

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 15 A 10:38

1. NAME OF COMMITTEE (in full) Chris Chocola for Congress, Inc.		2. FEC IDENTIFICATION NUMBER C00350926
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 6728		
CITY, STATE and ZIP CODE South Bend, IN 46660	STATE/DISTRICT IN 03	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid-Year Report (Non-election Year Only)

Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
 Thirtieth day report following the General Election on _____ in the State of _____
 Termination Report

This Report Contains Activity For

Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
4/13/2000 through 6/30/2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$171,434.33	\$281,563.84
(b) Total Contribution Refunds (from Line 20(d))	\$600.00	\$600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	\$170,834.33	\$280,963.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$133,001.40	\$201,891.62
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$133,001.40	\$201,891.62
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$213,665.30	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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)	\$94,832.30	

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 James R. Evans	Date 7/11/2000
Signature of Treasurer <i>James R. Evans</i>	

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

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

FEC FORM 3
(revised 4/97)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Chris Chocola for Congress, Inc.		CDD350826	Report Covering the Period: From: 4/13/2000 To: 6/30/2000	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
11. CONTRIBUTIONS (other than loans) FROM:				
(a) Individuals/Persons Other Than Political Committees				
(i) Itemized (use Schedule A)		\$127,177.13		11(a)(i)
(ii) Unitemized		\$19,208.00		11(a)(ii)
(iii) Total of Contributions from individuals		\$146,385.13	\$250,114.56	11(a)(iii)
(b) Political Party Committees		\$8,099.20	\$10,999.28	11(b)
(c) Other Political Committees (such as PACs)		\$16,950.00	\$20,450.00	11(c)
(d) The Candidate		\$0.00	\$0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i)(ii)(b)(c) and (d))		\$171,434.33	\$281,563.84	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		\$0.00	\$0.00	12
13. LOANS:				
(a) Made or Guaranteed by the Candidate		\$25,000.00	\$25,000.00	13(a)
(b) All Other Loans		\$0.00	\$0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))		\$25,000.00	\$25,000.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Returns, etc.)		\$0.00	\$0.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)		\$0.00	\$0.00	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and 15)		\$196,434.33	\$306,563.84	16
II. DISBURSEMENTS				
17. OPERATING EXPENDITURES		\$133,001.40	\$201,891.62	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		\$0.00	\$0.00	18
19. LOAN REPAYMENTS:				
(a) Of Loans Made or Guaranteed by the Candidate		\$0.00	\$0.00	19(a)
(b) Of All Other Loans		\$0.00	\$0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		\$0.00	\$0.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:				
(a) Individuals/Persons Other Than Political Committees		\$600.00	\$600.00	20(a)
(b) Political Party Committees		\$0.00	\$0.00	20(b)
(c) Other Political Committees (such as PACs)		\$0.00	\$0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b), and (c))		\$600.00	\$600.00	20(d)
21. OTHER DISBURSEMENTS		\$0.00	\$0.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d), and 21)		\$133,601.40	\$202,491.62	22
III. CASH SUMMARY				
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD			\$150,832.37	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)			\$196,434.33	24
25. SUBTOTAL (add Line 23 and Line 24)			\$347,266.70	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)			\$133,601.40	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)			\$213,665.30	27

SCHEDULE A

ITEMIZED RECEIPTS

Use as attachment(s) for each category of the Detailed Summary Page

PAGE 1 OF 29

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code Applegarth, Renee 1510 Michigan Ave. La Porte IN 46350	Name of Employer Barnes & Thornburgh	Date (month, day, year) 6/30/2000	Amount of Each Receipt this Period \$830.00 In-Kind
	Occupation Attorney	Aggregate Year-to-Date > \$1,030.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

B. Full Name, Mailing Address and ZIP Code Ashbaugh, Anthony 9 St. Joe Manor Elkhart IN 46516	Name of Employer Elkhart Brass	Date (month, day, year) 6/29/2000	Amount of Each Receipt this Period \$750.00
	Occupation Co-owner	Aggregate Year-to-Date > \$750.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

C. Full Name, Mailing Address and ZIP Code Ashbaugh, Julie 9 St. Joe Manor Elkhart IN 46516	Name of Employer	Date (month, day, year) 6/29/2000	Amount of Each Receipt this Period \$750.00
	Occupation Homemaker	Aggregate Year-to-Date > \$750.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

D. Full Name, Mailing Address and ZIP Code Banks, Hollie 1504 E. Colfax Ave. South Bend IN 46617	Name of Employer	Date (month, day, year) 4/27/2000	Amount of Each Receipt this Period \$1,000.00
	Occupation Homemaker	Aggregate Year-to-Date > \$2,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

E. Full Name, Mailing Address and ZIP Code Banks, Stephen 1504 E. Colfax Ave. South Bend IN 46617	Name of Employer Banks Hardwoods	Date (month, day, year) 4/27/2000	Amount of Each Receipt this Period \$1,000.00
	Occupation President	Aggregate Year-to-Date > \$2,050.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

F. Full Name, Mailing Address and ZIP Code Banks, William P.O. Box 2299 Elkhart IN 46515	Name of Employer Banks Corporation	Date (month, day, year) 6/20/2000	Amount of Each Receipt this Period \$1,000.00
	Occupation CEO & COB	Aggregate Year-to-Date > \$1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

G. Full Name, Mailing Address and ZIP Code Bartels, Robert 3426 S. Twyckenham Dr. South Bend IN 46614	Name of Employer Martin's Supermarkets	Date (month, day, year) 4/25/2000	Amount of Each Receipt this Period \$200.00
	Occupation CEO	Aggregate Year-to-Date > \$700.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

SUBTOTAL of Receipts This Page (optional)	\$5,530.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use a separate schedule for each category of the Detailed Summary Page

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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)		C00350926	
A. Full Name, Mailing Address and ZIP Code Bartels, Robert 3426 S. Twyckenham Dr. South Bend IN 46814		Name of Employer Martin's Supermarkets Occupation CEO	Date (month, day, year) 5/2/2000 Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$700.00	
B. Full Name, Mailing Address and ZIP Code Bartow, Steve, Mr. 803 Logan St. Goshen IN 46526		Name of Employer Brunk Corp. Occupation Owner	Date (month, day, year) 5/26/2000 Amount of Each Receipt this Period \$800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$1,000.00	
C. Full Name, Mailing Address and ZIP Code Bartow, Steve, Mr. 803 Logan St. Goshen IN 46526		Name of Employer Brunk Corp. Occupation Owner	Date (month, day, year) 4/26/2000 Amount of Each Receipt this Period \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$1,000.00	
D. Full Name, Mailing Address and ZIP Code Beeler, Kathleen 17640 Dannybrook Dr. Granger IN 46530		Name of Employer Beeler Industries Occupation Executive	Date (month, day, year) 4/18/2000 Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00	
E. Full Name, Mailing Address and ZIP Code Berkey, David P.O. Box 2718 Elkhart IN 46515		Name of Employer DNA Enterprises Occupation President	Date (month, day, year) 6/2/2000 Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00	
F. Full Name, Mailing Address and ZIP Code Blyly, Dennis 14781 U.S. 20 Middlebury IN 46540		Name of Employer Martin Capital Management, LLP Occupation Stockbroker	Date (month, day, year) 5/26/2000 Amount of Each Receipt this Period \$750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$1,000.00	
G. Full Name, Mailing Address and ZIP Code Borger, Thomas 2225 Greenleaf Blvd. Elkhart IN 46514		Name of Employer Borger Associates, Inc. Occupation Developer	Date (month, day, year) 6/19/2000 Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$1,550.00	
SUBTOTAL of Receipts This Page (optional)			\$4,150.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets (one for each category of the Detailed Summary Page

