

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 17 P 4:10

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>Tony Samuel for Congress Committee</i>		2. FEC IDENTIFICATION NUMBER <i>C 00 349 650</i>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <i>P.O. Box 1736</i>		
CITY, STATE and ZIP CODE <i>Indianapolis, IN 46206-1736 IN 10</i>	STATE/DISTRICT	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input checked="" type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report following the General Election
<input type="checkbox"/> January 31 Year End Report	on _____ in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

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

SUMMARY

5. Covering Period <i>4/1/00</i> through <i>6/30/00</i>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	<i>\$19,715</i>	
(b) Total Contribution Refunds (from Line 20(d))	<i>0</i>	
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	<i>\$19,715</i>	
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<i>\$23,349.59</i>	
(b) Total Offsets to Operating Expenditures (from Line 14)	<i>0</i>	
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	<i>\$23,349.59</i>	
8. Cash on Hand at Close of Reporting Period (from Line 27)	<i>\$109.54</i>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<i>0</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<i>\$16,124.08</i>	

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 <i>Ruth P. Samuel</i>	Date <i>7/15/00</i>
Signature of Treasurer <i>Ruth P. Samuel</i>	

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

--	--	--	--	--	--	--	--

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
	From:	To:
I. RECEIPTS	COLUMN A	COLUMN B
	Total This Period	Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	6,600	
(ii) Unitemized -----	8,065	
(iii) Total of contributions from individuals -----		
(b) Political Party Committees -----	950	
(c) Other Political Committees (such as PACs) -----	2,500	
(d) The Candidate -----	1,600	
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	19,715	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	0	
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	0	
(b) All Other Loans -----	0	
(c) TOTAL LOANS (add 13(a) and (b)) -----	0	
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	0	
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	0	
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	0	
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	23,349.59	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	0	
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	0	
(b) Of All Other Loans -----	0	
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	0	
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	0	
(b) Political Party Committees -----	0	
(c) Other Political Committees (such as PACs) -----	0	
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	0	
21. OTHER DISBURSEMENTS -----	0	
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	23,349.59	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 3744.13	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 19,715.00	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 23,559.13	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 23,349.59	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 109.54	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 110

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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Drewas 9302 N. Meridian St #200 Indianapolis, IN 46260	Frontier Financials Consultants, Inc Occupation: CPA	4/3/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Stanley Malless Trust 5401 Greenwood Rd. Indianapolis, IN 46226	U.S. TA Occupation: EXECUTIVE	4/3/00	\$350
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Berger 817 E. Colton Ave St. Bloomington, IN 46823-1104	Retired Occupation:	4/6/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dynacom Electronics Alford Chra 1000 E 116th St. Carmel, IN 46032	Dynacom Electronics Occupation: CEO	4/6/00	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Young For State Representatives - Mike Young 5612 N. Victoria Dr. Indianapolis, IN 46208	Self Occupation: RNY	4/7/00	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Drews Cole 2238 Center Ct. S, Apt. 2 Grand Island, NY 14072-1720	 Occupation: N/A	4/7/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Murray Clark 8245 Woodfield Crossing Blvd, Ste 400 Indianapolis, IN 46240	Murray Clark Campaign for State Senate Occupation:	4/8/00	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional)	1950
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8
FOR LINE NUMBER 114

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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Hiler 555 Michigan Ave., Ste. 205 Edmond, IN 46320	Self-Employed	4/10/00	\$ 500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>DRIVER</u>	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jatinder Singh P.O. Box 459 # Noblesville, IN 46061	Self-Employed	4/19/00	\$ 500
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 5000.00 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Sheppman 4550 W. 116th St. Noblesville, IN 46077	Dura Builders.	4/20/00	\$ 1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Exec/VP</u>	Aggregate Year-to-Date > \$ 1000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Build Political Action Committee 1201 15th St., NW Washington, D.C. 20005-2800	Political Action Committee	4/20/00	\$ 2500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 2500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Milton Booth 45 W. Fullbrook Dr., S.D. Indianapolis, IN 46208	Entrepreneur.	4/21/00	\$ 300
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Self-Employed</u>	Aggregate Year-to-Date > \$ 400	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Milstein N 5578 Glorian Ct. Fond Du Lac, WI 54935	Self-Employed	4/22/00	\$ 250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Doctor/Physician</u>	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Friends for Frizzell 157 E. Hill Valley Dr Indpls, IN 46227	Indiana State Representative	4/24/00	\$ 250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Representative</u>	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional)	5300
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **7**
FOR LINE NUMBER **114**

