

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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
Indiana Democratic Congressional Victory Committee

ADDRESS (number and street) One North Capitol Suite 200
 Check if different than previously reported. (ACC)
Indianapolis IN 46204

2. **FEC IDENTIFICATION NUMBER** C00108613
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 09 01 2005 through 09 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 Mrs Linda M Buzinec

Signature of Treasurer Electronically Filed by Mrs Linda M Buzinec Date 10 09 2008

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									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Indiana Democratic Congressional Victory Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		191846.25
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	301554.88									
(c) Total Receipts (from Line 19)	139387.36	1241116.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	440942.24	1432963.12								
7. Total Disbursements (from Line 31)	149929.92	1141950.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	291012.32	291012.32								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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**

Write or Type Committee Name
Indiana Democratic Congressional Victory Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9600.00	72576.00
(i) Itemized (use Schedule A)	9494.04	84841.45
(ii) Unitemized	19094.04	157417.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	29624.95
(c) Other Political Committees (such as PACs)	19094.04	187042.40
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	13596.38
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	8136.09	69125.05
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	477.34	262338.73
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	111679.89	709014.31
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	111679.89	709014.31
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	139387.36	1241116.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27707.47	532102.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	4096.32	67282.09
(ii) Non-Federal Share.....	15411.15	253396.17
(b) Other Federal Operating Expenditures.....	59898.61	380698.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	79406.08	701376.69
22. Transfers to Affiliated/Other Party Committees.....	4050.00	4050.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	15000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	639.33
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	61473.84	404166.38
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	16718.40
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	16718.40
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	149929.92	1141950.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	134518.77	888554.63

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	19094.04	187042.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19094.04	187042.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	63994.93	447980.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	8136.09	69125.05
38. Net Operating Expenditures (subtract Line 37 from Line 36)	55858.84	378855.47

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

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

FOR LINE NUMBER: PAGE 6 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
Sanjay N. Patel

Mailing Address 1501 Continental Dr

City State Zip Code
Zionsville IN 46077-9082

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
VS Engineering Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 07 / 2005
Transaction ID: C42170

Amount of Each Receipt this Period 800.00

B. Full Name (Last, First, Middle Initial)
Michael B. O'Connor

Mailing Address 543 N Audubon Rd

City State Zip Code
Indianapolis IN 46219-5836

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bose Public Affairs Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 09 / 16 / 2005
Transaction ID: C131771

Amount of Each Receipt this Period 900.00

C. Full Name (Last, First, Middle Initial)
Roland T. Salman

Mailing Address 12471 Doe Ln

City State Zip Code
Indianapolis IN 46236-8780

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RW Armstrong Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 26 / 2005
Transaction ID: C54909

Amount of Each Receipt this Period 4900.00

SUBTOTAL of Receipts This Page (optional) 6600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Richard A. Rampone		Date of Receipt
	Mailing Address 2023 Lawrence Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2005
	City	State	Zip Code
	Indianapolis	IN	46227-8629
	FEC ID number of contributing federal political committee. C		Transaction ID: C79943
Name of Employer Earth Tech, Inc		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	500.00

B.	Full Name (Last, First, Middle Initial) John M. Farrar		Date of Receipt
	Mailing Address 5664 Washington Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 13 / 2005
	City	State	Zip Code
	Indianapolis	IN	46220-3032
	FEC ID number of contributing federal political committee. C		Transaction ID: C185257
Name of Employer Farrar Garvey & Associate		Occupation Engineer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	400.00

C.	Full Name (Last, First, Middle Initial) Roland T. Salman		Date of Receipt
	Mailing Address 12471 Doe Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 26 / 2005
	City	State	Zip Code
	Indianapolis	IN	46236-8780
	FEC ID number of contributing federal political committee. C		Transaction ID: C54911
Name of Employer RW Armstrong		Occupation Engineer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00	2100.00

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	9600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 77
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Ellsworth for Congress Committee		Date of Receipt
	Mailing Address PO Box 62		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>
	City	State	Zip Code
	Evansville	IN	47701
	FEC ID number of contributing federal political committee. C C00412346		Transaction ID: C46788
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5369.60"/>
		<input type="text" value="14818.30"/>	Offset for payroll on Line 29

B.	Full Name (Last, First, Middle Initial) Julia Carson for Congress		Date of Receipt
	Mailing Address 302 N East St		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>
	City	State	Zip Code
	Indianapolis	IN	46202-3611
	FEC ID number of contributing federal political committee. C C00311969		Transaction ID: C13258824
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="996.82"/>
		<input type="text" value="26637.82"/>	Offset for payroll on Line 29

C.	Full Name (Last, First, Middle Initial) Julia Carson for Congress		Date of Receipt
	Mailing Address 302 N East St		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>
	City	State	Zip Code
	Indianapolis	IN	46202-3611
	FEC ID number of contributing federal political committee. C C00311969		Transaction ID: C215064
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1490.54"/>
		<input type="text" value="26637.82"/>	Offset for payroll on Line 29

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="7856.96"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial) PrimePay			Date of Receipt																					
Mailing Address 9382 Priority Way West Dr			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">9</td><td></td><td style="text-align: center;">1</td><td style="text-align: center;">9</td><td></td><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y															
0	9		1	9		2	0	0	5															
City	State	Zip Code	Transaction ID: C17762987 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">279.13</div>																					
Indianapolis	IN	46240																						
FEC ID number of contributing federal political committee.		C	Payroll Refund																					
Name of Employer	Occupation																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 5px; text-align: right;">1067.70</div>																							

SUBTOTAL of Receipts This Page (optional)	<div style="border: 1px solid black; padding: 5px;">279.13</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px;">8136.09</div>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 77
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)
Old National Bank

Mailing Address PO Box 718

City State Zip Code
Evansville IN 47705-0718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1855.71

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2005

Transaction ID: C226680

Amount of Each Receipt this Period
477.34

SUBTOTAL of Receipts This Page (optional)	▶	477.34
TOTAL This Period (last page this line number only)	▶	477.34

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mr. Michael D. Edmondson <hr/> Mailing Address 1530 E 81st St <hr/> City Indianapolis State IN Zip Code 46240-2716 Purpose of Disbursement payroll Candidate Name <hr/> 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) ▼	Transaction ID: D239605 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 2555.28
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mr. Michael D. Edmondson <hr/> Mailing Address 1530 E 81st St <hr/> City Indianapolis State IN Zip Code 46240-2716 Purpose of Disbursement payroll Candidate Name <hr/> 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) ▼	Transaction ID: D239617 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 5
	Amount of Each Disbursement this Period 2555.28
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mr. Michael D. Edmondson <hr/> Mailing Address 1530 E 81st St <hr/> City Indianapolis State IN Zip Code 46240-2716 Purpose of Disbursement payroll Candidate Name <hr/> 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) ▼	Transaction ID: D239618 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
	Amount of Each Disbursement this Period 2555.28
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7665.84
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Anthem BCBS IN GROUP	Transaction ID: D5947 Date of Disbursement
	Mailing Address PO Box 105113	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
	City Atlanta State GA Zip Code 30348-5113	Amount of Each Disbursement this Period
	Purpose of Disbursement health insurance	<input type="text" value="692.38"/>
	Candidate Name	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.	Full Name (Last, First, Middle Initial) Anthem BCBS IN GROUP	Transaction ID: D244657 Date of Disbursement
	Mailing Address PO Box 105113	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2005"/>
	City Atlanta State GA Zip Code 30348-5113	Amount of Each Disbursement this Period
	Purpose of Disbursement health insurance	<input type="text" value="7129.68"/>
	Candidate Name	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) ▼