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350926

<p>A. Full Name, Mailing Address and ZIP Code Borkholder, Freemon P.O. Box 5 Nappanee IN 46550</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Borkholder Furniture</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 5/9/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Borrelli, Sam 22665 Greenleaf Blvd. Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Concord Medical Center</p> <p>Occupation Doctor</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 6/30/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Brembeck, Helen 1149 S. Oakwood Circle Dr. Syracuse IN 46587</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 6/12/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Brembeck, Howard 2808 Martin Manor Dr. Goshen IN 46526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$2,000.00</p>	<p>Date (month, day, year) 6/21/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Brembeck, Myra 2808 Martin Manor Dr. Goshen IN 46526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$2,300.00</p>	<p>Date (month, day, year) 4/26/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Brembeck, Myra 2808 Martin Manor Dr. Goshen IN 46526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$2,300.00</p>	<p>Date (month, day, year) 6/7/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Brembeck, Myra 2808 Martin Manor Dr. Goshen IN 46526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$2,300.00</p>	<p>Date (month, day, year) 6/21/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$4,300.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 28
FOR LINE NUMBER 11(a)(1)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Buckingham, George 502 Carter Rd. Goshen IN 46526	Yoder, Ainlay, Ulmer & Bucking Occupation Attorney	4/17/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$500.00		
Cacioppe, Richard 51449 Hidden Pines Ct. Granger IN 46530	G. Lengemann Comp. Occupation President	6/30/2000	\$800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$800.00		
Cassady, Thomas 1718 E. LaSalle Ave. South Bend IN 46617	Brasseur Cassady Insurance Occupation Partner	4/24/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,000.00		
Chapman, Arthur 21292 County Road 18 Goshen IN 46526	Chapman Realty Occupation President	4/17/2000	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
Chapman, Arthur 21292 County Road 18 Goshen IN 46526	Chapman Realty Occupation President	5/24/2000	\$900.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
Chapman, Arthur 21292 County Road 18 Goshen IN 46526	Chapman Realty Occupation President	4/17/2000	\$900.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
Christian, David 3879 Timber Ridge Rd. La Porte IN 46350	Ampcor II, Inc. Occupation President	6/7/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$500.00		

SUBTOTAL of Receipts This Page (optional)	\$4,700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 28

FOR LINE NUMBER 11(b)(i)

Contributions from Individuals

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)		C00350926	
Chris Chocola for Congress, Inc.			
A. Full Name, Mailing Address and ZIP Code Clark, Edwin 222 Lady Lane Michigan City IN 46360	Name of Employer Retired Occupation Retired	Date (month, day, year) 6/20/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$250.00		
B. Full Name, Mailing Address and ZIP Code Clamens, Donald 5225 N. 100 E. Leesburg IN 46538	Name of Employer Rabb/Kinetico water Systems Occupation OWNER	Date (month, day, year) 6/21/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,000.00		
C. Full Name, Mailing Address and ZIP Code Corson, Tom P.O. Box 504 Middlebury IN 46540	Name of Employer Coachmen Industries Occupation Retired	Date (month, day, year) 6/15/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,000.00		
D. Full Name, Mailing Address and ZIP Code Curtis, Chris 3803 Bent Oak Trail Elkhart IN 46517	Name of Employer RC Industries Occupation President	Date (month, day, year) 6/27/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,000.00		
E. Full Name, Mailing Address and ZIP Code Decio, Arthur 3215 Greenleaf Blvd. Elkhart IN 46514	Name of Employer Skyline Corp. Occupation Chairman	Date (month, day, year) 5/23/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,000.00		
F. Full Name, Mailing Address and ZIP Code Deputy, Robert 22628 Weatherby Lane Elkhart IN 46514	Name of Employer Godrey Marine Occupation President	Date (month, day, year) 6/30/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
G. Full Name, Mailing Address and ZIP Code Downs, Lain 54511 Hunters Ct. Elkhart IN 46514	Name of Employer The Centre PC Occupation Practice Administrator	Date (month, day, year) 6/21/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,050.00		
SUBTOTAL of Receipts This Page (optional)			\$5,750.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Donated Summary Page

PAGE 6 OF 29

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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)

Chris Chocola for Congress, Inc.

C00350926

<p>A. Full Name, Mailing Address and ZIP Code Drexinger, James 19808 Lacey Ln. E. Bristol IN 46507</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Nibco Inc.</p> <p>Occupation Vice-President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 5/9/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Dugla, Tim 3838 Wood St. Elkhart IN 46516</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Bison Manufacturing, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 5/24/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Ebersole, Carol 814 Bainbridge Pl. Goshen IN 46526</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 4/26/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Eddy, Phillip 16180 CR 18 Goshen IN 46526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Tack and Saddlery</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 5/15/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Esposito, Gary 5800 Monroe St. Sylvania OH 43560</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Metals Marketing, Inc.</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 5/2/2000</p>	<p>Amount of Each Receipt this Period \$400.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Ferguson, Jerry 3860 E. Forest Glen Ave. Leesburg IN 46538</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Biomet, Inc.</p> <p>Occupation Vice-Chairman</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 5/2/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Ferguson, Norma 3860 E. Forest Glen Ave. Leesburg IN 46538</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 5/2/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$5,150.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 29

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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)				C00350926
A. Full Name, Mailing Address and ZIP Code Fitzpatrick, Daniel 51211 Erin Glen Dr. Granger IN 46530	Name of Employer Quality Dining	Date (month, day, year) 6/7/2000	Amount of Each Receipt this Period \$1,000.00	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):
B. Full Name, Mailing Address and ZIP Code Fulmer, L. Craig 120 W. Lexington Elkhart IN 46516	Name of Employer Heritage Group	Date (month, day, year) 4/24/2000	Amount of Each Receipt this Period \$500.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):
C. Full Name, Mailing Address and ZIP Code Garatoni, Lawrence 753 River Pointe Place Mishawaka IN 46544	Name of Employer	Date (month, day, year) 6/23/2000	Amount of Each Receipt this Period \$250.00	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):
D. Full Name, Mailing Address and ZIP Code Gates, William 21855 Roosevelt Rd. South Bend IN 46614	Name of Employer Gates Toyota	Date (month, day, year) 5/2/2000	Amount of Each Receipt this Period \$500.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):
E. Full Name, Mailing Address and ZIP Code Gentry, Dick 3213 Wakefield Rd. Goshen IN 46526	Name of Employer	Date (month, day, year) 4/26/2000	Amount of Each Receipt this Period \$900.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):
F. Full Name, Mailing Address and ZIP Code Giel, Robert 3124 Cherry Tree Ln. Elkhart IN 46514	Name of Employer Pricewaterhouse Corp.	Date (month, day, year) 6/28/2000	Amount of Each Receipt this Period \$200.00	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):
G. Full Name, Mailing Address and ZIP Code Gorham, Darcie 56426-2 CR 21 Bristol IN 46507	Name of Employer Self-Employed	Date (month, day, year) 4/26/2000	Amount of Each Receipt this Period \$100.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):
SUBTOTAL of Receipts This Page (optional)			\$3,450.00	
TOTAL This Period (last page this line number only)				