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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Kebe 4326 N. Washington Blvd Indianapolis, IN 46205	Republican Party Communication Director	4/24/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Khatau 410 - 40th St. Dunbar Grove IL 60515	Editorial Assistant	4/25/00	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWAP Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim Filler 1567 Agency Ct. El Cerrillo, CA 94530	A.N.A.	4/26/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Public Health Director Aggregate Year-to-Date > \$ 200		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jaswant Gidda 2001 W. Main St. Greensfield, IN 46140	Self	4/26/00	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurant Owner Aggregate Year-to-Date > \$ 250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hanan Qazi 1435 N. Capitol Ave Indianapolis, IN 46202	Self-employed	4/27/00	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Wood 11036 Brookville Rd. Indianapolis, IN 46234		4/27/00	\$300
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Engineer Aggregate Year-to-Date > \$ 300		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Estridge, Jr. 1041 W. Main St Greensfield, IN 46032	ES-ridge Co.	5/9/00	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWAP Aggregate Year-to-Date > \$ 250		

SUBTOTAL of Receipts This Page (optional)	2200
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 7

FOR LINE NUMBER 11

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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<p>Teledac Interactive, LTD. KASLOI Bldg. 510 W. 22ND ST. SUITE 735 INDIANAPOLIS, IN 46202</p>	Teledac Interactive	5/19/00	\$400
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	Occupation: ONMP	Aggregate Year-to-Date > \$ 400	
<p>B. Full Name, Mailing Address and ZIP Code</p>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<p>Anthony Samuel 5948 BOSWELL LN. INDIANAPOLIS, IN 46254</p>	Candidate.	6/14/00	\$1000
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	Occupation	Aggregate Year-to-Date > \$ 2600	
<p>C. Full Name, Mailing Address and ZIP Code</p>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<p>Nancy Dixon for Pike Township 3520 W. 90th St, Trustee Indianapolis, IN 46228</p>	Pike Township ONMP	4/29/00	\$400
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	Occupation: P.W.K.O.	Aggregate Year-to-Date > \$ 100	
<p>D. Full Name, Mailing Address and ZIP Code</p>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<p>David Citizens for Schwitz 7355 Somers Dr. Indianapolis, IN 46254</p>	Redwood	4/4/00	\$100
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	Occupation	Aggregate Year-to-Date > \$ 100	
<p>E. Full Name, Mailing Address and ZIP Code</p>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	Occupation	Aggregate Year-to-Date > \$	
<p>F. Full Name, Mailing Address and ZIP Code</p>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	Occupation	Aggregate Year-to-Date > \$	
<p>G. Full Name, Mailing Address and ZIP Code</p>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

2200

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 7
FOR LINE NUMBER 17

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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Angie Dorell	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/00	\$225.80
Angie Dorell	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	\$309.35
Chris Watts	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/00	\$1143.69
Chris Watts	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	\$1143.69
Cindy Urban 3134 Albright Ct. Indpls, IN 46268	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/00	\$1165.69
Cindy Urban 3134 Albright Ct. Indpls, IN 46268	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	\$1165.69
Cozy	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/00	\$357.22
Cozy	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/02/00	\$396.30
FIREHOUSE	Poster boards Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/00	\$276.89

SUBTOTAL of Disbursements This Page (optional)

6183.38

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 7
FOR LINE NUMBER 17

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)

Tommy Samuels for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WIBC	Radio Ad. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/00	1683.00
WIBC	Radio Ad. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/00	2231.25
Accommodator	Mail piece Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	3403.15
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

9317.40

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Melissa Martin	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/8/00	800
Streetwise	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/30/00	573.89
Streetwise	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/30/00	\$1556.10
WXLN	Radio Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	\$204.00
WBRI A.M. WXIR F.M.	Radio Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	\$482.00
Streetwise	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/00	\$1,218.00
Telesearch	Phone calls Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	\$445.00
WIBC	Radio Ad. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/07/00	\$1891.25
WIBC	Radio Ad. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/00	\$2292.75

SUBTOTAL of Disbursements This Page (optional) 9460.99

TOTAL This Period (last page this line number only)

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Tom Samuel for Congress Committee A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Streetwise Printing 423 W. South St. Indianapolis, IN 46225	\$4066.19	13,081.03	\$3347.99	\$13799.23
Nature of Debt (Purpose):	Printing Expense			
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Chris Walls 9169 Cinnabar Dr. Indianapolis, IN 46268				\$949.15
Nature of Debt (Purpose):	Payroll			
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Cindy Urban 3134 Albright Ct. Indianapolis, IN 46268				\$939.15
Nature of Debt (Purpose):	Payroll			
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Morse & Associates P.O. Box 44550 Indpls., IN 46247	\$436.55			\$436.55
Nature of Debt (Purpose):	Mailing			
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	\$16124.08
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	\$16124.08