C.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: D5939 Date of Disbursement
	Mailing Address Cincinnati Commerce Ctr	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
	City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes	<input type="text" value="4220.59"/>
	Candidate Name	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)	<input type="text" value="12042.65"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: D5944 Date of Disbursement
	Mailing Address Cincinnati Commerce Ctr	<input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes	<input type="text" value="1931.20"/>
	Candidate Name	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.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: D5950 Date of Disbursement
	Mailing Address Cincinnati Commerce Ctr	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes	<input type="text" value="1931.20"/>
	Candidate Name	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) ▼

C.	Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development	Transaction ID: D5941 Date of Disbursement
	Mailing Address 10 N Senate Ave	<input type="text" value="09"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City Indianapolis State IN Zip Code 46204-2201	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes	<input type="text" value="32.31"/>
	Candidate Name	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)	<input type="text" value="3894.71"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development	Transaction ID: D5946 Date of Disbursement 09 / 16 / 2005
	Mailing Address 10 N Senate Ave	
	City Indianapolis State IN Zip Code 46204-2201	Amount of Each Disbursement this Period 32.31
	Purpose of Disbursement payroll taxes Candidate Name	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.	Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development	Transaction ID: D5952 Date of Disbursement 09 / 30 / 2005
	Mailing Address 10 N Senate Ave	
	City Indianapolis State IN Zip Code 46204-2201	Amount of Each Disbursement this Period 32.31
	Purpose of Disbursement payroll taxes Candidate Name	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) ▼

C.	Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development	Transaction ID: D242416 Date of Disbursement 09 / 16 / 2005
	Mailing Address 10 N Senate Ave	
	City Indianapolis State IN Zip Code 46204-2201	Amount of Each Disbursement this Period 73.87
	Purpose of Disbursement payroll taxes Candidate Name	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)	▶	138.49
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development	Transaction ID: D242424 Date of Disbursement
	Mailing Address 10 N Senate Ave	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
	City Indianapolis State IN Zip Code 46204-2201	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes	<input type="text" value="49.81"/>
	Candidate Name	<input type="text" value=""/>
	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.	Full Name (Last, First, Middle Initial) Indiana Dept of Workforce Development	Transaction ID: D242429 Date of Disbursement
	Mailing Address 10 N Senate Ave	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2005"/>
	City Indianapolis State IN Zip Code 46204-2201	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes	<input type="text" value="47.12"/>
	Candidate Name	<input type="text" value=""/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: D244658 Date of Disbursement
	Mailing Address 125 W South St Room E-296	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
	City Indianapolis State IN Zip Code 46206	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="6177.28"/>
	Candidate Name	<input type="text" value="001"/>
	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)	<input type="text" value="6274.21"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Gordon & Schwenkmeyer, Inc. <hr/> Mailing Address 300 N Sepulveda Blvd <hr/> City El Segundo State CA Zip Code 90245-4477 Purpose of Disbursement telemarketing Candidate Name Gordon & Schwenkmeyer, Inc. 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) ▼	Transaction ID: D5993 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5
	Amount of Each Disbursement this Period 5725.34
B. Full Name (Last, First, Middle Initial) Mr. Daniel J Parker <hr/> Mailing Address 7458 Rooses Way <hr/> City Indianapolis State IN Zip Code 46217-5484 Purpose of Disbursement payroll 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) ▼	Transaction ID: D241705 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 2822.47
C. Full Name (Last, First, Middle Initial) Mr. Daniel J Parker <hr/> Mailing Address 7458 Rooses Way <hr/> City Indianapolis State IN Zip Code 46217-5484 Purpose of Disbursement payroll 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) ▼	Transaction ID: D241707 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
	Amount of Each Disbursement this Period 4103.06

SUBTOTAL of Disbursements This Page (optional) ▶	12650.87
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Mr. Daniel J Parker Mailing Address 7458 Roosees Way City Indianapolis State IN Zip Code 46217-5484 Purpose of Disbursement payroll 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) ▼	Transaction ID: D241708 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 5 Amount of Each Disbursement this Period 2822.47 Category/Type
B.	Full Name (Last, First, Middle Initial) National City Mailing Address 101 W Washington St City Indianapolis State IN Zip Code 46204 Purpose of Disbursement merchant ccard fee 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) ▼	Transaction ID: D244660 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5 Amount of Each Disbursement this Period 45.37 001 Category/Type
C.	Full Name (Last, First, Middle Initial) National City Mailing Address 101 W Washington St City Indianapolis State IN Zip Code 46204 Purpose of Disbursement bank fee 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) ▼	Transaction ID: D244653 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 5 Amount of Each Disbursement this Period 5.00 001 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2872.84

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic	Transaction ID: D240616 Date of Disbursement 09 / 02 / 2005
	Mailing Address 6864 W Philadelphia Dr	
	City Mc Cordsville State IN Zip Code 46055-9325	Amount of Each Disbursement this Period 1137.80
	Purpose of Disbursement payroll Candidate Name	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.	Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic	Transaction ID: D240617 Date of Disbursement 09 / 16 / 2005
	Mailing Address 6864 W Philadelphia Dr	
	City Mc Cordsville State IN Zip Code 46055-9325	Amount of Each Disbursement this Period 1137.80
	Purpose of Disbursement payroll Candidate Name	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) ▼

C.	Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic	Transaction ID: D240620 Date of Disbursement 09 / 30 / 2005
	Mailing Address 6864 W Philadelphia Dr	
	City Mc Cordsville State IN Zip Code 46055-9325	Amount of Each Disbursement this Period 1137.80
	Purpose of Disbursement payroll Candidate Name	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)	▶	3413.40
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) City National Bank Mailing Address 2029 Century Park E City Los Angeles State CA Zip Code 90067-1906 Purpose of Disbursement bank charges 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) ▼	Transaction ID: D5994 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5	Amount of Each Disbursement this Period 22.72
B.	Full Name (Last, First, Middle Initial) Hoosier Trust Company Mailing Address 9202 N Meridian St Ste 110 City Indianapolis State IN Zip Code 46260-1810 Purpose of Disbursement Bank Charges 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) ▼	Transaction ID: D336080 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 5	Amount of Each Disbursement this Period 299.09
C.	Full Name (Last, First, Middle Initial) Ms. Jennifer D Weiser Mailing Address 1128 E 56th St City Indianapolis State IN Zip Code 46220-3222 Purpose of Disbursement payroll 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) ▼	Transaction ID: D240679 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 5	Amount of Each Disbursement this Period 1639.89

