailing Address 220 N. Meridian St.

City  
Indianapolis

State  
IN

Zip Code  
46204-

Purpose of Disbursement  
telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8243

Date of Disbursement

04 / 06 / 2005

Amount of Each Disbursement this Period

27.43

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

TELEPHONE

Full Name (Last, First, Middle Initial)

**B.** SBC

Mailing Address 220 N. Meridian St.

City  
Indianapolis

State  
IN

Zip Code  
46204-

Purpose of Disbursement  
telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8409

Date of Disbursement

05 / 13 / 2005

Amount of Each Disbursement this Period

27.45

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

TELEPHONE

Full Name (Last, First, Middle Initial)

**C.** SBC

Mailing Address 220 N. Meridian St.

City  
Indianapolis

State  
IN

Zip Code  
46204-

Purpose of Disbursement  
telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8408

Date of Disbursement

05 / 13 / 2005

Amount of Each Disbursement this Period

470.35

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

TELEPHONE

**SUBTOTAL** of Disbursements This Page (optional) .....

525.23

**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:  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. SBC</b> Full Name (Last, First, Middle Initial) Mailing Address 220 N. Meridian St. City Indianapolis State IN Zip Code 46204- Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8529</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 5 Amount of Each Disbursement this Period 27.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>TELEPHONE</b>
<b>B. SBC</b> Full Name (Last, First, Middle Initial) Mailing Address 220 N. Meridian St. City Indianapolis State IN Zip Code 46204- Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8528</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 5 Amount of Each Disbursement this Period 458.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>TELEPHONE</b>
<b>C. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address 924 S. Shady Grove Rd. City Memphis State TN Zip Code 38120- Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8247</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 5 Amount of Each Disbursement this Period 109.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>SHIPPING</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**595.48**

**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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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Federal Express**

Mailing Address 924 S. Shady Grove Rd.

City Memphis State TN Zip Code 38120-

Purpose of Disbursement  
shipping

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8412

Date of Disbursement

05 / 13 / 2005

Amount of Each Disbursement this Period

283.28

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

SHIPPING

Full Name (Last, First, Middle Initial)

## **B. Federal Express**

Mailing Address 924 S. Shady Grove Rd.

City Memphis State TN Zip Code 38120-

Purpose of Disbursement  
shipping

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8533

Date of Disbursement

06 / 16 / 2005

Amount of Each Disbursement this Period

21.73

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

SHIPPING

Full Name (Last, First, Middle Initial)

## **C. Steven Fisher**

Mailing Address 1656-D Beekman Place North West

City Washington State DC Zip Code 20009-

Purpose of Disbursement  
catering

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50713.C10382IK

Date of Disbursement

06 / 21 / 2005

Amount of Each Disbursement this Period

468.00

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

IN KIND: CATERING

**SUBTOTAL** of Disbursements This Page (optional) .....

773.01

**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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Toles Flowers**

Mailing Address 627 Nichol Ave.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
Flowers

Candidate Name

007  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8489

Date of Disbursement

06 / 01 / 2005

Amount of Each Disbursement this Period

91.57

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

FLOWERS

Full Name (Last, First, Middle Initial)

## **B. Becky Holdman**

Mailing Address 2467 W 1000 N.

City Markle State IN Zip Code 46770-

Purpose of Disbursement  
catering

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50713.C10381IK

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

814.20

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

IN KIND: CATERING

Full Name (Last, First, Middle Initial)

## **C. Travis Holdman**

Mailing Address 2467 W. 1000 N.

City Markle State IN Zip Code 46770-

Purpose of Disbursement  
Facility and entertainment

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50713.C10380IK

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

814.21

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

IN KIND: FACILITY AND ENT-  
ERTAINMENT

**SUBTOTAL** of Disbursements This Page (optional) .....

1719.98

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Huckaby- Davis-Lisker		<b>Transaction ID:</b> 50712.E8202 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 5</div> </div>
Mailing Address Suite 115 228 South Washington Street		<b>Amount of Each Disbursement this Period</b> <div>753.55</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FEC CONSULTING</b>
City Alexandria State VA Zip Code 22314-		
Purpose of Disbursement FEC Consulting	<div>001</div> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Huckaby- Davis-Lisker		<b>Transaction ID:</b> 50712.E8368 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 3 / 2 0 0 5</div> </div>
Mailing Address Suite 115 228 South Washington Street		<b>Amount of Each Disbursement this Period</b> <div>753.88</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FEC CONSULTING</b>
City Alexandria State VA Zip Code 22314-		
Purpose of Disbursement FEC consulting	<div>001</div> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Huckaby- Davis-Lisker		<b>Transaction ID:</b> 50712.E8479 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 0 5</div> </div>
Mailing Address Suite 115 228 South Washington Street		<b>Amount of Each Disbursement this Period</b> <div>752.79</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FEC CONSULTING</b>
City Alexandria State VA Zip Code 22314-		
Purpose of Disbursement FEC Consulting	<div>001</div> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

**2260.22**

**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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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Robert Mazer

Mailing Address 800 North Michigan Avenue  
Apt 5601

City Chicago State IL Zip Code 60611-

Purpose of Disbursement  
event Tickets

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50713.C10374IK

Date of Disbursement

06 / 04 / 2005

Amount of Each Disbursement this Period

550.00

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

IN KIND: EVENT TICKETS

Full Name (Last, First, Middle Initial)

**B.** TermNet Merchant Services, Inc.

Mailing Address P.o. Box 723200

City Atlanta State GA Zip Code 31139-0200

Purpose of Disbursement  
bank fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8203

Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

25.00

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

BANK FEES

Full Name (Last, First, Middle Initial)

**C.** TermNet Merchant Services, Inc.

Mailing Address P.o. Box 723200

City Atlanta State GA Zip Code 31139-0200

Purpose of Disbursement  
bank fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8369

Date of Disbursement

05 / 01 / 2005

Amount of Each Disbursement this Period

82.60

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

BANK FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

657.60

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. TermNet Merchant Services, Inc.**

Mailing Address P.o. Box 723200

City Atlanta State GA Zip Code 31139-0200

Purpose of Disbursement

Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8480

Date of Disbursement

06 / 01 / 2005

Amount of Each Disbursement this Period

97.50

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

BANK FEES

Full Name (Last, First, Middle Initial)

## **B. IN BLACK EXPO MUNCIE CHAPTER**

Mailing Address PO BOX 2412

City Muncie State IN Zip Code 47307-0412

Purpose of Disbursement

Event Tickets

Candidate Name

007  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8494

Date of Disbursement

06 / 16 / 2005

Amount of Each Disbursement this Period

480.00

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

EVENT TICKETS

Full Name (Last, First, Middle Initial)

## **C. Nextel**

Mailing Address P.O. Box 172408

City Denver State CO Zip Code 80217-

Purpose of Disbursement

telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8244

Date of Disbursement

04 / 07 / 2005

Amount of Each Disbursement this Period

757.22

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

TELEPHONE

**SUBTOTAL** of Disbursements This Page (optional) .....

1334.72

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Nextel

Mailing Address P.O. Box 172408

City State Zip Code  
 Denver CO 80217-

Purpose of Disbursement  
 telephone

Candidate Name

001  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8410

Date of Disbursement

05 / 13 / 2005

Amount of Each Disbursement this Period

491.66

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

TELEPHONE

Full Name (Last, First, Middle Initial)

**B.** Nextel

Mailing Address P.O. Box 172408

City State Zip Code  
 Denver CO 80217-

Purpose of Disbursement  
 telephone

Candidate Name

001  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8527

Date of Disbursement

06 / 13 / 2005

Amount of Each Disbursement this Period

586.43

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

TELEPHONE

Full Name (Last, First, Middle Initial)

**C.** Linda Paust

Mailing Address 3411 Dorothy Lane

City State Zip Code  
 Richmond IN 47374-

Purpose of Disbursement  
 printing

Candidate Name

003  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50713.C10378IK

Date of Disbursement

06 / 20 / 2005

Amount of Each Disbursement this Period

152.00

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

IN KIND: PRINTING

**SUBTOTAL** of Disbursements This Page (optional) .....

1230.09

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8236

Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

278.65

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

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

## **B. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8232

Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

27.66

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

PAYROLL FEES

Full Name (Last, First, Middle Initial)

## **C. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8233

Date of Disbursement

04 / 11 / 2005

Amount of Each Disbursement this Period

27.66

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

PAYROLL FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

333.97

**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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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8237

Date of Disbursement

04 / 11 / 2005

Amount of Each Disbursement this Period

2431.30

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

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

## **B. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8238

Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

289.44

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

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

## **C. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8234

Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

27.66

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

PAYROLL FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

2748.40

**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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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8240

Date of Disbursement

04 / 25 / 2005

Amount of Each Disbursement this Period

527.09

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

**PAYROLL TAXES**

Full Name (Last, First, Middle Initial)

## **B. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8235

Date of Disbursement

04 / 25 / 2005

Amount of Each Disbursement this Period

27.66

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

**PAYROLL FEES**

Full Name (Last, First, Middle Initial)

## **C. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8239

Date of Disbursement

04 / 25 / 2005

Amount of Each Disbursement this Period

289.44

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

**PAYROLL TAXES**

**SUBTOTAL** of Disbursements This Page (optional) .....

844.19

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8400

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

289.44

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

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

## **B. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8395

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

27.66

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

PAYROLL SERVICE

Full Name (Last, First, Middle Initial)

## **C. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8396

Date of Disbursement

05 / 09 / 2005

Amount of Each Disbursement this Period

27.66

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

PAYROLL SERVICE

**SUBTOTAL** of Disbursements This Page (optional) .....

344.76

**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 PageFOR 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)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City  
IndianapolisState  
INZip Code  
46205-Purpose of Disbursement  
payroll taxes

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8401

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	5

Amount of Each Disbursement this Period

289.44

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

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

**B. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City  
IndianapolisState  
INZip Code  
46205-Purpose of Disbursement  
payroll service

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8397

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	5

Amount of Each Disbursement this Period

27.66

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

PAYROLL SERVICE

Full Name (Last, First, Middle Initial)

**C. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City  
IndianapolisState  
INZip Code  
46205-Purpose of Disbursement  
payroll taxes

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8402

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	5

Amount of Each Disbursement this Period

289.44

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

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) .....

