

**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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers for Rokita, Inc.

Full Name (Last, First, Middle Initial) A. Braun, Jennifer, M, Mrs.,				Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2018	
Mailing Address 8099 Hunt Club Rd					
City Zionsville		State IN	Zip Code 46077-9340		
Purpose of Disbursement Refund: Refund of 2018 General Election contribution				<input type="checkbox"/>	
Candidate Name				Category/ Type	
Office Sought:		Disbursement For: 2018			
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
Full Name (Last, First, Middle Initial) B. Chazen, Patricia, , Mrs.,				Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2018	
Mailing Address PO Box 1229					
City Bellaire		State TX	Zip Code 77402-1229		
Purpose of Disbursement Refund: Refund of 2018 General Election contribution				<input type="checkbox"/>	
Candidate Name				Category/ Type	
Office Sought:		Disbursement For: 2018			
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
Full Name (Last, First, Middle Initial) C. Alley, Michael, J, Mr.,				Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2018	
Mailing Address 10327 Windemere					
City Carmel		State IN	Zip Code 46032-8594		
Purpose of Disbursement Refund: Refund of 2018 General Election contribution				<input type="checkbox"/>	
Candidate Name				Category/ Type	
Office Sought:		Disbursement For: 2018			
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
SUBTOTAL of Disbursements This Page (optional).....▶				6900.00	
TOTAL This Period (last page this line number only).....▶					