SUBTOTAL of Disbursements This Page (optional)	1961.70
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Ms. Jennifer D Weiser	Transaction ID: D240680 Date of Disbursement 09 / 02 / 2005
	Mailing Address 1128 E 56th St	
	City Indianapolis State IN Zip Code 46220-3222	Amount of Each Disbursement this Period 1639.89
	Purpose of Disbursement payroll Candidate Name	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.	Full Name (Last, First, Middle Initial) Ms. Jennifer D Weiser	Transaction ID: D240682 Date of Disbursement 09 / 30 / 2005
	Mailing Address 1128 E 56th St	
	City Indianapolis State IN Zip Code 46220-3222	Amount of Each Disbursement this Period 1639.89
	Purpose of Disbursement payroll Candidate Name	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) ▼

C.	Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D241132 Date of Disbursement 09 / 02 / 2005
	Mailing Address 100 North Senate Ave	
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period 845.49
	Purpose of Disbursement payroll taxes Candidate Name	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) ▶

4125.27

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Indiana Department of Revenue</p> <p>Mailing Address 100 North Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D241146</p> <p>Date of Disbursement 09 / 30 / 2005</p> <p>Amount of Each Disbursement this Period 851.95</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Indiana Department of Revenue</p> <p>Mailing Address 100 North Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D241147</p> <p>Date of Disbursement 09 / 16 / 2005</p> <p>Amount of Each Disbursement this Period 907.48</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Indiana Department of Revenue</p> <p>Mailing Address 100 North Senate Ave</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D5940</p> <p>Date of Disbursement 09 / 02 / 2005</p> <p>Amount of Each Disbursement this Period 357.17</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2116.60

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D5945 Date of Disbursement 09 / 16 / 2005
	Mailing Address 100 North Senate Ave	Amount of Each Disbursement this Period 269.93
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement payroll taxes	Category/Type
	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.	Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D5951 Date of Disbursement 09 / 30 / 2005
	Mailing Address 100 North Senate Ave	Amount of Each Disbursement this Period 269.93
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement payroll taxes	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Mark A. Lee	Transaction ID: D244510 Date of Disbursement 09 / 30 / 2005
	Mailing Address 402 N Meridian St Apt 208	Amount of Each Disbursement this Period 732.39
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement payroll	Category/Type
	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)	1272.25
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mark A. Lee <hr/> Mailing Address 402 N Meridian St Apt 208 <hr/> City Indianapolis State IN Zip Code 46204 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D244511 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 5
	Amount of Each Disbursement this Period 732.39
B. Full Name (Last, First, Middle Initial) Mark A. Lee <hr/> Mailing Address 402 N Meridian St Apt 208 <hr/> City Indianapolis State IN Zip Code 46204 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D244512 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
	Amount of Each Disbursement this Period 732.39

SUBTOTAL of Disbursements This Page (optional) ►

1464.78

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

59893.61

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)
ASDC - Dollars for Democrats

Transaction ID: D332851
Date of Disbursement

Mailing Address 430 S Capitol St SE

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

City Washington State DC Zip Code 20003-4024

Amount of Each Disbursement this Period

4050.00

Purpose of Disbursement
Contribution

--

Candidate Name
ASDC - Dollars for Democrats

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

4050.00

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

4050.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)
Donnelly for Congress Committee

Transaction ID: D6377

Date of Disbursement

Mailing Address PO Box 1961

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	5

City State Zip Code
South Bend IN 46634-1961

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
contribution

--

Category/
Type

Candidate Name
Honorable Joseph S Donnelly

Office Sought: House
 Senate
 President

Disbursement For: 2005
 Primary General
 Other (specify) ▼

State: IN District: 02

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris	Transaction ID: D239152 Date of Disbursement 09 / 02 / 2005
	Mailing Address 11129 Peppermill Ln	Amount of Each Disbursement this Period 2540.15
	City Fishers State IN Zip Code 46037-9082	
	Purpose of Disbursement peterson payroll	Category/ Type
	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.	Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris	Transaction ID: D239153 Date of Disbursement 09 / 16 / 2005
	Mailing Address 11129 Peppermill Ln	Amount of Each Disbursement this Period 2540.15
	City Fishers State IN Zip Code 46037-9082	
	Purpose of Disbursement peterson payroll	Category/ Type
	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) ▼
C.	Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris	Transaction ID: D239387 Date of Disbursement 09 / 30 / 2005
	Mailing Address 11129 Peppermill Ln	Amount of Each Disbursement this Period 2540.15
	City Fishers State IN Zip Code 46037-9082	
	Purpose of Disbursement peterson payroll	Category/ Type
	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) ▶

7620.45

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address Cincinnati Commerce Ctr</p> <p>City Cincinnati State OH Zip Code 45999</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D239487</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5621.03"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address Cincinnati Commerce Ctr</p> <p>City Cincinnati State OH Zip Code 45999</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D240060</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6055.87"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address Cincinnati Commerce Ctr</p> <p>City Cincinnati State OH Zip Code 45999</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D240065</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5632.34"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="17309.24"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Ms. Melissa A. Lear	Transaction ID: D5937 Date of Disbursement 09 / 02 / 2005
	Mailing Address 627 SE Riverside Dr Apt D	Amount of Each Disbursement this Period 1082.04
	City Evansville State IN Zip Code 47713-1150	
	Purpose of Disbursement carson payroll Candidate Name	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.	Full Name (Last, First, Middle Initial) Ms. Melissa A. Lear	Transaction ID: D5942 Date of Disbursement 09 / 16 / 2005
	Mailing Address 627 SE Riverside Dr Apt D	Amount of Each Disbursement this Period 1082.04
	City Evansville State IN Zip Code 47713-1150	
	Purpose of Disbursement carson payroll Candidate Name	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) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Melissa A. Lear	Transaction ID: D5948 Date of Disbursement 09 / 30 / 2005
	Mailing Address 627 SE Riverside Dr Apt D	Amount of Each Disbursement this Period 1082.04
	City Evansville State IN Zip Code 47713-1150	
	Purpose of Disbursement carson payroll Candidate Name	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)	▶	3246.12
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Ms. Leatrice Webb-Parks <hr/> Mailing Address 5443 Milroy Rd <hr/> City Indianapolis State IN Zip Code 46216-2087 <hr/> Purpose of Disbursement marion co. payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D239501 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
	Amount of Each Disbursement this Period 752.49
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Ms. Leatrice Webb-Parks <hr/> Mailing Address 5443 Milroy Rd <hr/> City Indianapolis State IN Zip Code 46216-2087 <hr/> Purpose of Disbursement marion co. payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D239527 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 5
	Amount of Each Disbursement this Period 752.49
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Ms. Leatrice Webb-Parks <hr/> Mailing Address 5443 Milroy Rd <hr/> City Indianapolis State IN Zip Code 46216-2087 <hr/> Purpose of Disbursement marion co. payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D239535 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 752.49
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2257.47
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mr. Joel Riethmiller <hr/> Mailing Address 506 N Indiana Ave <hr/> City Bloomington State IN Zip Code 47408-3620 <hr/> Purpose of Disbursement Hill Payroll Candidate Name <hr/> 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) ▼	Transaction ID: D5938 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
	Amount of Each Disbursement this Period 722.58
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mr. Joel Riethmiller <hr/> Mailing Address 506 N Indiana Ave <hr/> City Bloomington State IN Zip Code 47408-3620 <hr/> Purpose of Disbursement Hill Payroll Candidate Name <hr/> 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) ▼	Transaction ID: D5943 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 5
	Amount of Each Disbursement this Period 722.58
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mr. Joel Riethmiller <hr/> Mailing Address 506 N Indiana Ave <hr/> City Bloomington State IN Zip Code 47408-3620 <hr/> Purpose of Disbursement Hill Payroll Candidate Name <hr/> 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) ▼	Transaction ID: D5949 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 722.58
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2167.74
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Mr Jeremy Howser <hr/> Mailing Address 1214 Hatfield Dr <hr/> City Evansville State IN Zip Code 47714-0715 <hr/> Purpose of Disbursement ellsworth payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5936 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5 <hr/> Amount of Each Disbursement this Period 3422.83
B.	Full Name (Last, First, Middle Initial) Mrs. Michele Miller <hr/> Mailing Address 11342 Fairweather PI <hr/> City Indianapolis State IN Zip Code 46229-4982 <hr/> Purpose of Disbursement peterson payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D239097 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5 <hr/> Amount of Each Disbursement this Period 918.27
C.	Full Name (Last, First, Middle Initial) Mrs. Michele Miller <hr/> Mailing Address 11342 Fairweather PI <hr/> City Indianapolis State IN Zip Code 46229-4982 <hr/> Purpose of Disbursement peterson payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D239098 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 5 <hr/> Amount of Each Disbursement this Period 918.27