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 29
FOR LINE NUMBER 11(8)(1)

Contributions from Individuals

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)		C00350928		
A. Full Name, Mailing Address and ZIP Code Graff, Sue 211 Highland Park Dr. Middlbury IN 46540		Name of Employer Goshen Health systems	Date (month, day, year) 6/28/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Office Manager	Aggregate Year-to-Date > \$1,000.00	
B. Full Name, Mailing Address and ZIP Code Grand, Robert 730 Williams Cove Dr. Indianapolis IN 46260		Name of Employer Barnes and Thornburg	Date (month, day, year) 4/27/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Attorney	Aggregate Year-to-Date > \$250.00	
C. Full Name, Mailing Address and ZIP Code Hammond, John 1 Indiana Square Suite 1800 Indianapolis IN 46204		Name of Employer Johnson Smith LLP	Date (month, day, year) 4/27/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Attorney	Aggregate Year-to-Date > \$250.00	
D. Full Name, Mailing Address and ZIP Code Hansell, Lou 21953 Protecta Dr. Elkhart IN 46516		Name of Employer River Park Inc.	Date (month, day, year) 5/2/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation President	Aggregate Year-to-Date > \$2,000.00	
E. Full Name, Mailing Address and ZIP Code Hansell, Lou 21953 Protecta Dr. Elkhart IN 46516		Name of Employer River Park Inc.	Date (month, day, year) 5/2/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation President	Aggregate Year-to-Date > \$2,000.00	
F. Full Name, Mailing Address and ZIP Code Harcourt, Jean Ann 5879 W. State Rd. 244 Milroy IN 46156		Name of Employer Harcourt Industries, Inc.	Date (month, day, year) 4/17/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation President	Aggregate Year-to-Date > \$250.00	
G. Full Name, Mailing Address and ZIP Code Harris, Jim 1614 Devon Circle South Bend IN 46617		Name of Employer South Bend Clinic	Date (month, day, year) 4/26/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Physician	Aggregate Year-to-Date > \$250.00	
SUBTOTAL of Receipts This Page (optional)			>	\$4,000.00
TOTAL This Period (last page this line number only)			>	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 9 OF 29

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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)			
Chris Chocola for Congress, Inc.		C00350926	
A. Full Name, Mailing Address and ZIP Code Haut, Bill 54631 C.R. 131 Bristol IN 48507	Name of Employer Warrick & Boyn Occupation Lawyer	Date (month, day, year) 6/2/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$650.00		
B. Full Name, Mailing Address and ZIP Code Henry, Robert 404 S. Frances St. South Bend IN 46617	Name of Employer The Robert Henry Corporation Occupation Owner	Date (month, day, year) 4/17/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$500.00		
C. Full Name, Mailing Address and ZIP Code Herbster, Tamara 60232 State Road 15 Goshen IN 48526	Name of Employer Occupation Homemaker	Date (month, day, year) 4/24/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$250.00		
D. Full Name, Mailing Address and ZIP Code Herschberger, Wes 14631 Falcon Lane Goshen IN 46526	Name of Employer Mapletronics, Inc. Occupation Owner	Date (month, day, year) 6/11/2000	Amount of Each Receipt this Period \$465.86 In-Kind
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,397.58		
E. Full Name, Mailing Address and ZIP Code Herschberger, Wes 14631 Falcon Lane Goshen IN 46526	Name of Employer Mapletronics, Inc. Occupation Owner	Date (month, day, year) 5/11/2000	Amount of Each Receipt this Period \$465.86 In-Kind
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,397.58		
F. Full Name, Mailing Address and ZIP Code Hiler, Catherine 2910 York Rd. South Bend IN 46614	Name of Employer Occupation Homemaker	Date (month, day, year) 5/1/2000	Amount of Each Receipt this Period \$337.82 In-Kind
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,337.82		
G. Full Name, Mailing Address and ZIP Code Hiler, Jack 2910 York Road South Bend IN 46614	Name of Employer Hiler Industries Occupation Chairman	Date (month, day, year) 5/1/2000	Amount of Each Receipt this Period \$1,000.00 In-Kind
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,000.00		

SUBTOTAL of Receipts This Page (optional)

\$3,119.54

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 10 OF 29

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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)		G00350928	
Chris Chocola for Congress, Inc.			
A. Full Name, Mailing Address and ZIP Code Hiler, Janet P.O. Box 148 Walkerton IN 46574	Name of Employer Date (month, day, year) 4/17/2000	Amount of Each Receipt this Period \$1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired Aggregate Year-to-Date > \$1,000.00		
B. Full Name, Mailing Address and ZIP Code Hiler, Lawrence P.O. Box 148 Walkerton IN 46574	Name of Employer Hiler Industries Date (month, day, year) 4/26/2000	Amount of Each Receipt this Period \$1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Chairman Aggregate Year-to-Date > \$2,000.00		
C. Full Name, Mailing Address and ZIP Code Hiler, Lawrence P.O. Box 148 Walkerton IN 46574	Name of Employer Hiler Industries Date (month, day, year) 4/26/2000	Amount of Each Receipt this Period \$1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Chairman Aggregate Year-to-Date > \$2,000.00		
D. Full Name, Mailing Address and ZIP Code Hiler, Margaret 1317 Boyd Blvd. La Porte IN 46350	Name of Employer Date (month, day, year) 6/30/2000	Amount of Each Receipt this Period \$1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired Aggregate Year-to-Date > \$2,000.00		
E. Full Name, Mailing Address and ZIP Code Hiler, Margaret 1317 Boyd Blvd. La Porte IN 46350	Name of Employer Date (month, day, year) 4/15/2000	Amount of Each Receipt this Period \$1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired Aggregate Year-to-Date > \$2,000.00		
F. Full Name, Mailing Address and ZIP Code Hiler, Robert 555 Michigan Ave. Ste. 205 La Porte IN 46350	Name of Employer Hiler Industries Date (month, day, year) 4/24/2000	Amount of Each Receipt this Period \$1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired Aggregate Year-to-Date > \$1,000.00		
G. Full Name, Mailing Address and ZIP Code Hochstetler, David 24127 County Road 6 Elkhart IN 46514	Name of Employer Carriage Industries Date (month, day, year) 4/24/2000	Amount of Each Receipt this Period \$1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President Aggregate Year-to-Date > \$1,000.00		
SUBTOTAL of Receipts This Page (optional)		\$7,000.00	
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 11 OF 29
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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)			
Chris Chocola for Congress, Inc.		C00350926	
A. Full Name, Mailing Address and ZIP Code Hoefer, C. David 17156 County Rd. 28 E. Goshen IN 46528	Name of Employer Hart Housing	Date (month, day, year) 5/2/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Chairman	Aggregate Year-to-Date > \$2,000.00	
B. Full Name, Mailing Address and ZIP Code Hoefer, C. David 17156 County Rd. 28 E. Goshen IN 46526	Name of Employer Hart Housing	Date (month, day, year) 5/2/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Chairman	Aggregate Year-to-Date > \$2,000.00	
C. Full Name, Mailing Address and ZIP Code Hoefer, Mary 17156 County Rd. 28 E. Goshen IN 46526	Name of Employer	Date (month, day, year) 5/2/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker	Aggregate Year-to-Date > \$2,000.00	
D. Full Name, Mailing Address and ZIP Code Hoefer, Mary 17156 County Rd. 28 E. Goshen IN 46526	Name of Employer	Date (month, day, year) 5/2/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker	Aggregate Year-to-Date > \$2,000.00	
E. Full Name, Mailing Address and ZIP Code Hoenk, Robert P.O. Box 209 South Bend IN 46624	Name of Employer Northwestern Mutual	Date (month, day, year) 6/30/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation CLU	Aggregate Year-to-Date > \$500.00	
F. Full Name, Mailing Address and ZIP Code Holtz, Dan 122 Manor Ave. Elkhart IN 46516	Name of Employer Raymond James & Associates	Date (month, day, year) 6/9/2000	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Financial Advisor	Aggregate Year-to-Date > \$450.00	
G. Full Name, Mailing Address and ZIP Code Holtz, Dan 122 Manor Ave. Elkhart IN 46516	Name of Employer Raymond James & Associates	Date (month, day, year) 4/24/2000	Amount of Each Receipt this Period \$125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Financial Advisor	Aggregate Year-to-Date > \$450.00	
SUBTOTAL of Receipts This Page (optional)			\$4,825.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 29
FOR LINE NUMBER 14(B)(i)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** **C00350926**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Holtz, Rita 122 Manor Ave. Elkhart IN 46516		5/19/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker	Aggregate Year-to-Date > \$250.00	
Hoogenboom, Terry 507 Carter Rd. Goshen IN 46526	Hoogenboom-Nofziger	4/28/2000	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Real Estate Developer	Aggregate Year-to-Date > \$350.00	
Housand, Thomas 1624 Lawndale Rd. Elkhart IN 46514	Tom Housand Inc.	5/16/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Employee Benefits Broke	Aggregate Year-to-Date > \$500.00	
Hubbard, Allan 101 W. Ohio St. Suite 1350 Indianapolis IN 46204	E and A Industries Inc.	5/17/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President/CEO	Aggregate Year-to-Date > \$500.00	
Hunt, Mary 1102 N. Lafayette South Bend IN 46617	National Right to Life	4/16/2000	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$300.00	
Hussey, Edward 2801 Martin Manor Dr. Goshen IN 46526	Liberty Homes	6/7/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation CEO	Aggregate Year-to-Date > \$1,000.00	
Irons, Thomas 3303 East Lake Dr. N. Elkhart IN 46514	ASA Corporation	5/5/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation CEO	Aggregate Year-to-Date > \$1,000.00	