606.54

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8403

Date of Disbursement

05 / 23 / 2005

Amount of Each Disbursement this Period

289.44

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

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

## **B. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8398

Date of Disbursement

05 / 23 / 2005

Amount of Each Disbursement this Period

27.66

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

PAYROLL SERVICE

Full Name (Last, First, Middle Initial)

## **C. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8404

Date of Disbursement

05 / 30 / 2005

Amount of Each Disbursement this Period

289.44

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

PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

606.54

**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  
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(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8405

Date of Disbursement

05 / 30 / 2005

Amount of Each Disbursement this Period

241.20

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

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

## **B. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8399

Date of Disbursement

05 / 30 / 2005

Amount of Each Disbursement this Period

27.66

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

PAYROLL SERVICE

Full Name (Last, First, Middle Initial)

## **C. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8516

Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

27.66

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

PAYROLL SERVICE

**SUBTOTAL** of Disbursements This Page (optional) .....

296.52

**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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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8520

Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

289.44

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

**PAYROLL TAXES**

Full Name (Last, First, Middle Initial)

## **B. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8521

Date of Disbursement

06 / 13 / 2005

Amount of Each Disbursement this Period

1683.08

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

**PAYROLL TAXES**

Full Name (Last, First, Middle Initial)

## **C. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8517

Date of Disbursement

06 / 13 / 2005

Amount of Each Disbursement this Period

27.66

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

**PAYROLL SERVICE**

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.18

**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 PageFOR 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)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City  
IndianapolisState  
INZip Code  
46205-Purpose of Disbursement  
payroll service

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8518

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	5

Amount of Each Disbursement this Period

27.66

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

PAYROLL SERVICE

**B. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City  
IndianapolisState  
INZip Code  
46205-Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8522

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	5

Amount of Each Disbursement this Period

289.44

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

PAYROLL TAXES

**C. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City  
IndianapolisState  
INZip Code  
46205-Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8523

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	5

Amount of Each Disbursement this Period

391.31

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

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) .....

708.41

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8524

Date of Disbursement

06 / 27 / 2005

Amount of Each Disbursement this Period

289.44

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

**PAYROLL TAXES**

Full Name (Last, First, Middle Initial)

## **B. Advantage Payroll Service**

Mailing Address 2905 E. 46th St.

City Indianapolis State IN Zip Code 46205-

Purpose of Disbursement  
payroll service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8519

Date of Disbursement

06 / 27 / 2005

Amount of Each Disbursement this Period

27.66

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

**PAYROLL SERVICE**

Full Name (Last, First, Middle Initial)

## **C. Postmaster**

Mailing Address 1505 Raible Ave

City Anderson State IN Zip Code 46011-

Purpose of Disbursement  
permit fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8213

Date of Disbursement

04 / 07 / 2005

Amount of Each Disbursement this Period

475.00

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

**PERMIT FEES**

**SUBTOTAL** of Disbursements This Page (optional) .....

792.10

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Paust Printers**

Mailing Address 14 N. Tenth St.

City  
Richmond

State  
IN

Zip Code  
47375-

Purpose of Disbursement  
Printing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8207

Date of Disbursement

04 / 07 / 2005

Amount of Each Disbursement this Period

367.82

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

PRINTING

Full Name (Last, First, Middle Initial)

## **B. Paust Printers**

Mailing Address 14 N. Tenth St.

City  
Richmond

State  
IN

Zip Code  
47375-

Purpose of Disbursement  
Printing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8209

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

396.44

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

PRINTING

Full Name (Last, First, Middle Initial)

## **C. Paust Printers**

Mailing Address 14 N. Tenth St.

City  
Richmond

State  
IN

Zip Code  
47375-

Purpose of Disbursement  
Printing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8486

Date of Disbursement

06 / 16 / 2005

Amount of Each Disbursement this Period

836.34

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

PRINTING

**SUBTOTAL** of Disbursements This Page (optional) .....

1600.60

**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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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Paust Printers**

Mailing Address 14 N. Tenth St.

City Richmond State IN Zip Code 47375-

Purpose of Disbursement  
Printing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8487

Date of Disbursement

06 / 16 / 2005

Amount of Each Disbursement this Period

407.04

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

PRINTING

Full Name (Last, First, Middle Initial)

## **B. Master Productions**

Mailing Address 9419 W. Constellation Dr.

City Pendleton State IN Zip Code 46064-

Purpose of Disbursement  
computer consulting

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8201

Date of Disbursement

04 / 07 / 2005

Amount of Each Disbursement this Period

250.00

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

COMPUTER CONSULTING

Full Name (Last, First, Middle Initial)

## **C. Master Productions**

Mailing Address 9419 W. Constellation Dr.

City Pendleton State IN Zip Code 46064-

Purpose of Disbursement  
computer consulting

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8366

Date of Disbursement

05 / 13 / 2005

Amount of Each Disbursement this Period

500.00

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

COMPUTER CONSULTING

**SUBTOTAL** of Disbursements This Page (optional) .....

1157.04

**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:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Master Productions**

Mailing Address 9419 W. Constellation Dr.

City Pendleton State IN Zip Code 46064-

Purpose of Disbursement  
equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8367

Date of Disbursement

05 / 16 / 2005

Amount of Each Disbursement this Period

18.00

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

EQUIPMENT

Full Name (Last, First, Middle Initial)

## **B. Master Productions**

Mailing Address 9419 W. Constellation Dr.

City Pendleton State IN Zip Code 46064-

Purpose of Disbursement  
computer consulting

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8478

Date of Disbursement

06 / 13 / 2005

Amount of Each Disbursement this Period

500.00

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

COMPUTER CONSULTING

Full Name (Last, First, Middle Initial)

## **C. Rush County Republican Party**

Mailing Address 247 North Main Street

City Rushville State IN Zip Code 46173-

Purpose of Disbursement  
event tickets

Candidate Name

007  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8253

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

335.00

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

EVENT TICKETS

**SUBTOTAL** of Disbursements This Page (optional) .....

853.00

**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:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Herbert Rosen

Mailing Address 441 Kelburn Rd. #313

City State Zip Code  
Deerfield IL 60015-

Purpose of Disbursement  
catering

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50713.C10379IK

Date of Disbursement

06 / 04 / 2005

Amount of Each Disbursement this Period

331.74

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

IN KIND: CATERING

Full Name (Last, First, Middle Initial)

**B.** Internal Revenue Service

Mailing Address 100 N SENATE AVE.

City State Zip Code  
Washington DC 20515-

Purpose of Disbursement  
payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8406

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

139.18

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

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

**C.** Alan Siktberg

Mailing Address 9235 Bluestone Circle

City State Zip Code  
Indianapolis IN 46236-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8226

Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

94.55

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

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

565.47

**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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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Alan Siktberg

Mailing Address 9235 Bluestone Circle

City Indianapolis State IN Zip Code 46236-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8227

Date of Disbursement

04 / 11 / 2005

Amount of Each Disbursement this Period

94.55

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

PAYROLL

Full Name (Last, First, Middle Initial)

**B.** Alan Siktberg

Mailing Address 9235 Bluestone Circle

City Indianapolis State IN Zip Code 46236-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8228

Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

130.40

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

PAYROLL

Full Name (Last, First, Middle Initial)

**C.** Alan Siktberg

Mailing Address 9235 Bluestone Circle

City Indianapolis State IN Zip Code 46236-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8229

Date of Disbursement

04 / 25 / 2005

Amount of Each Disbursement this Period

130.41

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

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

355.36

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Alan Siktberg		<b>Transaction ID:</b> 50712.E8390 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 0 5</div> </div>
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period <div>130.40</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
City Indianapolis State IN Zip Code 46236-		
Purpose of Disbursement payroll Candidate Name	<div>001</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Alan Siktberg		<b>Transaction ID:</b> 50712.E8391 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 9 / 2 0 0 5</div> </div>
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period <div>130.41</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
City Indianapolis State IN Zip Code 46236-		
Purpose of Disbursement payroll Candidate Name	<div>001</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Alan Siktberg		<b>Transaction ID:</b> 50712.E8392 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 6 / 2 0 0 5</div> </div>
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period <div>130.40</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
City Indianapolis State IN Zip Code 46236-		
Purpose of Disbursement payroll Candidate Name	<div>001</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**391.21**

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Alan Siktberg

Mailing Address 9235 Bluestone Circle

City Indianapolis State IN Zip Code 46236-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8393

Date of Disbursement

05 / 23 / 2005

Amount of Each Disbursement this Period

130.41

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

**PAYROLL**

Full Name (Last, First, Middle Initial)

**B.** Alan Siktberg

Mailing Address 9235 Bluestone Circle

City Indianapolis State IN Zip Code 46236-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8394

Date of Disbursement

05 / 30 / 2005

Amount of Each Disbursement this Period

130.40

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

**PAYROLL**

Full Name (Last, First, Middle Initial)

**C.** Alan Siktberg

Mailing Address 9235 Bluestone Circle

City Indianapolis State IN Zip Code 46236-

Purpose of Disbursement  
Travel Expenses

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8541

Date of Disbursement

06 / 01 / 2005

Amount of Each Disbursement this Period

244.20

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

**TRAVEL EXPENSES**

**SUBTOTAL** of Disbursements This Page (optional) .....

505.01

**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:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Alan Siktberg

Mailing Address 9235 Bluestone Circle

City Indianapolis State IN Zip Code 46236-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8512

Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

130.41

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

PAYROLL

Full Name (Last, First, Middle Initial)

**B.** Alan Siktberg

Mailing Address 9235 Bluestone Circle

City Indianapolis State IN Zip Code 46236-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8513

Date of Disbursement

06 / 13 / 2005

Amount of Each Disbursement this Period

130.40

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

PAYROLL

Full Name (Last, First, Middle Initial)

**C.** Alan Siktberg

Mailing Address 9235 Bluestone Circle

City Indianapolis State IN Zip Code 46236-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8514

Date of Disbursement

06 / 20 / 2005

Amount of Each Disbursement this Period

130.41

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

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

391.22

**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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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Alan Siktberg

Mailing Address 9235 Bluestone Circle

City  
Indianapolis

State  
IN

Zip Code  
46236-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8515

Date of Disbursement

06 / 27 / 2005

Amount of Each Disbursement this Period

130.40

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

PAYROLL

Full Name (Last, First, Middle Initial)

**B.** The Congressional Club

Mailing Address C St. N.W.