SUBTOTAL of Disbursements This Page (optional)	5259.37
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mrs. Michele Miller <hr/> Mailing Address 11342 Fairweather Pl <hr/> City Indianapolis State IN Zip Code 46229-4982 <hr/> Purpose of Disbursement peterson payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D239106 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2005
	Amount of Each Disbursement this Period 918.27
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mr. William G. French, II <hr/> Mailing Address 217 S Ritter Ave <hr/> City Indianapolis State IN Zip Code 46219-7129 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D238920 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2005
	Amount of Each Disbursement this Period 1777.45
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mr. William G. French, II <hr/> Mailing Address 217 S Ritter Ave <hr/> City Indianapolis State IN Zip Code 46219-7129 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D238921 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2005
	Amount of Each Disbursement this Period 1777.45
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4473.17

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mr. William G. French, II <hr/> Mailing Address 217 S Ritter Ave <hr/> City Indianapolis State IN Zip Code 46219-7129 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D238924 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 933.42
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Ms Karina E. Straub <hr/> Mailing Address 1451 Central Ave Apt 107 <hr/> City Indianapolis State IN Zip Code 46202 <hr/> Purpose of Disbursement kennedy payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D336081 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 5
	Amount of Each Disbursement this Period 1138.94
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Ms Karina E. Straub <hr/> Mailing Address 1451 Central Ave Apt 107 <hr/> City Indianapolis State IN Zip Code 46202 <hr/> Purpose of Disbursement kennedy payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D242796 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 1032.67
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3105.03
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Ms Karina E. Straub	Transaction ID: D242797 Date of Disbursement 09 / 16 / 2005
	Mailing Address 1451 Central Ave Apt 107	Amount of Each Disbursement this Period 664.57
	City Indianapolis State IN Zip Code 46202	
	Purpose of Disbursement kennedy payroll	Category/ Type
	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.	Full Name (Last, First, Middle Initial) Ms. Jennifer L. Grawcock	Transaction ID: D242930 Date of Disbursement 09 / 30 / 2005
	Mailing Address 5954 Dewey Ave	Amount of Each Disbursement this Period 1299.84
	City Indianapolis State IN Zip Code 46219	
	Purpose of Disbursement marion co. payroll	Category/ Type
	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) ▼
C.	Full Name (Last, First, Middle Initial) Ms. Jennifer L. Grawcock	Transaction ID: D242931 Date of Disbursement 09 / 16 / 2005
	Mailing Address 5954 Dewey Ave	Amount of Each Disbursement this Period 1299.84
	City Indianapolis State IN Zip Code 46219	
	Purpose of Disbursement marion co. payroll	Category/ Type
	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) ▶

3264.25

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Ms. Jennifer L. Grawcock <hr/> Mailing Address 5954 Dewey Ave <hr/> City Indianapolis State IN Zip Code 46219 <hr/> Purpose of Disbursement marion co. payroll Candidate Name <hr/> 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) ▼	Transaction ID: D242932 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2005
	Amount of Each Disbursement this Period 1299.84
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ms Kristen L Self <hr/> Mailing Address 8813 Sunbow Dr <hr/> City Indianapolis State IN Zip Code 46231 <hr/> Purpose of Disbursement house payroll Candidate Name <hr/> 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) ▼	Transaction ID: D243019 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2005
	Amount of Each Disbursement this Period 1364.63
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ms Kristen L Self <hr/> Mailing Address 8813 Sunbow Dr <hr/> City Indianapolis State IN Zip Code 46231 <hr/> Purpose of Disbursement house payroll Candidate Name <hr/> 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) ▼	Transaction ID: D243020 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2005
	Amount of Each Disbursement this Period 1364.63
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4029.10

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Ms Kristen L Self <hr/> Mailing Address 8813 Sunbow Dr <hr/> City Indianapolis State IN Zip Code 46231 <hr/> Purpose of Disbursement house payroll Candidate Name <hr/> 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) ▼	Transaction ID: D243021 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
	Amount of Each Disbursement this Period 1364.63
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mrs. Barbara Ziemer <hr/> Mailing Address 804 Kingswood Dr <hr/> City Evansville State IN Zip Code 47715 <hr/> Purpose of Disbursement weinzapfel payroll Candidate Name <hr/> 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) ▼	Transaction ID: D243860 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 1112.38
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mrs. Barbara Ziemer <hr/> Mailing Address 804 Kingswood Dr <hr/> City Evansville State IN Zip Code 47715 <hr/> Purpose of Disbursement weinzapfel payroll Candidate Name <hr/> 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) ▼	Transaction ID: D243861 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 5
	Amount of Each Disbursement this Period 1112.38
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3589.39

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mrs. Barbara Ziemer <hr/> Mailing Address 804 Kingswood Dr <hr/> City Evansville State IN Zip Code 47715 <hr/> Purpose of Disbursement weinzapfel payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D243862 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
	Amount of Each Disbursement this Period 1112.38
	Category/ Type
	[]
B. Full Name (Last, First, Middle Initial) National City <hr/> Mailing Address 101 W Washington St <hr/> City Indianapolis State IN Zip Code 46204 <hr/> Purpose of Disbursement credit card payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D332323 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 5
	Amount of Each Disbursement this Period 4040.13
	Category/ Type
	[]
C. Full Name (Last, First, Middle Initial) Shell Oil <hr/> Mailing Address 8924 E 116th <hr/> City Fishers State IN Zip Code 46038 <hr/> Purpose of Disbursement Gas Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D336144 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 5
	Amount of Each Disbursement this Period 41.37
	Category/ Type
	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