SUBTOTAL of Receipts This Page (optional)	\$3,600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350926

<p>A. Full Name, Mailing Address and ZIP Code Jessen, Mark 19518 Amberwood Dr. Bristol IN 46507</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Jessen Mfg-</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$1,200.00</p>	<p>Date (month, day, year) 5/15/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Johnson, Toni 19558 Rio Verda Dr. Goshen IN 46526</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$1,050.00</p>	<p>Date (month, day, year) 4/17/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Johnson, Toni 19558 Rio Verde Dr. Goshen IN 46526</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$1,050.00</p>	<p>Date (month, day, year) 4/24/2000</p>	<p>Amount of Each Receipt this Period \$950.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Johnson, Toni 19558 Rio Verda Dr. Goshen IN 46526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$1,050.00</p>	<p>Date (month, day, year) 4/24/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Johnson, William 19558 Rio Verde Dr. Goshen IN 46526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Goshen Rubber</p> <p>Occupation President/CEO</p> <p>Aggregate Year-to-Date > \$2,000.00</p>	<p>Date (month, day, year) 6/22/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Jones, Keith P.O. Box 277 La Porte IN 46352</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$1,500.00</p>	<p>Date (month, day, year) 6/9/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Jones, Keith P.O. Box 277 La Porte IN 46352</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$1,500.00</p>	<p>Date (month, day, year) 6/23/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional) ></p>	<p>\$3,250.00</p>
<p>TOTAL This Period (last page this line number only) ></p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 14 OF 29

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jones, Keith P.O. Box 277 La Porte IN 46352		4/26/2000	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired		
	Aggregate Year-to-Date > \$1,500.00		
Jones, Keith P.O. Box 277 La Porte IN 46352		4/14/2000	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired		
	Aggregate Year-to-Date > \$1,500.00		
Karagiannis, John Paul 3814 Augusta Ln. Elkhart IN 46517	Elkhart Clinic	6/30/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor		
	Aggregate Year-to-Date > \$1,025.00		
Kesler, Kimberly P.O. Box 4527 Warsaw IN 46581		4/24/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$1,000.00		
Kesler, Stephan P.O. Box 4527 Warsaw IN 46581	Explorer Van Co.	4/24/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President		
	Aggregate Year-to-Date > \$1,000.00		
Khan, Najeeb 23451 Lakeview Dr. Edwardsburg MI 48112	ISI Payroll	5/2/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President		
	Aggregate Year-to-Date > \$1,000.00		
Kirk, Charles 19538 Amberwood Dr. Bristol IN 46507		5/2/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired		
	Aggregate Year-to-Date > \$500.00		

SUBTOTAL of Receipts This Page (optional)	\$5,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule (990) for each category of the Detailed Summary Page

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** **C00350826**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kissane, Mika 2166 E. Riverside Dr. Warsaw IN 46580	CTB International	5/9/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation General Counsel	Aggregate Year-to-Date > \$300.00	
Krizman, Florence 5434 S. Raleigh Dr. South Bend IN 46614		6/29/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$400.00	
Krizman, Florence 5434 S. Raleigh Dr. South Bend IN 46614		4/27/2000	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$400.00	
Kropf, Omer 1077 E. North Shore Dr. Syracuse IN 46567	Supreme Corp.	4/24/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation CEO	Aggregate Year-to-Date > \$1,000.00	
Lamb, Chuck 10173 Juniper Ln. Middlebury IN 46540	Middlebury Hardwood Prod. Inc.	4/24/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$1,000.00	
Landrum, Jeff 53659 Ridgeway Lane Bristol IN 46507		5/30/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$250.00	
Langford, Katrina 352 N. 325 E Valparaiso IN 46383		6/13/2000	\$400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker	Aggregate Year-to-Date > \$400.00	

SUBTOTAL of Receipts This Page (optional)	\$3,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 16 OF 29

FOR LINE NUMBER

11(a)(6)

Contributions from Individuals

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)
Chris Chocola for Congress, Inc. **C00350926**

A. Full Name, Mailing Address and ZIP Code Lemaster, Carolyn P.O. Box 2365 Elkhart IN 46515	Name of Employer Occupation Homemaker	Date (month, day, year) 6/30/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,000.00		
B. Full Name, Mailing Address and ZIP Code Lemaster, Robert P.O. Box 2365 Elkhart IN 46515	Name of Employer LeMaster Steel Erectors, Inc. Occupation President	Date (month, day, year) 6/30/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,000.00		
C. Full Name, Mailing Address and ZIP Code Liegl, Peter 3915 Augusta Lane Elkhart IN 46517	Name of Employer Forest River Occupation CEO	Date (month, day, year) 5/25/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
D. Full Name, Mailing Address and ZIP Code Liegl, Peter 3915 Augusta Lane Elkhart IN 46517	Name of Employer Forest River Occupation CEO	Date (month, day, year) 5/25/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
E. Full Name, Mailing Address and ZIP Code Liegl, Sharon 3915 Augusta Lane Elkhart IN 46517	Name of Employer Occupation Homemaker	Date (month, day, year) 5/25/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
F. Full Name, Mailing Address and ZIP Code Liegl, Sharon 3915 Augusta Lane Elkhart IN 46517	Name of Employer Occupation Homemaker	Date (month, day, year) 5/25/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
G. Full Name, Mailing Address and ZIP Code Lord, Gordon P.O. Box 575 Goshen IN 46526	Name of Employer Yoder, Ainsley, Ulmer & Bucking Occupation Attorney	Date (month, day, year) 4/26/2000	Amount of Each Receipt this Period \$1,000.00 In-Kind
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		