City  
Washington

State  
DC

Zip Code  
20515-

Purpose of Disbursement  
event tickets

Candidate Name

007  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8211

Date of Disbursement

04 / 13 / 2005

Amount of Each Disbursement this Period

225.00

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

EVENT TICKETS

Full Name (Last, First, Middle Initial)

**C.** The Congressional Club

Mailing Address C St. N.W.

City  
Washington

State  
DC

Zip Code  
20515-

Purpose of Disbursement  
event tickets

Candidate Name

007  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8212

Date of Disbursement

04 / 13 / 2005

Amount of Each Disbursement this Period

150.00

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

EVENT TICKETS

**SUBTOTAL** of Disbursements This Page (optional) .....

505.40

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Madison County Treasurer**

Mailing Address 19 East 9th Street

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8414

Date of Disbursement

05 / 13 / 2005

Amount of Each Disbursement this Period

332.96

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

**TAXES**

Full Name (Last, First, Middle Initial)

## **B. Wayne Valis**

Mailing Address 1700 Pennsylvania Ave., NW #950

City Washington State DC Zip Code 20006-

Purpose of Disbursement  
in-kind catering

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50713.C10373IK

Date of Disbursement

06 / 23 / 2005

Amount of Each Disbursement this Period

990.00

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

**IN KIND: IN-KIND CATERING**

Full Name (Last, First, Middle Initial)

## **C. Vectren**

Mailing Address 1630 N. MERIDIAN ST.

City Indianapolis State IN Zip Code 46202-

Purpose of Disbursement  
utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8261

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

159.73

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

**UTILITIES**

**SUBTOTAL** of Disbursements This Page (optional) .....

1482.69

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Vectren</b> Full Name (Last, First, Middle Initial) Mailing Address 1630 N. MERIDIAN ST. City Indianapolis State IN Zip Code 46202- Purpose of Disbursement utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8417</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5 Amount of Each Disbursement this Period 93.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>UTILITIES</b>
<b>B. Vectren</b> Full Name (Last, First, Middle Initial) Mailing Address 1630 N. MERIDIAN ST. City Indianapolis State IN Zip Code 46202- Purpose of Disbursement utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8545</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 5 Amount of Each Disbursement this Period 48.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>UTILITIES</b>
<b>C. Verizon South</b> Full Name (Last, First, Middle Initial) Mailing Address P.o. Box 920041 City Dallas State TX Zip Code 75392-0041 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8245</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 109.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>TELEPHONE</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**250.91**

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Verizon South

Mailing Address P.o. Box 920041

City  
Dallas

State  
TX

Zip Code  
75392-0041

Purpose of Disbursement  
telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8411

Date of Disbursement

05 / 16 / 2005

Amount of Each Disbursement this Period

113.76

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

TELEPHONE

Full Name (Last, First, Middle Initial)

**B.** Verizon South

Mailing Address P.o. Box 920041

City  
Dallas

State  
TX

Zip Code  
75392-0041

Purpose of Disbursement  
telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50715.E8716

Date of Disbursement

06 / 16 / 2005

Amount of Each Disbursement this Period

113.54

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

TELEPHONE

Full Name (Last, First, Middle Initial)

**C.** VISA

Mailing Address P.O. Box 77042

City  
Madison

State  
WI

Zip Code  
53707-1042

Purpose of Disbursement  
SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8264

Date of Disbursement

04 / 12 / 2005

Amount of Each Disbursement this Period

57.54

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

SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

284.84

**TOTAL** This Period (last page this line number only) .....



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City State Zip Code  
Carol Stream IL 60197-

Purpose of Disbursement  
fuel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8364

Date of Disbursement

04 / 12 / 2005

Amount of Each Disbursement this Period

31.54

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

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**B.** VISA

Mailing Address P.O. Box 77042

City State Zip Code  
Madison WI 53707-1042

Purpose of Disbursement  
SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8265

Date of Disbursement

04 / 14 / 2005

Amount of Each Disbursement this Period

173.37

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

SEE BELOW

Full Name (Last, First, Middle Initial)

**C.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City State Zip Code  
Carol Stream IL 60197-

Purpose of Disbursement  
meals

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8363

Date of Disbursement

04 / 14 / 2005

Amount of Each Disbursement this Period

2.00

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

**[MEMO ITEM]**

MEMO: MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

173.37

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Toles Flowers**

Mailing Address 627 Nichol Ave.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
flowers

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8356

Date of Disbursement

04 / 14 / 2005

Amount of Each Disbursement this Period

47.17

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

**[MEMO ITEM]**

MEMO: FLOWERS

Full Name (Last, First, Middle Initial)

## **B. Meijer**

Mailing Address 6610 Scatterfield Road

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
fuel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8359

Date of Disbursement

04 / 14 / 2005

Amount of Each Disbursement this Period

10.35

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

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

## **C. USPS**

Mailing Address 1505 Raible Rd

City Anderson State IN Zip Code 46011-

Purpose of Disbursement  
postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8362

Date of Disbursement

04 / 14 / 2005

Amount of Each Disbursement this Period

22.20

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

**[MEMO ITEM]**

MEMO: POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Pizza King

Mailing Address 523 Broadway

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
meals

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8360

Date of Disbursement

04 / 14 / 2005

Amount of Each Disbursement this Period

22.88

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**B.** The Star Press

Mailing Address PO BOX 2408

City Muncie State IN Zip Code 47307-

Purpose of Disbursement  
subscription

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8357

Date of Disbursement

04 / 14 / 2005

Amount of Each Disbursement this Period

14.55

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

**[MEMO ITEM]**

MEMO: SUBSCRIPTION

Full Name (Last, First, Middle Initial)

**C.** Speedway

Mailing Address 3210 N. Wheeling Ave.

City Muncie State IN Zip Code 47304-

Purpose of Disbursement  
fuel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8361

Date of Disbursement

04 / 14 / 2005

Amount of Each Disbursement this Period

35.30

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

**[MEMO ITEM]**

MEMO: FUEL

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. VISA**

Mailing Address P.O. Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8266

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5215.74

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

SEE BELOW

Full Name (Last, First, Middle Initial)

## **B. Catering by Windows**

Mailing Address 1125 N. Royal St.

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
catering

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8267

Date of Disbursement

/   /

Amount of Each Disbursement this Period

600.00

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

**[MEMO ITEM]**

MEMO: CATERING

Full Name (Last, First, Middle Initial)

## **C. Dicks Sporting Goods**

Mailing Address 14350 Cherry Tree Rd.

City Carmel State IN Zip Code 46033-

Purpose of Disbursement  
FUNDRAISING EVENT SUPPLIES

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8274

Date of Disbursement

/   /

Amount of Each Disbursement this Period

283.16

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

**[MEMO ITEM]**

MEMO: FUNDRAISING EVENT  
SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

5215.74

**TOTAL** This Period (last page this line number only) .....

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Dicks Sporting Goods**

Mailing Address 14350 Cherry Tree Rd.

City Carmel State IN Zip Code 46033-

Purpose of Disbursement  
FUNDRAISING EVENT SUPPLIES

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8275

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

67.81

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

### **[MEMO ITEM]**

MEMO: FUNDRAISING EVENT  
SUPPLIES

## **B. Tire Barn**

Mailing Address S. Scatterfield

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
vehicle maintenance

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8354

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

250.60

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

### **[MEMO ITEM]**

MEMO: VEHICLE MAINTENANCE

## **C. HMSHOST-Indianapolis Airport**

Mailing Address Indianapolis International Airport

City Indianapolis State IN Zip Code 46201-

Purpose of Disbursement  
meals

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8338

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

32.72

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

### **[MEMO ITEM]**

MEMO: MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Wireless AT WORK**

Mailing Address 3200 S SCATTERFIELD RD

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
TELEPHONE

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8292

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

42.35

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

[MEMO ITEM]

MEMO: TELEPHONE

Full Name (Last, First, Middle Initial)

## **B. Us Airways**

Mailing Address P.O. Box 2562

City Winston - Salem State NC Zip Code 27102-

Purpose of Disbursement  
AIR TRAVEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8304

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

25.00

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

[MEMO ITEM]

MEMO: AIR TRAVEL

Full Name (Last, First, Middle Initial)

## **C. Gas America**

Mailing Address 2700 W. Main St.

City Greenfield State IN Zip Code 46140-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8309

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

10.00

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

[MEMO ITEM]

MEMO: FUEL

SUBTOTAL of Disbursements This Page (optional) .....

0.00

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

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
MEALS

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8313

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

2.13

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**B.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
MEALS

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8314

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

3.94

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**C.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8312

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

34.52

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

**[MEMO ITEM]**

MEMO: FUEL

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City  
Carol Stream

State  
IL

Zip Code  
60197-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8311

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

40.50

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

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**B.** Apple Bees

Mailing Address 110 E 16th St

City  
Yuma

State  
AZ

Zip Code  
85365-

Purpose of Disbursement  
MEALS

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8326

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

47.00

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**C.** Arbys

Mailing Address 2010 Mounds Road

City  
Anderson

State  
IN

Zip Code  
46013-

Purpose of Disbursement  
MEALS

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8323

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

16.21

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

**[MEMO ITEM]**

MEMO: MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Arbys

Mailing Address 2010 Mounds Road

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
MEALS

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8322

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

11.52

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**B.** Milk Barn

Mailing Address E. 53rd and Scatterfield Rd.

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8307

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

21.56

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

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**C.** Milk Barn

Mailing Address E. 53rd and Scatterfield Rd.

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8308

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

29.52

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

**[MEMO ITEM]**

MEMO: FUEL

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Milk Barn

Mailing Address E. 53rd and Scatterfield Rd.

City State Zip Code  
Anderson IN 46013-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8306

Date of Disbursement

/   /

Amount of Each Disbursement this Period

41.12

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

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**B.** Chilis

Mailing Address 809 West McGalliard Road

City State Zip Code  
Muncie IN 47304-

Purpose of Disbursement  
meals

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8333

Date of Disbursement

/   /

Amount of Each Disbursement this Period

58.80

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**C.** MCL Cafeteria

Mailing Address 2109 St. Rd. 9

City State Zip Code  
Anderson IN 46012-

Purpose of Disbursement  
meals

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8335

Date of Disbursement

/   /

Amount of Each Disbursement this Period

48.65

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

**[MEMO ITEM]**

MEMO: MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Grindstone Charleys**

Mailing Address 5627 Scatterfield Road

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
meals

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8347

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

37.84

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

## **B. Cingular Wireless**

Mailing Address 5565 Glennridge Connector  
Suite 1401

City Atlanta State GA Zip Code 30342-

Purpose of Disbursement  
TELEPHONE

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8295

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

26.49

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

**[MEMO ITEM]**

MEMO: TELEPHONE

Full Name (Last, First, Middle Initial)

## **C. Office Depot**

Mailing Address 2200 Old Germantown Rd.