5152.51

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

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Shell Oil	Transaction ID: D336145
	Mailing Address 8924 E 116th	Date of Disbursement 09 / 09 / 2005
	City Fishers State IN Zip Code 46038	Amount of Each Disbursement this Period 4.12
	Purpose of Disbursement Gas	[MEMO ITEM]
	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.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D336133
	Mailing Address 101 W Washington St	Date of Disbursement 09 / 09 / 2005
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period 12.00
	Purpose of Disbursement Finance Charges	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D336134
	Mailing Address 101 W Washington St	Date of Disbursement 09 / 09 / 2005
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement Finance Charges	[MEMO ITEM]
	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)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D336135 Date of Disbursement
	Mailing Address 101 W Washington St	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement Finance Charges	<input type="text" value="15.00"/>
	Candidate Name	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D336136 Date of Disbursement
	Mailing Address 101 W Washington St	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement Finance Charges	<input type="text" value="28.74"/>
	Candidate Name	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D336137 Date of Disbursement
	Mailing Address 101 W Washington St	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement Finance Charges	<input type="text" value="15.00"/>
	Candidate Name	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) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D336162 Date of Disbursement
	Mailing Address 101 W Washington St	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2005"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement Finance Charges	<input type="text" value="12.00"/>
	Candidate Name	[MEMO ITEM]
	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.	Full Name (Last, First, Middle Initial) National City	Transaction ID: D336183 Date of Disbursement
	Mailing Address 101 W Washington St	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2005"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement Finance Charges	<input type="text" value="51.83"/>
	Candidate Name	[MEMO ITEM]
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic	Transaction ID: D336174 Date of Disbursement
	Mailing Address 6864 W Philadelphia Dr	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2005"/>
	City Mc Cordsville State IN Zip Code 46055-9325	Amount of Each Disbursement this Period
	Purpose of Disbursement Cash Advance	<input type="text" value="300.00"/>
	Candidate Name	[MEMO ITEM]
	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)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic <hr/> Mailing Address 6864 W Philadelphia Dr <hr/> City Mc Cordsville State IN Zip Code 46055-9325 Purpose of Disbursement Cash Advance Candidate Name <hr/> 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) ▼	Transaction ID: D336175 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 5
	Amount of Each Disbursement this Period 350.00
	[MEMO ITEM]
	Category/Type
B. Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic <hr/> Mailing Address 6864 W Philadelphia Dr <hr/> City Mc Cordsville State IN Zip Code 46055-9325 Purpose of Disbursement Cash Advance Candidate Name <hr/> 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) ▼	Transaction ID: D336155 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 5
	Amount of Each Disbursement this Period 500.00
	[MEMO ITEM]
	Category/Type
C. Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic <hr/> Mailing Address 6864 W Philadelphia Dr <hr/> City Mc Cordsville State IN Zip Code 46055-9325 Purpose of Disbursement Cash Advance Candidate Name <hr/> 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) ▼	Transaction ID: D336161 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 5
	Amount of Each Disbursement this Period 400.00
	[MEMO ITEM]
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A.	Full Name (Last, First, Middle Initial) Speedway	Transaction ID: D336163 Date of Disbursement
	Mailing Address 7103 N Meridian	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City Indianapolis State IN Zip Code 46260	Amount of Each Disbursement this Period
	Purpose of Disbursement Gas	<input type="text" value="28.00"/>
	Candidate Name	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) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Speedway	Transaction ID: D336170 Date of Disbursement
	Mailing Address 7103 N Meridian	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City Indianapolis State IN Zip Code 46260	Amount of Each Disbursement this Period
	Purpose of Disbursement Gas	<input type="text" value="10.41"/>
	Candidate Name	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) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) WalMart	Transaction ID: D336181 Date of Disbursement
	Mailing Address 7000 US Highway 31	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City Indianapolis State IN Zip Code 46227	Amount of Each Disbursement this Period
	Purpose of Disbursement Supplies	<input type="text" value="195.54"/>
	Candidate Name	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) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) WalMart</p> <p>Mailing Address 7000 US Highway 31</p> <p>City Indianapolis State IN Zip Code 46227</p> <p>Purpose of Disbursement Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D336147</p> <p>Date of Disbursement 09 / 09 / 2005</p> <p>Amount of Each Disbursement this Period 85.23</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) WalMart</p> <p>Mailing Address 7000 US Highway 31</p> <p>City Indianapolis State IN Zip Code 46227</p> <p>Purpose of Disbursement Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D336148</p> <p>Date of Disbursement 09 / 09 / 2005</p> <p>Amount of Each Disbursement this Period 49.84</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Gas America</p> <p>Mailing Address Main Street</p> <p>City Greenfield State IN Zip Code 46116</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D336152</p> <p>Date of Disbursement 09 / 09 / 2005</p> <p>Amount of Each Disbursement this Period 23.79</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Marathon Ashland</p> <p>Mailing Address 1304 Olin Ave</p> <p>City Indianapolis State IN Zip Code 46222-3294</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D336139</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="05"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="34.00"/></p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hancock Telecom</p> <p>Mailing Address 2331 East 600 North</p> <p>City Greenfield State IN Zip Code 46140</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D336153</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="05"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="91.32"/></p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Central Indiana Power</p> <p>Mailing Address P.O. Box 188 2243 E. Main Street</p> <p>City Greenfield State IN Zip Code 46140</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D336154</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="05"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="253.00"/></p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Banana Republic Mailing Address 49 West Maryland St. City Indianapolis State IN Zip Code 46204 Purpose of Disbursement Clothing 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) ▼	Transaction ID: D336167 Date of Disbursement 09 / 09 / 2005
	Amount of Each Disbursement this Period 163.24 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Victoria's Secret Mailing Address 49 W Maryland St City Indianapolis State IN Zip Code 46204 Purpose of Disbursement Clothing 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) ▼	Transaction ID: D336143 Date of Disbursement 09 / 09 / 2005
	Amount of Each Disbursement this Period 218.22 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	61473.84

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT IDP NonFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 09 / 01 / 2005	TOTAL AMOUNT TRANSFERRED 26449.96
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	26449.96	Transaction ID: T1805
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT IDP NonFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 09 / 15 / 2005	TOTAL AMOUNT TRANSFERRED 25690.26
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BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		25690.26 Transaction ID: T1806
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT IDP NonFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5	TOTAL AMOUNT TRANSFERRED 905.71
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	905.71	Transaction ID: T1807
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT IDP NonFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5	TOTAL AMOUNT TRANSFERRED 10129.27
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	10129.27	Transaction ID: T1808
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT IDP NonFederal	DATE OF RECEIPT M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5	TOTAL AMOUNT TRANSFERRED 25373.09
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	25373.09	Transaction ID: T1809
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
IDP NonFederal	M M / D D / Y Y Y Y 09 / 30 / 2005	17.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		17.00	Transaction ID: T1810
ii) Generic Voter Drive			Transaction ID:
iii) Exempt Activities			Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)			
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred for Direct Fundraising			
v) Direct Candidate Support (List of Activity or Event Identifier)			
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred For Direct Candidate Support			
vi) Public Communications Referring Only to Party (Made by PAC)			Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Indiana Democratic S	M M / D D / Y Y Y Y 09 / 13 / 2005	3333.70