SUBTOTAL of Receipts This Page (optional)	\$7,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 17 OF 29

FOR LINE NUMBER

1149(0)

Contributions from Individuals

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)			
Chris Chocola for Congress, Inc.		C00350926	
A. Full Name, Mailing Address and ZIP Code Lord, Laurie P.O. Box 575 Goshen IN 46526	Name of Employer Occupation Homemaker	Date (month, day, year) 4/26/2000	Amount of Each Receipt this Period \$777.59 In-Kind
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$777.59		
B. Full Name, Mailing Address and ZIP Code Luck, Daniel 1311 Boyd Blvd. La Porte IN 46350	Name of Employer Accurate Castings Occupation Vice-President	Date (month, day, year) 4/24/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
C. Full Name, Mailing Address and ZIP Code Luck, Daniel 1311 Boyd Blvd. La Porte IN 46350	Name of Employer Accurate Castings Occupation Vice-President	Date (month, day, year) 6/30/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
D. Full Name, Mailing Address and ZIP Code Luck, Patricia 1311 Boyd Blvd. La Porte IN 46350	Name of Employer Occupation Homemaker	Date (month, day, year) 4/24/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
E. Full Name, Mailing Address and ZIP Code Luck, Patricia 1311 Boyd Blvd. La Porte IN 46350	Name of Employer Occupation Homemaker	Date (month, day, year) 6/30/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$2,000.00		
F. Full Name, Mailing Address and ZIP Code Macallister, P.E. P.O. Box 1941 Indianapolis IN 46206	Name of Employer Macallister Manufacturing Occupation President	Date (month, day, year) 5/10/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,000.00		
G. Full Name, Mailing Address and ZIP Code Mancinelli, Victor, Mr. 13340 N. Hawthorne Ct. Mequon WI 53097	Name of Employer CTB Inc. Occupation CEO	Date (month, day, year) 6/29/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,000.00		
SUBTOTAL of Receipts This Page (optional)			\$6,277.59
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 18 OF 28
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** **C00350925**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marshall, Michael 23354 Shorelane Elkhart IN 46514	Fastec Int. Corp.	5/2/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$1,000.00	
Martin, Mitzi 300 N. Meridian St. Suite 2700 Indianapolis IN 46204	Baker and Daniels	5/30/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Partner	Aggregate Year-to-Date > \$500.00	
Martin, Rex 3840 Gordon Rd. Elkhart IN 46516	Nibco Inc.	5/2/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$1,000.00	
Martin, Todd 1800 North Bay Dr. Elkhart IN 46514	Martin Capital Mangement, LLP	5/18/2000	\$750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Money Manager, Partner	Aggregate Year-to-Date > \$1,000.00	
Mausar, Ben 2639 Greenleaf Blvd. Elkhart IN 46514	Irvine Shade and Door	6/23/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$500.00	
McCarthy, Dennis 22780 Selby Dr. Elkhart IN 46514	Baybridge	6/30/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$2,000.00	
McCarthy, Dennis 22780 Selby Dr. Elkhart IN 46514	Baybridge	6/30/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$2,000.00	

SUBTOTAL of Receipts This Page (optional)	\$5,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 19 OF 28
FOR LINE NUMBER 11(a)(6)

Contributions from Individuals

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)		C00350926	
A. Full Name, Mailing Address and ZIP Code McCarthy, Merril 22780 Selby Dr. Elkhart IN 46514		Name of Employer Date (month, day, year) 6/30/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Homemaker	Aggregate Year-to-Date > \$2,000.00
B. Full Name, Mailing Address and ZIP Code McCarthy, Merril 22780 Selby Dr. Elkhart IN 46514		Name of Employer Date (month, day, year) 6/30/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Homemaker	Aggregate Year-to-Date > \$2,000.00
C. Full Name, Mailing Address and ZIP Code Merchant, Ward 1901 Greenleaf Blvd. Elkhart IN 46514		Name of Employer Date (month, day, year) 5/2/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Retired	Aggregate Year-to-Date > \$250.00
D. Full Name, Mailing Address and ZIP Code Metzger, Cathy 2141 W. Wildwood Trl. Warsaw IN 46580		Name of Employer Metzger Trucking Date (month, day, year) 6/28/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation President	Aggregate Year-to-Date > \$500.00
E. Full Name, Mailing Address and ZIP Code Miller, Bradford 1841 Greenleaf Blvd. Elkhart IN 46514		Name of Employer Elkhart Steel Service Date (month, day, year) 6/28/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation President	Aggregate Year-to-Date > \$600.00
F. Full Name, Mailing Address and ZIP Code Miller, Charles 1008 E. Jackson Blvd. Elkhart IN 46516		Name of Employer Date (month, day, year) 5/5/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Retired	Aggregate Year-to-Date > \$500.00
G. Full Name, Mailing Address and ZIP Code Miller, David 300 N. Meridian St. Suite 2700 Indianapolis IN 46204		Name of Employer Baker and Daniels Date (month, day, year) 5/30/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Partner	Aggregate Year-to-Date > \$500.00
SUBTOTAL of Receipts This Page (optional)			\$4,250.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miller, Walter 23708 Greenleaf Blvd. Elkhart IN 46514		6/27/2000	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired		
	Aggregate Year-to-Date > \$300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miller, Walter 23706 Greenleaf Blvd. Elkhart IN 46514		5/25/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired		
	Aggregate Year-to-Date > \$300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morrison, Daniel 55105 Colonial Ridge Dr. Bristol IN 46507	Heritage Group	4/24/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Partner		
	Aggregate Year-to-Date > \$500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morse, Charles P.O. Box 209 South Bend IN 46624	The Todd Organization	6/30/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > \$1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mossey, Donald 23805 CR 6 Elkhart IN 46514	Self Employed	6/7/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Business Man		
	Aggregate Year-to-Date > \$2,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mueller, Klaus 703 N. Greene Rd. Goshen IN 46526	KMC	4/13/2000	\$950.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Engineer		
	Aggregate Year-to-Date > \$2,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Myers, Neal 606 Woodbridge Ct. Middlebury IN 46540	Max Myers Motors	4/26/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President		
	Aggregate Year-to-Date > \$1,000.00		

SUBTOTAL of Receipts This Page (optional)	\$4,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 21 OF 28

FOR LINE NUMBER 11(a)(1)

Contributions from Individuals

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) **Chris Chocoi for Congress, Inc.** C00350926