City Delray Beach State FL Zip Code 33445-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8289

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

116.82

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Office Depot**

Mailing Address 2200 Old Germantown Rd.

City Delray Beach State FL Zip Code 33445-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8290

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

19.45

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Www.earthlink.net**

Mailing Address 1375 Peachtree St.  
Level A

City Atlanta State GA Zip Code 30309-

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8285

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

51.45

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

**[MEMO ITEM]**

MEMO: INTERNET SERVICE

Full Name (Last, First, Middle Initial)

## **C. Www.earthlink.net**

Mailing Address 1375 Peachtree St.  
Level A

City Atlanta State GA Zip Code 30309-

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8284

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

25.75

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

**[MEMO ITEM]**

MEMO: INTERNET SERVICE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** US House of Rep. Gift Shop

Mailing Address Longworth H.O.B.

City  
Washington

State  
DC

Zip Code  
20515-

Purpose of Disbursement  
MEMENTOS

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8281

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

77.46

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

[MEMO ITEM]

MEMO: MEMENTOS

Full Name (Last, First, Middle Initial)

**B.** US House of Rep. Gift Shop

Mailing Address Longworth H.O.B.

City  
Washington

State  
DC

Zip Code  
20515-

Purpose of Disbursement  
MEMENTOS

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8280

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

94.02

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

[MEMO ITEM]

MEMO: MEMENTOS

Full Name (Last, First, Middle Initial)

**C.** Garfields

Mailing Address 2109 S. St Rd. 9

City  
Anderson

State  
IN

Zip Code  
46012-

Purpose of Disbursement  
meals

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8346

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

36.30

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

[MEMO ITEM]

MEMO: MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Hobby Lobby**

Mailing Address 1804 N. State Rd. 109

City Anderson State IN Zip Code 46012-

Purpose of Disbursement  
FUNDRAISING EVENT SUPPLIES

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8276

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

74.18

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

### **[MEMO ITEM]**

MEMO: FUNDRAISING EVENT  
SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Hobby Lobby**

Mailing Address 1804 N. State Rd. 109

City Anderson State IN Zip Code 46012-

Purpose of Disbursement  
FUNDRAISING EVENT SUPPLIES

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8277

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

7.08

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

### **[MEMO ITEM]**

MEMO: FUNDRAISING EVENT  
SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. Hyatt Hotels**

Mailing Address 1 S. CAPITOL AVE.

City Indianapolis State IN Zip Code 46204-

Purpose of Disbursement  
LODGING

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8316

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

375.83

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

### **[MEMO ITEM]**

MEMO: LODGING

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Hyatt Hotels

Mailing Address 1 S. CAPITOL AVE.

City Indianapolis State IN Zip Code 46204-

Purpose of Disbursement  
LODGING

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8317

Date of Disbursement

/   /

Amount of Each Disbursement this Period

408.57

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

**[MEMO ITEM]**

MEMO: LODGING

Full Name (Last, First, Middle Initial)

**B.** Hyatt Hotels

Mailing Address 1 S. CAPITOL AVE.

City Indianapolis State IN Zip Code 46204-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8319

Date of Disbursement

/   /

Amount of Each Disbursement this Period

46.00

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**C.** Hyatt Hotels

Mailing Address 1 S. CAPITOL AVE.

City Indianapolis State IN Zip Code 46204-

Purpose of Disbursement  
LODGING

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8318

Date of Disbursement

/   /

Amount of Each Disbursement this Period

140.93

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

**[MEMO ITEM]**

MEMO: LODGING

**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)  
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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Meijer

Mailing Address 6610 Scatterfield Road

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8315

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

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

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**B.** Independence Air

Mailing Address P.O. Box 77042

City Madison State WI Zip Code 53707-

Purpose of Disbursement  
AIR TRAVEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8305

Date of Disbursement

/   /

Amount of Each Disbursement this Period

276.80

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

**[MEMO ITEM]**

MEMO: AIR TRAVEL

Full Name (Last, First, Middle Initial)

**C.** Wall Street Journal

Mailing Address 84 Second Ave.

City Chicopee State MA Zip Code 01020-

Purpose of Disbursement  
office subscription

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8301

Date of Disbursement

/   /

Amount of Each Disbursement this Period

17.98

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

**[MEMO ITEM]**

MEMO: OFFICE SUBSCRIPTION

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Love S Country

Mailing Address 2698 US 35 N.

City Richmond State IN Zip Code 47374-

Purpose of Disbursement  
meals

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8345

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

53.60

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**B.** Marriott

Mailing Address 501 W. WASHINGTON ST.

City Indianapolis State IN Zip Code 46204-

Purpose of Disbursement  
LODGING

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8320

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

24.45

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

**[MEMO ITEM]**

MEMO: LODGING

Full Name (Last, First, Middle Initial)

**C.** Walmart

Mailing Address 4420 Scatterfield Rd.

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8287

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

20.97

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Walmart

Mailing Address 4420 Scatterfield Rd.

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8288

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

46.11

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

**B.** Walmart

Mailing Address 4420 Scatterfield Rd.

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8286

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

28.44

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

**C.** Exxon Mobil

Mailing Address P.O. Box 2180

City Houston State TX Zip Code 77252-

Purpose of Disbursement  
meals

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8339

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

5.65

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

**[MEMO ITEM]**

MEMO: MEALS

**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)  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Olive Garden</b> Full Name (Last, First, Middle Initial) Mailing Address 4118 SCATTERFIELD RD. City Anderson State IN Zip Code 46013- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8327</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 33.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
<b>B. USPS</b> Full Name (Last, First, Middle Initial) Mailing Address 1505 Raible Rd City Anderson State IN Zip Code 46011- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8269</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 37.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
<b>C. USPS</b> Full Name (Last, First, Middle Initial) Mailing Address 1505 Raible Rd City Anderson State IN Zip Code 46011- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8270</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 17.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE

**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)  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** USPS

Mailing Address 1505 Raible Rd

City Anderson State IN Zip Code 46011-

Purpose of Disbursement  
postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8268

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

74.00

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

**[MEMO ITEM]**

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

**B.** USPS

Mailing Address 1505 Raible Rd

City Anderson State IN Zip Code 46011-

Purpose of Disbursement  
POSTAGE

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8271

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

74.00

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

**[MEMO ITEM]**

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

**C.** USPS

Mailing Address 1505 Raible Rd

City Anderson State IN Zip Code 46011-

Purpose of Disbursement  
POSTAGE

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8273

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

37.00

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

**[MEMO ITEM]**

MEMO: POSTAGE

**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)  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. USPS</b> Full Name (Last, First, Middle Initial) Mailing Address 1505 Raible Rd City Anderson State IN Zip Code 46011- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8272</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 38.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
<b>B. United Parcel Service</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 505820 City The Lakes State NV Zip Code 88905-5820 Purpose of Disbursement SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8283</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 84.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SHIPPING
<b>C. Pizza King</b> Full Name (Last, First, Middle Initial) Mailing Address 523 Broadway City Anderson State IN Zip Code 46016- Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8330</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 30.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. RN Real One**

Mailing Address P.O. Box 3009

City State Zip Code  
Redmond WA 98073-

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8297

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

12.95

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

**[MEMO ITEM]**

MEMO: SUBSCRIPTION

Full Name (Last, First, Middle Initial)

## **B. Edginn Restaurant**

Mailing Address 2551 Nichol Ave.

City State Zip Code  
Anderson IN 46011-

Purpose of Disbursement  
meals

Candidate Name

007  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8334

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

13.98

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

## **C. Sears**

Mailing Address Mounds Mall

City State Zip Code  
Anderson IN 46013-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8293

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

16.90

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Sears</b> Full Name (Last, First, Middle Initial) Mailing Address Mounds Mall City Anderson State IN Zip Code 46013- Purpose of Disbursement vehicle maintenance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8355</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 22.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: VEHICLE MAINTENANCE
<b>B. INTERNATIONAL Sedan Service</b> Full Name (Last, First, Middle Initial) Mailing Address PO BOX 17207 City Baltimore State MD Zip Code 21297-0222 Purpose of Disbursement taxi service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8353</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 102.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TAXI SERVICE
<b>C. Staples</b> Full Name (Last, First, Middle Initial) Mailing Address 1501 W. McGalliard Rd. City Muncie State IN Zip Code 47305- Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8291</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 138.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

**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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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Cato Travel**

Mailing Address 1925 N. LYNN ST, STE. 801

City State Zip Code  
Arlington VA 22209-

Purpose of Disbursement  
TRAVEL SERVICE

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8303

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

20.00

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

**[MEMO ITEM]**

MEMO: TRAVEL SERVICE

Full Name (Last, First, Middle Initial)

## **B. Target**

Mailing Address 5501 Scatterfield Rd

City State Zip Code  
Anderson IN 46013-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8294

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

181.22

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. Thornton Oil**

Mailing Address 12001 N. US Rte. 31

City State Zip Code  
Edinburgh IN 46124-

Purpose of Disbursement  
fuel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8332

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

15.00

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

**[MEMO ITEM]**

MEMO: FUEL

**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)  
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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. New York Times**

Mailing Address 229 W. 43RD ST.

City  
New York

State  
NY

Zip Code  
10036-

Purpose of Disbursement  
office subscription

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8300

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

23.00

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

**[MEMO ITEM]**

MEMO: OFFICE SUBSCRIPTION

Full Name (Last, First, Middle Initial)

## **B. The Toast**

Mailing Address 28 E. 13TH

City  
Anderson

State  
IN

Zip Code  
46016-

Purpose of Disbursement  
MEALS

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8321

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

15.12

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

## **C. Wendys**

Mailing Address 1805 ST RD 109

City  
Anderson

State  
IN

Zip Code  
46013-

Purpose of Disbursement  
meals

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8329

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

4.06

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

**[MEMO ITEM]**

MEMO: MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Wendys

Mailing Address 1805 ST RD 109

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8328

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

4.06

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**B.** VISA

Mailing Address P.O. Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8421

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

224.78

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

SEE BELOW

Full Name (Last, First, Middle Initial)

**C.** Staples

Mailing Address 1501 W. McGalliard Rd.