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		3333.70	Transaction ID: T330
ii) Generic Voter Drive			Transaction ID:
iii) Exempt Activities			Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)			
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred for Direct Fundraising			
v) Direct Candidate Support (List of Activity or Event Identifier)			
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred For Direct Candidate Support			
vi) Public Communications Referring Only to Party (Made by PAC)			Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT Indiana Democratic S	DATE OF RECEIPT M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 5	TOTAL AMOUNT TRANSFERRED 10247.22
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	10247.22	Transaction ID: T331
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Indiana Democratic S	M M / D D / Y Y Y Y 09 / 01 / 2005	9533.68

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	9533.68	Transaction ID: T332
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	111679.89
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	111679.89

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Sandler & Reiff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 50 E St SE Ste 300			Allocated Activity or Event Year-To-Date 320678.26		
City	State	Zip Code	Category/ Type		
Washington	DC	20003-2620			
Purpose of Disbursement: retainer			Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 9 / 2 3 / 2 0 0 5		
Activity or Event Identifier: Administrative			Transaction ID: D5986		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.00		316.00		400.00

B. Full Name (Last, First, Middle Initial) Anthem Life			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Department L-8111			Allocated Activity or Event Year-To-Date 320678.26		
City	State	Zip Code	Category/ Type		
Columbus	OH	43268-0001			
Purpose of Disbursement: life insurance			Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 9 / 2 3 / 2 0 0 5		
Activity or Event Identifier: Administrative			Transaction ID: D5989		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
64.21		241.56		305.77

C. Full Name (Last, First, Middle Initial) United States Postal Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 125 W South St Room E-296			Allocated Activity or Event Year-To-Date 320678.26		
City	State	Zip Code	Category/ Type		
Indianapolis	IN	46206			
Purpose of Disbursement: annual renewal fee			Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 9 / 0 9 / 2 0 0 5		
Activity or Event Identifier: Administrative			Transaction ID: D5971		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.50		118.50		150.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
179.71		676.06		855.77

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 790406			Allocated Activity or Event Year-To-Date 320678.26	
City Saint Louis	State MO	Zip Code 63179-0406	Date MM / DD / YYYY 09 / 09 / 2005	
Purpose of Disbursement: cell phones			Transaction ID: D5972	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.62		17.39		22.01

B. Full Name (Last, First, Middle Initial) Skyline Club			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1 American Sq Fl 36			Allocated Activity or Event Year-To-Date 320678.26	
City Indianapolis	State IN	Zip Code 46282	Date MM / DD / YYYY 09 / 23 / 2005	
Purpose of Disbursement: dues			Transaction ID: D5983	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.50		65.83		83.33

C. Full Name (Last, First, Middle Initial) Jewett Printing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 101 W Ohio St Ste 2000			Allocated Activity or Event Year-To-Date 320678.26	
City Indianapolis	State IN	Zip Code 46204-4204	Date MM / DD / YYYY 09 / 23 / 2005	
Purpose of Disbursement: printing			Transaction ID: D5980	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.25		177.75		225.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
69.37		260.97		330.34

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Time Warner Cable			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 741855			Allocated Activity or Event Year-To-Date 320678.26	
City Cincinnati	State OH	Zip Code 45274-1855	Date 09 / 09 / 2005 Transaction ID: D5965	
Purpose of Disbursement: cable				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.29		57.51		72.80

B. Full Name (Last, First, Middle Initial) Storage USA			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 501 Fulton St			Allocated Activity or Event Year-To-Date 320678.26	
City Indianapolis	State IN	Zip Code 46202-3510	Date 09 / 09 / 2005 Transaction ID: D5961	
Purpose of Disbursement: storage				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.04		97.97		124.01

C. Full Name (Last, First, Middle Initial) Xpedx Store Division			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 18453			Allocated Activity or Event Year-To-Date 320678.26	
City Chicago	State IL	Zip Code 60618-0453	Date 09 / 09 / 2005 Transaction ID: D5967	
Purpose of Disbursement: office supplies				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.45		193.57		245.02

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.78		349.05		441.83

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
IKON Office Solutions
Mailing Address
PO Box 802558
City State Zip Code
Chicago IL 60680-2558
Purpose of Disbursement:
office equipment rental
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
320678.26
Date 09 / 09 / 2005
Transaction ID: D5960

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.75		138.25		175.00

B. Full Name (Last, First, Middle Initial)
LexisNexis
Mailing Address
PO Box 2314
City State Zip Code
Carol Stream IL 60132-0001
Purpose of Disbursement:
legal press
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
320678.26
Date 09 / 23 / 2005
Transaction ID: D5985

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
95.97		361.03		457.00

C. Full Name (Last, First, Middle Initial)
Simple Distributors LLC
Mailing Address
2000 W Carroll Ave Ste 403
City State Zip Code
Chicago IL 60612-1677
Purpose of Disbursement:
office supplies
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
320678.26
Date 09 / 23 / 2005
Transaction ID: D5978

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
43.53		163.75		207.28

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
176.25		663.03		839.28

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Ms. Melissa A. Lear			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 627 SE Riverside Dr Apt D			Allocated Activity or Event Year-To-Date 320678.26		
City State Zip Code Evansville IN 47713-1150	Category/ Type		Date M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5		
Purpose of Disbursement: reimbursement			Transaction ID: D5992		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.20		15.80		20.00

B. Full Name (Last, First, Middle Initial) Voter Activation Network LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 54 Regent St			Allocated Activity or Event Year-To-Date 320678.26		
City State Zip Code Cambridge MA 02140-2112	Category/ Type		Date M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 5		
Purpose of Disbursement: voter file service			Transaction ID: D5962		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
483.00		1817.00		2300.00

C. Full Name (Last, First, Middle Initial) Barth Electric Co., Incorporated			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 441563			Allocated Activity or Event Year-To-Date 320678.26		
City State Zip Code Indianapolis IN 46244-1563	Category/ Type		Date M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5		
Purpose of Disbursement: utility service			Transaction ID: D5987		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.38		140.64		178.02

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
524.58		1973.44		2498.02

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) SBC Long Distance			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 660688			Allocated Activity or Event Year-To-Date 320678.26		
City Dallas	State TX	Zip Code 75266-0688	Date <input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: phones			Transaction ID: D5988		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.17		83.42		105.59

B. Full Name (Last, First, Middle Initial) SBC Ameritech			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Bill Payment Ctr			Allocated Activity or Event Year-To-Date 320678.26		
City Chicago	State IL	Zip Code 60663-0001	Date <input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: phone			Transaction ID: D5981		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
72.91		275.41		348.32