<p>A. Full Name, Mailing Address and ZIP Code Naquin, Thad 22934 Greenleaf Blvd. Eikhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Tom Naquin Chevz</p> <p>Occupation Co-Owner</p> <p>Aggregate Year-to-Date > \$1,200.00</p>	<p>Date (month, day, year) 5/22/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Nickle, Andrew 205 W. Jefferson Suite 600 South Bend IN 46601</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Nickle and Piasecki</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 6/30/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Obrien, James 52403 Spring Wood Ct. Granger IN 46530</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer St. Joseph County</p> <p>Occupation Deputy Prosecuting Atto</p> <p>Aggregate Year-to-Date > \$275.00</p>	<p>Date (month, day, year) 6/20/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Obrien, James 52403 Spring Wood Ct. Granger IN 46530</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer St. Joseph County</p> <p>Occupation Deputy Prosecuting Atto</p> <p>Aggregate Year-to-Date > \$275.00</p>	<p>Date (month, day, year) 6/5/2000</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Obus, Nelson 291 Russell Rd. Princeton NJ 08540</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Wynnefield Capital</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 6/29/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Owens, Charles 2625 Greenleaf Blvd. Eikhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 6/7/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Paters, Joseph 1309 Copley Ct. Goshen IN 46526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer MDK Corporation</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 5/23/2000</p>	<p>Amount of Each Receipt this Period \$150.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1,675.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 22 OF 28

FOR LINE NUMBER

11(a)(1)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350926

<p>A. Full Name, Mailing Address and ZIP Code Payer, Gregory 51200 Shamrock Hills Dr. Granger IN 46530</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Orthopaedics and Sports Med.</p> <p>Occupation Surgeon</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 4/16/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Phelps, Teri 1821 Woodfield Ct. Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Phelps Design</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$300.00</p>	<p>Date (month, day, year) 5/15/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Phillabaum, Paul 10918 N. Southshore Dr. Syracuse IN 46567</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 6/30/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Pletcher, Donald 3037 Twin Pines Dr. Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Damon Corporation</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date > \$2,250.00</p>	<p>Date (month, day, year) 5/19/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Pletcher, Donald 3037 Twin Pines Dr. Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Damon Corporation</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date > \$2,250.00</p>	<p>Date (month, day, year) 6/22/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Pletcher, L. Jean 56099 CR 21 Bristol IN 46507</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$1,050.00</p>	<p>Date (month, day, year) 6/22/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Pletcher, Matt 56235 CR 21 Bristol IN 46507</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Whitcraft and Pletcher</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$600.00</p>	<p>Date (month, day, year) 4/26/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$3,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 23 OF 29

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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)		C00350926		
A. Full Name, Mailing Address and ZIP Code Pletcher, Matt 56235 CR 21 Bristol IN 46507		Name of Employer Whitcraft and Pletcher	Date (month, day, year) 6/7/2000	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Partner	Aggregate Year-to-Date > \$600.00	
B. Full Name, Mailing Address and ZIP Code Pletcher, Thomas 20151 CR 14 Bristol IN 46507		Name of Employer Pletcher Farms Inc.	Date (month, day, year) 6/29/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Owner	Aggregate Year-to-Date > \$1,150.00	
C. Full Name, Mailing Address and ZIP Code Powers, Luann 51885 Meadow Creek Dr. Elkhart IN 46514		Name of Employer	Date (month, day, year) 4/24/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Homemaker	Aggregate Year-to-Date > \$500.00	
D. Full Name, Mailing Address and ZIP Code Raclin, Ernestine P.O. Box 1602 South Bend IN 46634		Name of Employer Retired	Date (month, day, year) 6/19/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Community Leader	Aggregate Year-to-Date > \$2,000.00	
E. Full Name, Mailing Address and ZIP Code Reilly, T.E. 8877 Pickwick Dr. Indianapolis IN 46260		Name of Employer Reilly Industries	Date (month, day, year) 4/27/2000	Amount of Each Receipt this Period \$750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation CEO	Aggregate Year-to-Date > \$1,000.00	
F. Full Name, Mailing Address and ZIP Code Reilly, T.E. 8877 Pickwick Dr. Indianapolis IN 46260		Name of Employer Reilly Industries	Date (month, day, year) 4/27/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation CEO	Aggregate Year-to-Date > \$1,000.00	
G. Full Name, Mailing Address and ZIP Code Riegsecker, Gene 1341 Somerset Ct. Goshan IN 46526		Name of Employer Nuway Construction	Date (month, day, year) 5/26/2000	Amount of Each Receipt this Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Owner	Aggregate Year-to-Date > \$300.00	
SUBTOTAL of Receipts This Page (optional)				\$4,000.00
TOTAL This Period (last page this line number only)				\$4,000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate (check box) for each category of the Detailed Summary Page

PAGE 24 OF 28

FOR LINE NUMBER

11(a)(1)

Contributions from Individuals

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)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rodino, Terry 23393 Shorelane Elkhart IN 46514	Recycled New	5/24/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$350.00	
Rose, Kelly, Mr. 2703 College Ave. Goshen IN 46526	Starcraft Automotive, Inc.	6/28/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Chariman	Aggregate Year-to-Date > \$1,000.00	
Sailor, Vernon 1605 Evergreen Place Elkhart IN 46514		4/20/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$500.00	
Schmuhl, William 15646 Springmill Dr. Mishawaka IN 46545	Haywood Williams	4/26/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation C.E.O.	Aggregate Year-to-Date > \$1,000.00	
Schrock, Larry 81573 County Road 127 Goshen IN 46526	Haus, Inc.	4/14/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President/Co-owner	Aggregate Year-to-Date > \$1,000.00	
Shultz, Thomas 1556 Evergreen Pl. Elkhart IN 46514	Shultz Appraisal	6/26/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$500.00	
Smith, Brian 1726 Lawndale Rd. Elkhart IN 46514	Holly Park	4/24/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$500.00	

SUBTOTAL of Receipts This Page (optional)

\$4,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 25 OF 29

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Smith, Craig 51560 Robin Nest Dr. Granger IN 46530	Almac-Sotebeer	4/24/2000	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Vice-President		
	Aggregate Year-to-Date >	\$250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Smith, Jack Boyd, Jr. P.O. Box 1968 Elkhart IN 46515	Gaska Tape Inc.	6/29/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President		
	Aggregate Year-to-Date >	\$1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sotebeer, John 24384 County Road 18 Elkhart IN 46516	Almac-Sotebeer	4/24/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President		
	Aggregate Year-to-Date >	\$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stroud, Michael 23597 Wilshire Blvd. E. Elkhart IN 46516	NBD Insurance	4/24/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Agent		
	Aggregate Year-to-Date >	\$500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stuff, Kenneth 54940 Woodhold Court Elkhart IN 46516	Syndicate Systems	6/29/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President		
	Aggregate Year-to-Date >	\$1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Swihart, Janet 913 Braxton Ct. Goshen IN 46526		6/28/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker		
	Aggregate Year-to-Date >	\$500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Szalay, Emerick 28555 Rankert Road Walkerton IN 46574	Northern Polymers Inc.	5/9/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President		
	Aggregate Year-to-Date >	\$500.00	

SUBTOTAL of Receipts This Page (optional)	\$4,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 28 OF 29

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350928

A. Full Name, Mailing Address and ZIP Code Talkington, Robert 3213 Cherry Tree Ln. Elkhart IN 46514	Name of Employer Salem Insurance	Date (month, day, year) 6/19/2000	Amount of Each Receipt this Period \$1,000.00
	Occupation Agent	Aggregate Year-to-Date > \$1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

B. Full Name, Mailing Address and ZIP Code Tepe, Elmer 2302 Topsfield Rd. South Bend IN 46614	Name of Employer	Date (month, day, year) 5/15/2000	Amount of Each Receipt this Period \$300.00
	Occupation Retired	Aggregate Year-to-Date > \$300.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