City Muncie State IN Zip Code 47305-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8441

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

11.03

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

224.78

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Cato Travel

Mailing Address 1925 N. LYNN ST, STE. 801

City Arlington State VA Zip Code 22209-

Purpose of Disbursement  
TRAVEL SERVICE

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8440

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

20.00

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

**[MEMO ITEM]**

MEMO: TRAVEL SERVICE

Full Name (Last, First, Middle Initial)

**B.** Cato Travel

Mailing Address 1925 N. LYNN ST, STE. 801

City Arlington State VA Zip Code 22209-

Purpose of Disbursement  
TRAVEL SERVICE

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8439

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

20.00

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

**[MEMO ITEM]**

MEMO: TRAVEL SERVICE

Full Name (Last, First, Middle Initial)

**C.** Cato Travel

Mailing Address 1925 N. LYNN ST, STE. 801

City Arlington State VA Zip Code 22209-

Purpose of Disbursement  
TRAVEL SERVICE

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8437

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

20.00

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

**[MEMO ITEM]**

MEMO: TRAVEL SERVICE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Cato Travel

Mailing Address 1925 N. LYNN ST, STE. 801

City State Zip Code  
Arlington VA 22209-

Purpose of Disbursement  
TRAVEL SERVICE

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8438

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

20.00

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

**[MEMO ITEM]**

MEMO: TRAVEL SERVICE

Full Name (Last, First, Middle Initial)

**B.** US Capitol Historical Soc.

Mailing Address US Capitol Building

City State Zip Code  
Washington DC 20515-

Purpose of Disbursement  
MEMENTOS

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8436

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

133.75

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

**[MEMO ITEM]**

MEMO: MEMENTOS

Full Name (Last, First, Middle Initial)

**C.** VISA

Mailing Address P.O. Box 77042

City State Zip Code  
Madison WI 53707-1042

Purpose of Disbursement  
SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8420

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

810.85

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

SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

810.85

**TOTAL** This Period (last page this line number only) .....

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Office Depot**

Mailing Address 2200 Old Germantown Rd.

City Delray Beach State FL Zip Code 33445-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8425

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

57.49

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Office Depot**

Mailing Address 2200 Old Germantown Rd.

City Delray Beach State FL Zip Code 33445-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8427

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

140.64

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. Office Depot**

Mailing Address 2200 Old Germantown Rd.

City Delray Beach State FL Zip Code 33445-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8426

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

19.06

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

**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)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Office Depot**

Mailing Address 2200 Old Germantown Rd.

City Delray Beach State FL Zip Code 33445-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8431

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

91.09

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Toles Flowers**

Mailing Address 627 Nichol Ave.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
FLOWERS

Candidate Name

007  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8428

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

52.47

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

**[MEMO ITEM]**

MEMO: FLOWERS

Full Name (Last, First, Middle Initial)

## **C. KMART**

Mailing Address 2828 Broadway

City Anderson State IN Zip Code 46012-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8435

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

11.65

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

**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:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** USPS

Mailing Address 1505 Raible Rd

City Anderson State IN Zip Code 46011-

Purpose of Disbursement  
POSTAGE

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8433

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

185.00

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

**[MEMO ITEM]**

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

**B.** USPS

Mailing Address 1505 Raible Rd

City Anderson State IN Zip Code 46011-

Purpose of Disbursement  
POSTAGE

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8434

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

203.00

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

**[MEMO ITEM]**

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

**C.** The Star Press

Mailing Address PO BOX 2408

City Muncie State IN Zip Code 47307-

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8430

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

14.55

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

**[MEMO ITEM]**

MEMO: SUBSCRIPTION

**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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Walgreens**

Mailing Address 128 W. 14th St

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8424

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

4.22

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. VISA**

Mailing Address P.O. Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8422

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

6979.86

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

SEE BELOW

Full Name (Last, First, Middle Initial)

## **C. Christian Computing Magazine**

Mailing Address P.O. Box 319

City Belton State MO Zip Code 64012-

Purpose of Disbursement  
CONFERENCE FEES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8448

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

119.00

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

**[MEMO ITEM]**

MEMO: CONFERENCE FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

6979.86

**TOTAL** This Period (last page this line number only) .....



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Catering by Windows**

Mailing Address 1125 N. Royal St.

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
CATERING

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8460

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

628.10

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

**[MEMO ITEM]**

MEMO: CATERING

Full Name (Last, First, Middle Initial)

## **B. Tire Barn**

Mailing Address S. Scatterfield

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
VEHICLE MAINTENANCE

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8614

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

242.12

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

**[MEMO ITEM]**

MEMO: VEHICLE MAINTENANCE

Full Name (Last, First, Middle Initial)

## **C. Enterprise Rentacar**

Mailing Address 2213 St. Rd. 109 S.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
CAR RENTAL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8553

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

29.69

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

**[MEMO ITEM]**

MEMO: CAR RENTAL

**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)  
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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Us Airways**

Mailing Address P.O. Box 2562

City  
Winston - Salem

State  
NC

Zip Code  
27102-

Purpose of Disbursement  
AIR TRAVEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8551

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

484.89

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

**[MEMO ITEM]**

MEMO: AIR TRAVEL

Full Name (Last, First, Middle Initial)

## **B. Gas America**

Mailing Address 2700 W. Main St.

City  
Greenfield

State  
IN

Zip Code  
46140-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8566

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

16.25

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

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

## **C. Gas America**

Mailing Address 2700 W. Main St.

City  
Greenfield

State  
IN

Zip Code  
46140-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8567

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

19.94

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

**[MEMO ITEM]**

MEMO: FUEL

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8558

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

56.68

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

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**B.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8559

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

19.00

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

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**C.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8560

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

21.94

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

**[MEMO ITEM]**

MEMO: FUEL

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8564

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

30.00

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

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**B.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8563

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

26.00

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

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**C.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8562

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

26.85

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

**[MEMO ITEM]**

MEMO: FUEL

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8561

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

43.67

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

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**B.** Arbys

Mailing Address 2010 Mounds Road

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
MEALS

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8575

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

12.60

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**C.** Beaty Auto Service

Mailing Address 407 E. 29th St.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
VEHICLE MAINTENANCE

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8611

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

87.62

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

**[MEMO ITEM]**

MEMO: VEHICLE MAINTENANCE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Beaty Auto Service**

Mailing Address 407 E. 29th St.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
VEHICLE MAINTENANCE

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8612

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

438.95

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

**[MEMO ITEM]**

MEMO: VEHICLE MAINTENANCE

Full Name (Last, First, Middle Initial)

## **B. BP Oil**

Mailing Address 28301 Ferry Rd.

City Warrenville State IL Zip Code 60555-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8453

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

16.25

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

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

## **C. Chilis**

Mailing Address 809 West McGalliard Road

City Muncie State IN Zip Code 47304-

Purpose of Disbursement  
MEALS

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8601

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

29.45

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

**[MEMO ITEM]**

MEMO: MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. MCL Cafeteria**

Mailing Address 2109 St. Rd. 9

City  
Anderson

State  
IN

Zip Code  
46012-

Purpose of Disbursement  
MEALS

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8594

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

36.11

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

[MEMO ITEM]

MEMO: MEALS

Full Name (Last, First, Middle Initial)

## **B. MCL Cafeteria**

Mailing Address 2109 St. Rd. 9

City  
Anderson

State  
IN

Zip Code  
46012-

Purpose of Disbursement  
MEALS

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8593

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

27.04

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

[MEMO ITEM]

MEMO: MEALS

Full Name (Last, First, Middle Initial)

## **C. Cingular Wireless**

Mailing Address 5565 Glennridge Connector  
Suite 1401

City  
Atlanta

State  
GA

Zip Code  
30342-

Purpose of Disbursement  
TELEPHONE

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8470

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

355.03

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

[MEMO ITEM]

MEMO: TELEPHONE

**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)  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Office Depot**

Mailing Address 2200 Old Germantown Rd.

City Delray Beach State FL Zip Code 33445-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8467

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

85.56

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Office Depot**

Mailing Address 2200 Old Germantown Rd.

City Delray Beach State FL Zip Code 33445-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8466

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

108.68

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. www.earthlink.net**

Mailing Address 1375 Peachtree St.  
Level A

City Atlanta State GA Zip Code 30309-

Purpose of Disbursement  
equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8469

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

767.44

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

**[MEMO ITEM]**

MEMO: EQUIPMENT

**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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. US House of Rep. Gift Shop**

Mailing Address Longworth H.O.B.

City  
Washington

State  
DC

Zip Code  
20515-

Purpose of Disbursement  
MEMENTOS

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8461

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

91.26

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

**[MEMO ITEM]**

MEMO: MEMENTOS

Full Name (Last, First, Middle Initial)

## **B. US House of Rep. Gift Shop**

Mailing Address Longworth H.O.B.

City  
Washington

State  
DC

Zip Code  
20515-

Purpose of Disbursement  
MEMENTOS

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8462

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

91.26

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

**[MEMO ITEM]**

MEMO: MEMENTOS

Full Name (Last, First, Middle Initial)

## **C. Garfields**

Mailing Address 2109 S. St Rd. 9

City  
Anderson

State  
IN

Zip Code  
46012-

Purpose of Disbursement  
MEALS

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8603

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

55.00

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

**[MEMO ITEM]**

MEMO: MEALS

**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)  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Hobby Lobby**

Mailing Address 1804 N. State Rd. 109

City Anderson State IN Zip Code 46012-

Purpose of Disbursement  
FUNDRAISING EVENT SUPPLIES

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8455

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

26.47

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

### **[MEMO ITEM]**

MEMO: FUNDRAISING EVENT  
SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Holiday Inn**

Mailing Address 3 Ravina Dr.  
Sutie 2000

City Atlanta State GA Zip Code 30346-1249

Purpose of Disbursement  
LODGING

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8573

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

68.32

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

### **[MEMO ITEM]**

MEMO: LODGING

Full Name (Last, First, Middle Initial)

## **C. Golden House**

Mailing Address 1222 Meridian

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8595

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

3.00

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

### **[MEMO ITEM]**

MEMO: MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Golden House**

Mailing Address 1222 Meridian

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8596

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

21.98

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

[MEMO ITEM]

MEMO: MEALS

Full Name (Last, First, Middle Initial)

## **B. Meijer**

Mailing Address 6610 Scatterfield Road

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8468

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

31.78

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

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. Independence Air**

Mailing Address P.O. Box 77042

City Madison State WI Zip Code 53707-

Purpose of Disbursement  
AIR TRAVEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8552

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

316.80

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

[MEMO ITEM]

MEMO: AIR TRAVEL

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Independence Air**

Mailing Address P.O. Box 77042

City Madison State WI Zip Code 53707-

Purpose of Disbursement  
AIR TRAVEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8555

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

249.00

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

**[MEMO ITEM]**

MEMO: AIR TRAVEL

Full Name (Last, First, Middle Initial)

## **B. Wall Street Journal**

Mailing Address 84 Second Ave.