C. Full Name (Last, First, Middle Initial) SBC Ameritech			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Bill Payment Ctr			Allocated Activity or Event Year-To-Date 320678.26		
City Chicago	State IL	Zip Code 60663-0001	Date <input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: phone			Transaction ID: D5984		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.33		791.25		1001.58

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
305.41		1150.08		1455.49

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) SBC Capital Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 13160 Collection Center Dr			Allocated Activity or Event Year-To-Date 320678.26	
City Chicago	State IL	Zip Code 60693-0131	Date M M / D D / Y Y Y Y 09 / 09 / 2005	
Purpose of Disbursement: phone services			Transaction ID: D5964	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
113.76		427.95		541.71

B. Full Name (Last, First, Middle Initial) OneNation			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address L-2099			Allocated Activity or Event Year-To-Date 320678.26	
City Columbus	State OH	Zip Code 43260-0001	Date M M / D D / Y Y Y Y 09 / 23 / 2005	
Purpose of Disbursement: cobra			Transaction ID: D5979	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.50		39.50		50.00

C. Full Name (Last, First, Middle Initial) Cingular Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 10617 E Washington St			Allocated Activity or Event Year-To-Date 320678.26	
City Indianapolis	State IN	Zip Code 46229-2611	Date M M / D D / Y Y Y Y 09 / 09 / 2005	
Purpose of Disbursement: cell phones			Transaction ID: D5969	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
157.33		591.86		749.19

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
281.59		1059.31		1340.90

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Cingular Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 10617 E Washington St			Allocated Activity or Event Year-To-Date 320678.26		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Indianapolis	IN	46229-2611	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: cell phones			Transaction ID: D5976		
Activity or Event Identifier: Administrative			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Activity or Event Identifier: Administrative			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
823.62		3098.38		3922.00

B. Full Name (Last, First, Middle Initial) Dell Commercial Credit			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 689020			Allocated Activity or Event Year-To-Date 320678.26		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Des Moines	IA	50368-9020	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: server			Transaction ID: D5966		
Activity or Event Identifier: Administrative			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1284.18		4830.98		6115.16

C. Full Name (Last, First, Middle Initial) Mircale Financial, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 52 Armstrong Rd			Allocated Activity or Event Year-To-Date 320678.26		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Plymouth	MA	02360-4807	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: cell phones			Transaction ID: D5973		
Activity or Event Identifier: Administrative			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.96		44.99		56.95

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2119.76		7974.35		10094.11

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) CNA Surety			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 5077			Allocated Activity or Event Year-To-Date 320678.26																						
City	State	Zip Code	Category/ Type																						
Sioux Falls	SD	57117-5077																							
Purpose of Disbursement: notary			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	3	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	9	/	2	3	/	2	0	0	5																
Activity or Event Identifier: Administrative			Transaction ID: D5990																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.50		39.50		50.00

B. Full Name (Last, First, Middle Initial) Secretary of State			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address Secretary of State, 201, Statehous			Allocated Activity or Event Year-To-Date 320678.26																						
City	State	Zip Code	Category/ Type																						
Indianapolis	IN	46204																							
Purpose of Disbursement: notary fee			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	3	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	9	/	2	3	/	2	0	0	5																
Activity or Event Identifier: Administrative			Transaction ID: D5991																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.05		3.95		5.00

C. Full Name (Last, First, Middle Initial) DHL Express Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 1200 S Pine Island Rd			Allocated Activity or Event Year-To-Date 320678.26																						
City	State	Zip Code	Category/ Type																						
Plantation	FL	33324																							
Purpose of Disbursement: delivery service			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	0	9	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	9	/	0	9	/	2	0	0	5																
Activity or Event Identifier: Administrative			Transaction ID: D5963																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.33		61.41		77.74

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.88		104.86		132.74

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) DHL Express Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1200 S Pine Island Rd			Allocated Activity or Event Year-To-Date 320678.26		
City Plantation	State FL	Zip Code 33324	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 09 / 2005		
Purpose of Disbursement: delivery service			Transaction ID: D5968		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.94		11.06		14.00

B. Full Name (Last, First, Middle Initial) DHL Express Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1200 S Pine Island Rd			Allocated Activity or Event Year-To-Date 320678.26		
City Plantation	State FL	Zip Code 33324	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2005		
Purpose of Disbursement: delivery service			Transaction ID: D5977		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.34		57.70		73.04

C. Full Name (Last, First, Middle Initial) Mark A. Lee			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 402 N Meridian St Apt 208			Allocated Activity or Event Year-To-Date 320678.26		
City Indianapolis	State IN	Zip Code 46204	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 09 / 2005		
Purpose of Disbursement: reimbursement for travel			Transaction ID: D5970		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.99		33.82		42.81

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.27		102.58		129.85

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mark A. Lee			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 402 N Meridian St Apt 208			Allocated Activity or Event Year-To-Date 320678.26		
City Indianapolis	State IN	Zip Code 46204	Date <input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: travel			Transaction ID: D5982		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.20		15.80		20.00

B. Full Name (Last, First, Middle Initial) National City			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 101 W Washington St			Allocated Activity or Event Year-To-Date 320678.26		
City Indianapolis	State IN	Zip Code 46204	Date <input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: credit card payment			Transaction ID: D5974		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
176.72		664.82		841.54

C. Full Name (Last, First, Middle Initial) Marriott Hotels			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 350 W Maryland St			Allocated Activity or Event Year-To-Date 320678.26		
City Indianapolis	State IN	Zip Code 46225-1051	Date <input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: travel			Transaction ID: D6005		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.66		10.00		12.66

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
180.92		680.62		861.54

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Hyatt Hotels			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1 S Capitol Ave			Allocated Activity or Event Year-To-Date 320678.26		
City	State	Zip Code	Date M M / D D / Y Y Y Y 09 / 09 / 2005 Transaction ID: D6002		
Indianapolis	IN	46204-3400			
Purpose of Disbursement: travel			Category/ Type		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.89		198.99		251.88

B. Full Name (Last, First, Middle Initial) Holiday Inn Riverport			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 13735 Riverport Dr			Allocated Activity or Event Year-To-Date 320678.26		
City	State	Zip Code	Date M M / D D / Y Y Y Y 09 / 09 / 2005 Transaction ID: D6004		
Maryland Hts	MO	63043-4811			
Purpose of Disbursement: travel			Category/ Type		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.81		179.85		227.66

C. Full Name (Last, First, Middle Initial) Champs Americana			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 49 West Maryland Ave.			Allocated Activity or Event Year-To-Date 320678.26		
City	State	Zip Code	Date M M / D D / Y Y Y Y 09 / 09 / 2005 Transaction ID: D6010		
Indianapolis	IN	46204			
Purpose of Disbursement: travel			Category/ Type		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.51		24.49		31.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Speedway			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 7103 N Meridian			Allocated Activity or Event Year-To-Date 320678.26		
City Indianapolis	State IN	Zip Code 46260	Date <input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: travel			Transaction ID: D6001		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="13.47"/>		<input type="text" value="50.66"/>		<input type="text" value="64.13"/>