C. Full Name, Mailing Address and ZIP Code Thomas, Michael, Dr. 105 N. Nappanee St. Elkhart IN 46514	Name of Employer Urology Associates	Date (month, day, year) 6/15/2000	Amount of Each Receipt this Period \$1,000.00
	Occupation Doctor	Aggregate Year-to-Date > \$1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

D. Full Name, Mailing Address and ZIP Code Toth, Susan 27432 US 20 South Bend IN 46628	Name of Employer Nat'l Inst. of Trial Industry	Date (month, day, year) 6/7/2000	Amount of Each Receipt this Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

E. Full Name, Mailing Address and ZIP Code Troiz, Gerald 3714 Bent Oak Trail Elkhart IN 46517	Name of Employer Goshen Stamping	Date (month, day, year) 6/30/2000	Amount of Each Receipt this Period \$1,000.00
	Occupation President	Aggregate Year-to-Date > \$1,100.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

F. Full Name, Mailing Address and ZIP Code Troyer, Phyllis 1442 Deerfield Court South Bend IN 46614	Name of Employer	Date (month, day, year) 5/23/2000	Amount of Each Receipt this Period \$300.00
	Occupation	Aggregate Year-to-Date > \$300.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

G. Full Name, Mailing Address and ZIP Code Tucker, Terry 1510 Country Club Dr. Warsaw IN 46580	Name of Employer Maple Leaf Farms	Date (month, day, year) 5/30/2000	Amount of Each Receipt this Period \$250.00
	Occupation President	Aggregate Year-to-Date > \$250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

SUBTOTAL of Receipts This Page (optional)	\$4,100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

Contributions from Individuals

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)

Chris Chocola for Congress, Inc.

C00350928

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vite, Barbara 2851 E. Bristol St. Elkhart IN 46514		6/27/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker	Aggregate Year-to-Date > \$2,000.00	
Vite, Barbara 2851 E. Bristol St. Elkhart IN 46514		6/27/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker	Aggregate Year-to-Date > \$2,000.00	
Vite, Frank 2851 E. Bristol St. Elkhart IN 46514	Century 21 Landmark	6/27/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Broker	Aggregate Year-to-Date > \$2,000.00	
Vite, Frank 2851 E. Bristol St. Elkhart IN 46514	Century 21 Landmark	6/27/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Broker	Aggregate Year-to-Date > \$2,000.00	
Voelker, Louis, Mr. 2171 S. 500 W. La Porte IN 46350	Eichhorn & Eichhorn	6/28/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney	Aggregate Year-to-Date > \$250.00	
Wagner, James 56428 C.R. 21 Bristol IN 46507	Wagner Construction	5/17/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$700.00	
Warning, Anthony 2515 Greenleaf Blvd. Elkhart IN 46514	D and W Inc.	6/19/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President/owner	Aggregate Year-to-Date > \$500.00	

SUBTOTAL of Receipts This Page (optional)

\$4,950.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 28 OF 28

FOR LINE NUMBER 11(a)(9)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code Waring, H.D. 841 Oak St. Elkhart IN 46514	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period \$500.00
	Name of Employer Weed Plywood	Date (month, day, year) 6/19/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$500.00	

B. Full Name, Mailing Address and ZIP Code Weed, David 55066 Colonial Ridge Dr. Bristol IN 46507	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period \$500.00
	Name of Employer Weed Plywood	Date (month, day, year) 6/27/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$650.00	

C. Full Name, Mailing Address and ZIP Code Weed, David 55066 Colonial Ridge Dr. Bristol IN 46507	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period \$150.00
	Name of Employer Weed Plywood	Date (month, day, year) 4/18/2000	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$650.00	

D. Full Name, Mailing Address and ZIP Code Welch, Jacquelin 22712 Weatherby Lane Elkhart IN 46514	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period \$200.00
	Name of Employer Weed Plywood	Date (month, day, year) 5/30/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker	Aggregate Year-to-Date > \$250.00	

E. Full Name, Mailing Address and ZIP Code Welter, Angie 21560 C.R. 10 Elkhart IN 46514	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period \$450.00 In-Kind
	Name of Employer Weed Plywood	Date (month, day, year) 6/7/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker	Aggregate Year-to-Date > \$450.00	

F. Full Name, Mailing Address and ZIP Code Welter, Willy 21027 Riverbrook Lane Bristol IN 46507	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period \$500.00
	Name of Employer Weed Plywood	Date (month, day, year) 5/23/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$500.00	

G. Full Name, Mailing Address and ZIP Code Williams, David P.O. Box 1847 La Porte IN 46352	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period \$250.00
	Name of Employer Weed Plywood	Date (month, day, year) 4/26/2000	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$250.00	

SUBTOTAL of Receipts This Page (optional)	\$2,550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 29 OF 29

FOR LINE NUMBER

11(a)(1)

Contributions from Individuals

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)		C00350926	
Chris Chocola for Congress, Inc.			
A. Full Name, Mailing Address and ZIP Code Woodsmall, James 54671 Colonial Ridge Dr. Bristol IN 46507	Name of Employer Warrick and Boyn	Date (month, day, year) 5/26/2000	Amount of Each Receipt this Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney	Aggregate Year-to-Date > \$300.00	
B. Full Name, Mailing Address and ZIP Code Yoder, Marla 59566 County Road 31 Middlebury IN 46540	Name of Employer	Date (month, day, year) 6/20/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$350.00	
C. Full Name, Mailing Address and ZIP Code Yoder, Martin 13519 CR 20 Middlebury IN 46540	Name of Employer Almar Farm	Date (month, day, year) 6/29/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Owner	Aggregate Year-to-Date > \$500.00	
D. Full Name, Mailing Address and ZIP Code Zappia, Len 52021 Brendan Hills Granger IN 46530	Name of Employer Zappia Flagella&Zappia Attorn.	Date (month, day, year) 6/8/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney	Aggregate Year-to-Date > \$700.00	
E. Full Name, Mailing Address and ZIP Code Zappia, Len 52021 Brendan Hills Granger IN 46530	Name of Employer Zappia Flagella&Zappia Attorn.	Date (month, day, year) 6/20/2000	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney	Aggregate Year-to-Date > \$700.00	
F. Full Name, Mailing Address and ZIP Code Zolman, Vernon 15688 Springmill Dr. Mishawaka IN 46545	Name of Employer Zolman Tire	Date (month, day, year) 6/29/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Owner	Aggregate Year-to-Date > \$500.00	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date >	

SUBTOTAL of Receipts This Page (optional)	\$2,100.00
TOTAL This Period (last page this line number only)	\$127,177.13

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11(b)

Contributions from Party Committees

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) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code Fund, Majority Leader P.O. Box 895 Lewisville TX 75067	Name of Employer US Congress	Date (month, day, year) 5/2/2000	Amount of Each Receipt this Period \$2,099.20
	Occupation Majority Leader	Aggregate Year-to-Date > \$4,999.28	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

B. Full Name, Mailing Address and ZIP Code Indiana Republican, State Committee 200 S. Meridian Suite 400 Indianapolis IN 46225	Name of Employer	Date (month, day, year) 6/26/2000	Amount of Each Receipt this Period \$5,000.00
	Occupation	Aggregate Year-to-Date > \$5,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

C. Full Name, Mailing Address and ZIP Code National Chicken, Council 1015 15th St NW Suite 930 Washington DC 20005	Name of Employer	Date (month, day, year) 5/8/2000	Amount of Each Receipt this Period \$1,000.00
	Occupation	Aggregate Year-to-Date > \$1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