City Chicopee State MA Zip Code 01020-

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8476

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

17.98

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

**[MEMO ITEM]**

MEMO: SUBSCRIPTION

Full Name (Last, First, Middle Initial)

## **C. Kentucky Fried Chicken**

Mailing Address 1595 S. Memorial Dr.

City New Castle State IN Zip Code 47362-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8591

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

13.98

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

**[MEMO ITEM]**

MEMO: MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Kentucky Fried Chicken

Mailing Address 1595 S. Memorial Dr.

City State Zip Code  
New Castle IN 47362-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8592

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

27.26

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**B.** Burger King

Mailing Address 810 E. McGalliard Rd.

City State Zip Code  
Muncie IN 47304-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8443

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

2.97

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

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**C.** Burger King

Mailing Address 810 E. McGalliard Rd.

City State Zip Code  
Muncie IN 47304-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 50712.E8442

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

5.28

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

**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  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Burger King**

Mailing Address 810 E. McGalliard Rd.

City Muncie State IN Zip Code 47304-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8602

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

6.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

## **B. Kroger**

Mailing Address 1900 Applewood Center

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8463

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

21.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. Mancinos**

Mailing Address 1606 SCATTERFIELD RD.

City Anderson State IN Zip Code 46012-

Purpose of Disbursement  
MEALS

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8597

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

36.01

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Marriott

Mailing Address 501 W. WASHINGTON ST.

City Indianapolis State IN Zip Code 46204-

Purpose of Disbursement  
LODGING

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8557

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

203.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: LODGING

Full Name (Last, First, Middle Initial)

**B.** Marriott

Mailing Address 501 W. WASHINGTON ST.

City Indianapolis State IN Zip Code 46204-

Purpose of Disbursement  
MEALS

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8586

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

31.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**C.** Marriott

Mailing Address 501 W. WASHINGTON ST.

City Indianapolis State IN Zip Code 46204-

Purpose of Disbursement  
MEALS

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8556

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

2.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Walmart</b> Full Name (Last, First, Middle Initial) Mailing Address 4420 Scatterfield Rd. City Anderson State IN Zip Code 46013- Purpose of Disbursement FUNDRAISING EVENT SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8457</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5 Amount of Each Disbursement this Period 4.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING EVENT SUPPLIES
<b>B. Walmart</b> Full Name (Last, First, Middle Initial) Mailing Address 4420 Scatterfield Rd. City Anderson State IN Zip Code 46013- Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8464</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5 Amount of Each Disbursement this Period 3.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
<b>C. Walmart</b> Full Name (Last, First, Middle Initial) Mailing Address 4420 Scatterfield Rd. City Anderson State IN Zip Code 46013- Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8465</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5 Amount of Each Disbursement this Period 31.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

**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)  
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Walmart

Mailing Address 4420 Scatterfield Rd.

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
FUNDRAISING EVENT SUPPLIES

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8459

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

3.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUNDRAISING EVENT  
SUPPLIES

Full Name (Last, First, Middle Initial)

**B.** Walmart

Mailing Address 4420 Scatterfield Rd.

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
FUNDRAISING EVENT SUPPLIES

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8456

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

9.01

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUNDRAISING EVENT  
SUPPLIES

Full Name (Last, First, Middle Initial)

**C.** Walmart

Mailing Address 4420 Scatterfield Rd.

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
FUNDRAISING EVENT SUPPLIES

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8458

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

10.91

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUNDRAISING EVENT  
SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Exxon Mobil

Mailing Address P.O. Box 2180

City Houston State TX Zip Code 77252-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8450

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

45.61

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**B.** Indianapolis Motor Speedway

Mailing Address PO BOX 24915

City Indianapolis State IN Zip Code 46224-

Purpose of Disbursement  
EVENT TICKETS

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8549

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

262.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: EVENT TICKETS

Full Name (Last, First, Middle Initial)

**C.** Indianapolis Motor Speedway

Mailing Address PO BOX 24915

City Indianapolis State IN Zip Code 46224-

Purpose of Disbursement  
EVENT TICKETS

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8550

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

262.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: EVENT TICKETS

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Indianapolis Motor Speedway**

Mailing Address PO BOX 24915

City Indianapolis State IN Zip Code 46224-

Purpose of Disbursement  
EVENT TICKETS

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8548

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

277.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: EVENT TICKETS

Full Name (Last, First, Middle Initial)

## **B. Marathon Oil Company**

Mailing Address 539 South Main Street

City Findlay State OH Zip Code 45840-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8571

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

73.82

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

## **C. Marathon Oil Company**

Mailing Address 539 South Main Street

City Findlay State OH Zip Code 45840-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8570

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

34.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUEL

**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 PageFOR 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)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A. Marathon Oil Company**

Mailing Address 539 South Main Street

City Findlay State OH Zip Code 45840-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8572

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	0	5

Amount of Each Disbursement this Period

31.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**B. Shell Oil Company**

Mailing Address P.O. Box 790070

City Houston State TX Zip Code 77279-0070

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8569

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	0	5

Amount of Each Disbursement this Period

29.51

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**C. Shell Oil Company**

Mailing Address P.O. Box 790070

City Houston State TX Zip Code 77279-0070

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8445

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	0	5

Amount of Each Disbursement this Period

49.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: FUEL

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  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Pilot Corp.		<b>Transaction ID:</b> 50712.E8444 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 5</div> </div>	
Mailing Address 1 Pilot Way		<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>4.35</div> </div>	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement MEALS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS	
Candidate Name	002 Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Hertz Rent A Car		<b>Transaction ID:</b> 50712.E8554 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 5</div> </div>	
Mailing Address 2100 W. Thompson Rd.		<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>44.76</div> </div>	
City Indianapolis State IN Zip Code 46217-	Purpose of Disbursement CAR RENTAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CAR RENTAL	
Candidate Name	002 Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) RN Real One		<b>Transaction ID:</b> 50712.E8472 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 5</div> </div>	
Mailing Address P.O. Box 3009		<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>13.74</div> </div>	
City Redmond State WA Zip Code 98073-	Purpose of Disbursement SUBSCRIPTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION	
Candidate Name	001 Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**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)  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Edginn Restaurant**

Mailing Address 2551 Nichol Ave.

City Anderson State IN Zip Code 46011-

Purpose of Disbursement  
MEALS

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8604

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

14.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

## **B. Flashbacks**

Mailing Address 18 W. 9th St.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8588

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

40.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

## **C. Mc Donalds Restaurant**

Mailing Address 24 W 14th St.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8583

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

3.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Mc Donalds Restaurant

Mailing Address 24 W 14th St.

City  
Anderson

State  
IN

Zip Code  
46016-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8582

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

3.53

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**B.** Mc Donalds Restaurant

Mailing Address 24 W 14th St.

City  
Anderson

State  
IN

Zip Code  
46016-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8452

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

5.03

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**C.** Sunoco

Mailing Address P.O. Box 630024

City  
Dallas

State  
TX

Zip Code  
75263-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8451

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

41.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUEL

**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)  
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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Ponderosa

Mailing Address 20006 St. Rd. 109

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8608

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

11.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**B.** Subway

Mailing Address 406 1st Street, Se

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8590

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

5.13

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**C.** New York Times

Mailing Address 229 W. 43RD ST.

City New York State NY Zip Code 10036-

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8475

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

23.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SUBSCRIPTION

**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)  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** The Toast

Mailing Address 28 E. 13TH

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8580

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

15.26

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**B.** The Toast

Mailing Address 28 E. 13TH

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8578

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

14.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**C.** Wendys

Mailing Address 1805 ST RD 109

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8576

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

2.76

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

**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  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Wendys

Mailing Address 1805 ST RD 109

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8577

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

10.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**B.** Wendys

Mailing Address 1805 ST RD 109

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8605

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

4.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**C.** Verizon Wireless

Mailing Address P.O. Box 630024

City Dallas State TX Zip Code 75263-0024

Purpose of Disbursement  
TELEPHONE

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8471

Date of Disbursement

05 / 12 / 2005

Amount of Each Disbursement this Period

31.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: TELEPHONE

**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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. VISA**

Mailing Address P.O. Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8629

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

4196.26

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SEE BELOW

Full Name (Last, First, Middle Initial)

## **B. Capitol Hill Suites**

Mailing Address 200 C St.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
LODGING

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8681

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

141.27

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: LODGING

Full Name (Last, First, Middle Initial)

## **C. Capitol Hill Suites**

Mailing Address 200 C St.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
LODGING

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8680

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

270.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: LODGING

**SUBTOTAL** of Disbursements This Page (optional) .....

4196.26

**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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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Gas America**

Mailing Address 2700 W. Main St.

City Greenfield State IN Zip Code 46140-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8675

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

28.61

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUEL

Full Name (Last, First, Middle Initial)

## **B. Gas America**

Mailing Address 2700 W. Main St.

City Greenfield State IN Zip Code 46140-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8674

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

50.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUEL

Full Name (Last, First, Middle Initial)

## **C. Gas America**

Mailing Address 2700 W. Main St.