B. Full Name (Last, First, Middle Initial) Speedway			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 7103 N Meridian			Allocated Activity or Event Year-To-Date 320678.26		
City Indianapolis	State IN	Zip Code 46260	Date <input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: travel			Transaction ID: D6009		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="9.03"/>		<input type="text" value="33.97"/>		<input type="text" value="43.00"/>

C. Full Name (Last, First, Middle Initial) Gas America			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Main Street			Allocated Activity or Event Year-To-Date 320678.26		
City Greenfield	State IN	Zip Code 46116	Date <input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: travel			Transaction ID: D6003		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="7.98"/>		<input type="text" value="30.02"/>		<input type="text" value="38.00"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) FTD <hr/> Mailing Address 3113 Woodcreek Dr www.ftd.com <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td style="width:15%;"></td> </tr> <tr> <td>Downers Grove</td> <td>IL</td> <td>60515-5412</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <hr/> Purpose of Disbursement: flowers <div style="float: right; border: 1px solid black; padding: 2px;">Category/ Type</div> <hr/> Activity or Event Identifier: Administrative [MEMO ITEM]	City	State	Zip Code		Downers Grove	IL	60515-5412		Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">320678.26</div> <hr/> Date <table style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: D6006	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	0	9	/	2	0	0	5
City	State	Zip Code																											
Downers Grove	IL	60515-5412																											
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9	/	0	9	/	2	0	0	5																				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.91		56.09		71.00

B. Full Name (Last, First, Middle Initial) Thorton's <hr/> Mailing Address 3801 Keystone Ave <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td style="width:15%;"></td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46205</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <hr/> Purpose of Disbursement: travel <div style="float: right; border: 1px solid black; padding: 2px;">Category/ Type</div> <hr/> Activity or Event Identifier: Administrative [MEMO ITEM]	City	State	Zip Code		Indianapolis	IN	46205		Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">320678.26</div> <hr/> Date <table style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: D6007	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	0	9	/	2	0	0	5
City	State	Zip Code																											
Indianapolis	IN	46205																											
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9	/	0	9	/	2	0	0	5																				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.98		45.09		57.07

C. Full Name (Last, First, Middle Initial) Marathon Ashland <hr/> Mailing Address 1304 Olin Ave <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td style="width:15%;"></td> </tr> <tr> <td>Indianapolis</td> <td>IN</td> <td>46222-3294</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <hr/> Purpose of Disbursement: travel <div style="float: right; border: 1px solid black; padding: 2px;">Category/ Type</div> <hr/> Activity or Event Identifier: Administrative [MEMO ITEM]	City	State	Zip Code		Indianapolis	IN	46222-3294		Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">320678.26</div> <hr/> Date <table style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: D6008	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	0	9	/	2	0	0	5
City	State	Zip Code																											
Indianapolis	IN	46222-3294																											
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9	/	0	9	/	2	0	0	5																				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.48		35.66		45.14

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

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

Mailing Address
101 W Washington St

City Indianapolis	State IN	Zip Code 46204	Category/ Type
Purpose of Disbursement: credit card payment			

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
320678.26

Date / /
Transaction ID: D5975

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
110.80		416.80		527.60

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

Mailing Address
50 S Capitol Ave

City Indianapolis	State IN	Zip Code 46204-3406	Category/ Type
Purpose of Disbursement: travel			

Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
320678.26

Date / /
Transaction ID: D5996

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.71		40.30		51.01

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

Mailing Address
8924 E 116th

City Fishers	State IN	Zip Code 46038	Category/ Type
Purpose of Disbursement: travel			

Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
320678.26

Date / /
Transaction ID: D5998

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.40		76.72		97.12

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
110.80		416.80		527.60

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Expedia			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 13810 SE Eastgate Way Ste 400			Allocated Activity or Event Year-To-Date 320678.26	
City Bellevue	State WA	Zip Code 98005-4425	Category/ Type	
Purpose of Disbursement: travel				
Activity or Event Identifier: Administrative [MEMO ITEM]			Date M M / D D / Y Y Y Y 09 / 09 / 2005 Transaction ID: D6000	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.05		3.95		5.00

B. Full Name (Last, First, Middle Initial) American Airlines			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address www.aa.com			Allocated Activity or Event Year-To-Date 320678.26	
City Tulsa	State OK	Zip Code 74133	Category/ Type	
Purpose of Disbursement: travel				
Activity or Event Identifier: Administrative [MEMO ITEM]			Date M M / D D / Y Y Y Y 09 / 09 / 2005 Transaction ID: D5999	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.46		219.94		278.40

C. Full Name (Last, First, Middle Initial) Ruth's Chris Steakhouse			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 10 Maryland Street			Allocated Activity or Event Year-To-Date 320678.26	
City Indianapolis	State IN	Zip Code 46204	Category/ Type	
Purpose of Disbursement: travel				
Activity or Event Identifier: Administrative [MEMO ITEM]			Date M M / D D / Y Y Y Y 09 / 09 / 2005 Transaction ID: D5995	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.24		38.50		48.74

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) The Brass Rail			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 225 N Michigan St			Allocated Activity or Event Year-To-Date 320678.26		
City Plymouth	State IN	Zip Code 46563-2134	Date M M / D D / Y Y Y Y 09 / 09 / 2005		
Purpose of Disbursement: travel			Transaction ID: D5997		
Activity or Event Identifier: Administrative [MEMO ITEM]			Category/ Type		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.94		37.39		47.33

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
4096.32	15411.15	19507.47

Image# 28933435353

Form/Schedule: **F3XA**

Transaction ID:

Please note that the Committee is amending all reports from January 1, 2005, to present as a result of a comprehensive and expansive internal audit in which several financial discrepancies and irregularities were discovered. Please note that from January 1, 2005, through mid 2007, the Committee did not correctly report allocable expenses. This issue has been corrected on these amendments and has been reported correctly since its discovery in 2007. This issue is related to ADR 342. Please note that there are several unauthorized transactions in these reports that are subject to an ongoing criminal matter.

Form/Schedule: **SB29**

Transaction ID: **D336143**

Fraudulent charge, see main memo text for explanation

Image# 28933435354

Form/Schedule: **SB29**

Transaction ID: **D336175**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D336181**

Fraudulent charge, see main memo text for explanation

Image# 28933435355

Form/Schedule: **SB29**

Transaction ID: **D336147**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D336148**

Fraudulent charge, see main memo text for explanation

Image# 28933435356

Form/Schedule: **SB29**

Transaction ID: **D336153**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D336154**

Fraudulent charge, see main memo text for explanation

Image# 28933435357

Form/Schedule: **SB29**

Transaction ID: **D336155**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D336161**

Fraudulent charge, see main memo text for explanation

Image# 28933435358

Form/Schedule: **SB29**

Transaction ID: **D336167**

Fraudulent charge, see main memo text for explanation

Form/Schedule: **SB29**

Transaction ID: **D336174**

Fraudulent charge, see main memo text for explanation