City Greenfield State IN Zip Code 46140-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8673

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

32.97

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUEL

**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)  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8664

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

23.02

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**B.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8660

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

33.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**C.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8662

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

24.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUEL

**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)  
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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City  
Carol Stream

State  
IL

Zip Code  
60197-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8663

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

38.91

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**B.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City  
Carol Stream

State  
IL

Zip Code  
60197-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8661

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

14.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**C.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City  
Carol Stream

State  
IL

Zip Code  
60197-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8659

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

28.15

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUEL

**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)  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8657

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

65.05

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**B.** Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8658

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

40.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**C.** Arbys

Mailing Address 2010 Mounds Road

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8688

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

23.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

**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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Arbys</b> Full Name (Last, First, Middle Initial) Mailing Address 2010 Mounds Road City Anderson State IN Zip Code 46013- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8687</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 19.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
<b>B. Arts Pizza</b> Full Name (Last, First, Middle Initial) Mailing Address 2027 Broadway City Anderson State IN Zip Code 46012- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8698</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 16.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
<b>C. Milk Barn</b> Full Name (Last, First, Middle Initial) Mailing Address E. 53rd and Scatterfield Rd. City Anderson State IN Zip Code 46013- Purpose of Disbursement FUEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8677</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 28.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL

**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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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Best Buy**

Mailing Address P.O. Box 9312

City Minneapolis State MN Zip Code 55440-

Purpose of Disbursement  
EQUIPMENT

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8714

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

37.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: EQUIPMENT

Full Name (Last, First, Middle Initial)

## **B. Best Buy**

Mailing Address P.O. Box 9312

City Minneapolis State MN Zip Code 55440-

Purpose of Disbursement  
EQUIPMENT

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8713

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

120.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: EQUIPMENT

Full Name (Last, First, Middle Initial)

## **C. MCL Cafeteria**

Mailing Address 2109 St. Rd. 9

City Anderson State IN Zip Code 46012-

Purpose of Disbursement  
MEALS

Candidate Name

007  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8696

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

52.86

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. MCL Cafeteria**

Mailing Address 2109 St. Rd. 9

City  
Anderson

State  
IN

Zip Code  
46012-

Purpose of Disbursement  
MEALS

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8695

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

42.54

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

## **B. Hunan Dynasty**

Mailing Address 203 Pennsylvania South East

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
CATERING

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8630

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

610.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CATERING

Full Name (Last, First, Middle Initial)

## **C. Jim Dandy**

Mailing Address 1803 S. Anderson St.

City  
Elwood

State  
IN

Zip Code  
46036-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8682

Date of Disbursement

06 / 07 / 2005

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: MEALS

**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)  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Office Depot**

Mailing Address 2200 Old Germantown Rd.

City Delray Beach State FL Zip Code 33445-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8645

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

264.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Office Depot**

Mailing Address 2200 Old Germantown Rd.

City Delray Beach State FL Zip Code 33445-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8646

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

133.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. www.earthlink.net**

Mailing Address 1375 Peachtree St.  
Level A

City Atlanta State GA Zip Code 30309-

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8648

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

166.43

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: TELEPHONE

**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)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Evas Pancake House		<b>Transaction ID:</b> 50712.E8678 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 0 5</div> </div>	
Mailing Address 831 Broadway		<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>30.75</div> </div>	
City Anderson State IN Zip Code 46012-	Purpose of Disbursement MEALS	<div> <div>002</div> <div>Category/Type</div> </div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Evas Pancake House		<b>Transaction ID:</b> 50712.E8685 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 0 5</div> </div>	
Mailing Address 831 Broadway		<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>9.63</div> </div>	
City Anderson State IN Zip Code 46012-	Purpose of Disbursement MEALS	<div> <div>002</div> <div>Category/Type</div> </div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Evas Pancake House		<b>Transaction ID:</b> 50712.E8686 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 0 5</div> </div>	
Mailing Address 831 Broadway		<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>15.00</div> </div>	
City Anderson State IN Zip Code 46012-	Purpose of Disbursement MEALS	<div> <div>002</div> <div>Category/Type</div> </div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Evas Pancake House

Mailing Address 831 Broadway

City  
Anderson

State  
IN

Zip Code  
46012-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8684

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

16.05

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**B.** US House of Rep. Gift Shop

Mailing Address Longworth H.O.B.

City  
Washington

State  
DC

Zip Code  
20515-

Purpose of Disbursement  
MEMENTOS

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8634

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

91.26

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEMENTOS

Full Name (Last, First, Middle Initial)

**C.** Garfields

Mailing Address 2109 S. St Rd. 9

City  
Anderson

State  
IN

Zip Code  
46012-

Purpose of Disbursement  
MEALS

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8702

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

41.17

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Garfields

Mailing Address 2109 S. St Rd. 9

City Anderson State IN Zip Code 46012-

Purpose of Disbursement  
MEALS

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8703

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

10.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**B.** Meijer

Mailing Address 6610 Scatterfield Road

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8642

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

32.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

**C.** Meijer

Mailing Address 6610 Scatterfield Road

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8637

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

23.89

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

**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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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Meijer

Mailing Address 6610 Scatterfield Road

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8638

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

12.78

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

**B.** Wall Street Journal

Mailing Address 84 Second Ave.

City Chicopee State MA Zip Code 01020-

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8653

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

17.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SUBSCRIPTION

Full Name (Last, First, Middle Initial)

**C.** Wall Street Journal

Mailing Address 84 Second Ave.

City Chicopee State MA Zip Code 01020-

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8654

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

42.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SUBSCRIPTION

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Kroger</b> Full Name (Last, First, Middle Initial) Mailing Address 1900 Applewood Center City Anderson State IN Zip Code 46013- Purpose of Disbursement FUNDRAISING EVENT SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8631</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 44.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING EVENT SUPPLIES
<b>B. Mancinos</b> Full Name (Last, First, Middle Initial) Mailing Address 1606 SCATTERFIELD RD. City Anderson State IN Zip Code 46012- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8694</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 13.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
<b>C. Walmart</b> Full Name (Last, First, Middle Initial) Mailing Address 4420 Scatterfield Rd. City Anderson State IN Zip Code 46013- Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8643</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 138.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Office Max**

Mailing Address 5517 Scatterfield Rd.

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8647

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

8.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Marathon Oil Company**

Mailing Address 539 South Main Street

City Findlay State OH Zip Code 45840-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8669

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

44.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

## **C. Marathon Oil Company**

Mailing Address 539 South Main Street

City Findlay State OH Zip Code 45840-

Purpose of Disbursement  
FUEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8670

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

40.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUEL

**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 PageFOR LINE NUMBER:  
(check only one)

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<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)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A. Marathon Oil Company**

Mailing Address 539 South Main Street

City  
FindlayState  
OHZip Code  
45840-Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8671

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	0	5

Amount of Each Disbursement this Period

26.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**B. Shell Oil Company**

Mailing Address P.O. Box 790070

City  
HoustonState  
TXZip Code  
77279-0070Purpose of Disbursement  
FUEL

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8672

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	0	5

Amount of Each Disbursement this Period

7.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: FUEL

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 1505 Raible Rd

City  
AndersonState  
INZip Code  
46011-Purpose of Disbursement  
POSTAGE

Candidate Name

003

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8649

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	0	5

Amount of Each Disbursement this Period

24.32

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: POSTAGE

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. USPS</b> Full Name (Last, First, Middle Initial) Mailing Address 1505 Raible Rd City Anderson State IN Zip Code 46011- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 50712.E8650 <b>Date of Disbursement</b> <div> <div>06</div> <div>07</div> <div>2005</div> </div> Amount of Each Disbursement this Period <div>370.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
<b>B. Pilot Corp.</b> Full Name (Last, First, Middle Initial) Mailing Address 1 Pilot Way City Anderson State IN Zip Code 46013- Purpose of Disbursement FUEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 50712.E8676 <b>Date of Disbursement</b> <div> <div>06</div> <div>07</div> <div>2005</div> </div> Amount of Each Disbursement this Period <div>10.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL
<b>C. Pizza Hut</b> Full Name (Last, First, Middle Initial) Mailing Address 2903 Main St. City Anderson State IN Zip Code 46016- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 50712.E8704 <b>Date of Disbursement</b> <div> <div>06</div> <div>07</div> <div>2005</div> </div> Amount of Each Disbursement this Period <div>40.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Pizza King

Mailing Address 523 Broadway

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
MEALS

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8693

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

15.93

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**B.** RN Real One

Mailing Address P.O. Box 3009

City Redmond State WA Zip Code 98073-

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8651

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

13.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SUBSCRIPTION

Full Name (Last, First, Middle Initial)

**C.** Edginn Restaurant

Mailing Address 2551 Nichol Ave.

City Anderson State IN Zip Code 46011-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8711

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

16.26

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

**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  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Edginn Restaurant**

Mailing Address 2551 Nichol Ave.

City Anderson State IN Zip Code 46011-

Purpose of Disbursement  
MEALS

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8707

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

14.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

Full Name (Last, First, Middle Initial)

## **B. Flashbacks**

Mailing Address 18 W. 9th St.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8701

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

15.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

Full Name (Last, First, Middle Initial)

## **C. Mc Donalds Restaurant**

Mailing Address 24 W 14th St.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8705

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

7.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Ruby Tuesday</b> Full Name (Last, First, Middle Initial) Mailing Address 5530 S. Scatterfield City Anderson State IN Zip Code 46013- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8700</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 42.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
<b>B. Ruby Tuesday</b> Full Name (Last, First, Middle Initial) Mailing Address 5530 S. Scatterfield City Anderson State IN Zip Code 46013- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8699</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
<b>C. Sears</b> Full Name (Last, First, Middle Initial) Mailing Address Mounds Mall City Anderson State IN Zip Code 46013- Purpose of Disbursement VEHICLE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8712</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 22.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: VEHICLE MAINTENANCE

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Sears</b> Full Name (Last, First, Middle Initial) Mailing Address Mounds Mall City Anderson State IN Zip Code 46013- Purpose of Disbursement VEHICLE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8715</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 22.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: VEHICLE MAINTENANCE
<b>B. Speedway</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 N. Wheeling Ave. City Muncie State IN Zip Code 47304- Purpose of Disbursement FUEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8665</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 29.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL
<b>C. Speedway</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 N. Wheeling Ave. City Muncie State IN Zip Code 47304- Purpose of Disbursement FUEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8668</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 24.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		0.00
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Speedway</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 N. Wheeling Ave. City Muncie State IN Zip Code 47304- Purpose of Disbursement FUEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8667</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 17.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL
<b>B. Speedway</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 N. Wheeling Ave. City Muncie State IN Zip Code 47304- Purpose of Disbursement FUEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8666</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 27.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL
<b>C. Ponderosa</b> Full Name (Last, First, Middle Initial) Mailing Address 20006 St. Rd. 109 City Anderson State IN Zip Code 46016- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8697</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 22.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS

**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  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Subway</b> Full Name (Last, First, Middle Initial) Mailing Address 406 1st Street, Se City Washington State DC Zip Code 20003- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8636</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 64.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
<b>B. Subway</b> Full Name (Last, First, Middle Initial) Mailing Address 406 1st Street, Se City Washington State DC Zip Code 20003- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8689</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 8.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
<b>C. Cato Travel</b> Full Name (Last, First, Middle Initial) Mailing Address 1925 N. LYNN ST, STE. 801 City Arlington State VA Zip Code 22209- Purpose of Disbursement TRAVEL SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8656</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5 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>[MEMO ITEM]</b> MEMO: TRAVEL SERVICE

**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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. New York Times**

Mailing Address 229 W. 43RD ST.

City New York State NY Zip Code 10036-

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8652

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

23.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SUBSCRIPTION

Full Name (Last, First, Middle Initial)

## **B. Walden Books**

Mailing Address 2109 S. SCATTERFIELD RD

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8644

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

16.92

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. Wendys**

Mailing Address 1805 ST RD 109

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
MEALS

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8691

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

4.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Wendys

Mailing Address 1805 ST RD 109

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8692

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

5.44

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**B.** Wendys

Mailing Address 1805 ST RD 109

City Anderson State IN Zip Code 46013-

Purpose of Disbursement  
MEALS

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8690

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

5.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MEALS

Full Name (Last, First, Middle Initial)

**C.** VISA

Mailing Address P.O. Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8627

Date of Disbursement

06 / 15 / 2005

Amount of Each Disbursement this Period

340.42

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

340.42

**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  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Kroger</b> Full Name (Last, First, Middle Initial) Mailing Address 1900 Applewood Center City Anderson State IN Zip Code 46013- Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8625</b> Date of Disbursement 06 / 15 / 2005 Amount of Each Disbursement this Period 41.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
<b>B. Office Max</b> Full Name (Last, First, Middle Initial) Mailing Address 5517 Scatterfield Rd. City Anderson State IN Zip Code 46013- Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8624</b> Date of Disbursement 06 / 15 / 2005 Amount of Each Disbursement this Period 137.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
<b>C. USPS</b> Full Name (Last, First, Middle Initial) Mailing Address 1505 Raible Rd City Anderson State IN Zip Code 46011- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 50712.E8626</b> Date of Disbursement 06 / 15 / 2005 Amount of Each Disbursement this Period 74.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE

**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  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. The Star Press**

Mailing Address PO BOX 2408

City Muncie State IN Zip Code 47307-

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8622

Date of Disbursement

06 / 15 / 2005

Amount of Each Disbursement this Period

14.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SUBSCRIPTION

Full Name (Last, First, Middle Initial)

## **B. VISA**

Mailing Address P.O. Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8628

Date of Disbursement

06 / 15 / 2005

Amount of Each Disbursement this Period

1413.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SEE BELOW

Full Name (Last, First, Middle Initial)

## **C. Us Airways**

Mailing Address P.O. Box 2562

City Winston - Salem State NC Zip Code 27102-

Purpose of Disbursement  
AIR TRAVEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8617

Date of Disbursement

06 / 15 / 2005

Amount of Each Disbursement this Period

348.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIR TRAVEL

**SUBTOTAL** of Disbursements This Page (optional) .....

1413.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Us Airways**

Mailing Address P.O. Box 2562

City  
Winston - Salem

State  
NC

Zip Code  
27102-

Purpose of Disbursement  
AIR TRAVEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8616

Date of Disbursement

06 / 15 / 2005

Amount of Each Disbursement this Period

348.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIR TRAVEL

Full Name (Last, First, Middle Initial)

## **B. Us Airways**

Mailing Address P.O. Box 2562

City  
Winston - Salem

State  
NC

Zip Code  
27102-

Purpose of Disbursement  
AIR TRAVEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8619

Date of Disbursement

06 / 15 / 2005

Amount of Each Disbursement this Period

348.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIR TRAVEL

Full Name (Last, First, Middle Initial)

## **C. Us Airways**

Mailing Address P.O. Box 2562

City  
Winston - Salem

State  
NC

Zip Code  
27102-

Purpose of Disbursement  
AIR TRAVEL

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8618

Date of Disbursement

06 / 15 / 2005

Amount of Each Disbursement this Period

348.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIR TRAVEL

**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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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)

## **A. Cato Travel**

Mailing Address 1925 N. LYNN ST, STE. 801

City State Zip Code  
Arlington VA 22209-

Purpose of Disbursement  
TRAVEL SERVICE

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8620

Date of Disbursement

06 / 15 / 2005

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: TRAVEL SERVICE

Full Name (Last, First, Middle Initial)

## **B. Phillippe Water Equipment**

Mailing Address 1124 Madison Avenue

City State Zip Code  
Anderson IN 46016-

Purpose of Disbursement  
utilities

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8258

Date of Disbursement

04 / 07 / 2005

Amount of Each Disbursement this Period

34.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

UTILITIES

Full Name (Last, First, Middle Initial)

## **C. Phillippe Water Equipment**

Mailing Address 1124 Madison Avenue

City State Zip Code  
Anderson IN 46016-

Purpose of Disbursement  
utilities

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8416

Date of Disbursement

05 / 13 / 2005

Amount of Each Disbursement this Period

13.78

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

UTILITIES

**SUBTOTAL** of Disbursements This Page (optional) .....

48.23

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 232 / 238

<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)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A. Phillippe Water Equipment**

Mailing Address 1124 Madison Avenue

City Anderson State IN Zip Code 46016-

Purpose of Disbursement  
parade Supplies

Candidate Name

007  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8498

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	5

Amount of Each Disbursement this Period

212.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PARADE SUPPLIES

Full Name (Last, First, Middle Initial)

**B. Mikah Wilson**

Mailing Address 12700 W Arrowhead Dr.

City Daleville State IN Zip Code 47334-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8218

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	0	5

Amount of Each Disbursement this Period

546.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Mikah Wilson**

Mailing Address 12700 W Arrowhead Dr.

City Daleville State IN Zip Code 47334-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8219

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	5

Amount of Each Disbursement this Period

546.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

1305.69

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mikah Wilson			<b>Transaction ID:</b> 50712.E8217 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 5</div> </div>	
Mailing Address 12700 W Arrowhead Dr.				
City Daleville	State IN	Zip Code 47334-	Amount of Each Disbursement this Period <div>10.00</div>	
Purpose of Disbursement reimburse office maintenance		<div>001</div> Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
			<b>REIMBURSE OFFICE MAINTENANCE</b>	
<b>B.</b> Full Name (Last, First, Middle Initial) Mikah Wilson			<b>Transaction ID:</b> 50712.E8220 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 8 / 2 0 0 5</div> </div>	
Mailing Address 12700 W Arrowhead Dr.				
City Daleville	State IN	Zip Code 47334-	Amount of Each Disbursement this Period <div>546.85</div>	
Purpose of Disbursement payroll		<div>001</div> Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
			<b>PAYROLL</b>	
<b>C.</b> Full Name (Last, First, Middle Initial) Mikah Wilson			<b>Transaction ID:</b> 50712.E8221 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 5 / 2 0 0 5</div> </div>	
Mailing Address 12700 W Arrowhead Dr.				
City Daleville	State IN	Zip Code 47334-	Amount of Each Disbursement this Period <div>546.84</div>	
Purpose of Disbursement payroll		<div>001</div> Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
			<b>PAYROLL</b>	

**SUBTOTAL** of Disbursements This Page (optional) .....

**1103.69**

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Mikah Wilson

Mailing Address 12700 W Arrowhead Dr.

City Daleville State IN Zip Code 47334-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8379

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

546.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**PAYROLL**

Full Name (Last, First, Middle Initial)

**B.** Mikah Wilson

Mailing Address 12700 W Arrowhead Dr.

City Daleville State IN Zip Code 47334-

Purpose of Disbursement  
office maintenance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8377

Date of Disbursement

05 / 03 / 2005

Amount of Each Disbursement this Period

10.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**OFFICE MAINTENANCE**

Full Name (Last, First, Middle Initial)

**C.** Mikah Wilson

Mailing Address 12700 W Arrowhead Dr.

City Daleville State IN Zip Code 47334-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8380

Date of Disbursement

05 / 09 / 2005

Amount of Each Disbursement this Period

546.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**PAYROLL**

**SUBTOTAL** of Disbursements This Page (optional) .....

1103.69

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Mikah Wilson

Mailing Address 12700 W Arrowhead Dr.

City Daleville State IN Zip Code 47334-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8382

Date of Disbursement

05 / 16 / 2005

Amount of Each Disbursement this Period

546.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial)

**B.** Mikah Wilson

Mailing Address 12700 W Arrowhead Dr.

City Daleville State IN Zip Code 47334-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8383

Date of Disbursement

05 / 23 / 2005

Amount of Each Disbursement this Period

546.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial)

**C.** Mikah Wilson

Mailing Address 12700 W Arrowhead Dr.

City Daleville State IN Zip Code 47334-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 50712.E8384

Date of Disbursement

05 / 30 / 2005

Amount of Each Disbursement this Period

546.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

1640.54

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mikah Wilson		<b>Transaction ID:</b> 50712.E8504 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 6 / 2 0 0 5</div> </div>
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period <div>546.84</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
City Daleville State IN Zip Code 47334-		
Purpose of Disbursement payroll Candidate Name	<div>001</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Mikah Wilson		<b>Transaction ID:</b> 50712.E8505 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 3 / 2 0 0 5</div> </div>
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period <div>546.85</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
City Daleville State IN Zip Code 47334-		
Purpose of Disbursement payroll Candidate Name	<div>001</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Mikah Wilson		<b>Transaction ID:</b> 50712.E8506 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 0 5</div> </div>
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period <div>546.84</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
City Daleville State IN Zip Code 47334-		
Purpose of Disbursement payroll Candidate Name	<div>001</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**1640.53**

**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 237 / 238

<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)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** Mikah Wilson

Mailing Address 12700 W Arrowhead Dr.

City  
Daleville

State  
IN

Zip Code  
47334-

Purpose of Disbursement  
payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 50712.E8507

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	5

Amount of Each Disbursement this Period

546.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

546.85

**TOTAL** This Period (last page this line number only) .....

77139.03

# **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 238 / 238

<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)

Mike Pence Committee

Full Name (Last, First, Middle Initial)

**A.** House Conservatives Fund

Mailing Address 3101 Wilson Blvd. Ste. 810

City  
Arlington

State  
VA

Zip Code  
22201-

Purpose of Disbursement  
Political Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 50712.E8251

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	5

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00