SUBTOTAL of Receipts This Page (optional)	\$8,099.20
TOTAL This Period (last page this one number only)	\$8,099.20

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER

11(c)

Contributions from Other Political Committees

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) **Chris Chocola for Congress, Inc.** C00350926

<p>A. Full Name, Mailing Address and ZIP Code Bob Bouter, Friends Of 521 N. Forest Ave. Mishawaka IN 46545</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date > \$100.00</p>	<p>Date (month, day, year) 6/7/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Committee To Elect, Leslie Mick P.O. Box 583 Mishawaka IN 46546</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date > \$100.00</p>	<p>Date (month, day, year) 6/14/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Elkhart County, Republican Cent P.O. Box 81 Goshen IN 46527</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 5/26/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Elkhart County, Republican Cent P.O. Box 81 Goshen IN 46527</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 6/30/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code First Source Corp., Political Commi P.O. Box 1602 South Bend IN 46834</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 6/19/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Hastert For Congress, Committee P.O. Box 625 Batavia IL 60510</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date > \$2,000.00</p>	<p>Date (month, day, year) 5/2/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Hastert For Congress, Committee P.O. Box 625 Batavia IL 60510</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date > \$2,000.00</p>	<p>Date (month, day, year) 5/2/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$3,700.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER

11(c)

Contributions from Other Political Committees

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) **Chris Chocola for Congress, Inc.** C00350926

<p>A. Full Name, Mailing Address and ZIP Code Hiler For Congress, Committee P.O. Box 639 La Porte IN 46350</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$2,000.00</p>	<p>Date (month, day, year) 5/1/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Hiler For Congress, Committee P.O. Box 639 La Porte IN 46350</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$2,000.00</p>	<p>Date (month, day, year) 6/27/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Keep Our Majority, Pac P.O. Box 864 Washington DC 20044</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$5,000.00</p>	<p>Date (month, day, year) 5/2/2000</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Republican Cent. Com, Third District 555 Michigan Ave. La Porte IN 46350</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$2,000.00</p>	<p>Date (month, day, year) 4/24/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Republican Cent. Com, Third District 555 Michigan Ave. La Porte IN 46350</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$2,000.00</p>	<p>Date (month, day, year) 6/27/2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Republican Majority, Americans For A 1155 21st Street, NW Suite 300 Washington DC 20036</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$5,000.00</p>	<p>Date (month, day, year) 4/28/2000</p>	<p>Amount of Each Receipt this Period \$4,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Varner, Citizens For 1306 Clayton Dr. South Bend IN 46614</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 6/30/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$13,250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$16,950.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 13(a)

Loans Made or Guaranteed by the Candidate

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)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chocola, J. Christopher 20380 CR 14 Bristol IN 46507 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	CTB, Inc. Occupation Chairman of the Board Aggregate Year-to-Date > \$25,000.00	6/30/2000	\$25,000.00 Made by Card
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$25,000.00
TOTAL This Period (last page this line number only)	\$25,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 18

FOR LINE NUMBER

17

Operating Expenditures

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)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Advantage Mail Services P.O. Box 2073 Elkhart IN 46515	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/30/2000	\$401.68
Advantage Mail Services P.O. Box 2073 Elkhart IN 46515	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/13/2000	\$69.76
Advantage Mail Services P.O. Box 2073 Elkhart IN 46515	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/22/2000	\$442.97
American Bottling Company 8258 Zionsville Rd. Indianapolis IN 46268	office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/3/2000	\$450.00
Ameritech N17 W24300 Riverwood Drive Waukesha WI 53188	office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/13/2000	\$1,825.00
Ameritech N17 W24300 Riverwood Drive Waukesha WI 53188	office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$1,251.14
Ameritech N17 W24300 Riverwood Drive Waukesha WI 53188	office Expenses office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/5/2000	\$137.25
Ameritech N17 W24300 Riverwood Drive Waukesha WI 53188	Office Expenses Deposit Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/8/2000	\$1,080.00
Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Other (Enter Description) other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$42.33

SUBTOTAL of Disbursements This Page (optional) >

\$5,700.13

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 18

FOR LINE NUMBER

17

Operating Expenditures

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)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Other (Enter Description)	Date (month, day, year)	Amount of Each Disbursement this Period
Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Gas Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$36.00
Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$29.09
Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$34.10
Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$31.80
Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$1.28
Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$26.02
Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$17.90
Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$32.02
Applegarth, Renee 1510 Michigan Ave. La Porte IN 46350	IN-KIND RECEIVED Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/30/2000	\$830.00

SUBTOTAL of Disbursements This Page (optional)

\$1,038.21

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 18
FOR LINE NUMBER 17

Operating Expenditures

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) **Chris Chocola for Congress, Inc.** **C00350928**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ATT PO Box 9001310 Louisville KY 40290	Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$327.28
ATT PO Box 9001310 Louisville KY 40290	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/30/2000	\$822.64
Blue Chip Photography 316 S. Indiana Ave. Goshan IN 46526	Professional Services Professional Services Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$71.00
Broadwick, Jeff 12461 Frontier Court Granger IN 46530	Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/9/2000	\$100.00
Burkhart Advertising 1335 Mishawaka Ave South Bend IN 46624	Media Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/30/2000	\$3,354.45
Business Communication Center 333 S. Michigan St. South Bend IN 46624	Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/24/2000	\$168.71
Business Communication Center 333 S. Michigan St. South Bend IN 46624	Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$73.23
Business Communication Center 333 S. Michigan St. South Bend IN 46624	Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$131.25
Carlyle Gregory, Jr. 140 Little Fall St., Suite 104 Falls Church VA 22048	Campaign Consultant Campaign consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$2,054.94

SUBTOTAL of Disbursements This Page (optional)	\$7,103.50
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 18

FOR LINE NUMBER

17

Operating Expenditures

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) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Carlyle Gregory, Jr. 140 Little Fall St., Suite 104 Falls Church VA 22046	Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/18/2000	\$2,073.70
Carlyle Gregory, Jr. 140 Little Fall St., Suite 104 Falls Church VA 22046	Campaign Consultant Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$2,114.42
Cash P.O. Box 6728 South Bend IN 46680	office Expenses office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/22/2000	\$100.00
Cash P.O. Box 6728 South Bend IN 46660	Office Expenses Petty Cash Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/26/2000	\$100.00
Citgo Gas Station 65615 SR 15 Goshen IN 46526	Other (Enter Description) Gas Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$36.10
Citgo Gas Station 65615 SR 15 Goshen IN 46526	Other (Enter Description) gas Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$30.00
Citgo Gas Station 65615 SR 15 Goshen IN 46526	Other (Enter Description) other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$29.00
Columbia Club 121 Monument Circle Indianapolis IN 46204	Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$132.10
Columbia Club 121 Monument Circle Indianapolis IN 46204	Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$407.37

SUBTOTAL of Disbursements This Page (optional)

\$5,022.69

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 5 OF 18

FOR LINE NUMBER

17

Operating Expenditures

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)		C00350926	
A. Full Name, Mailing Address and ZIP Code CR Campbell And Sons 3010 Mishawaka Ave. South Bend IN 46615	Purpose of Disbursement Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/1/2000	Amount of Each Disbursement this Period \$147.05
B. Full Name, Mailing Address and ZIP Code Davis, Holly 733 N. Wallace Ave. Indianapolis IN 46201	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/17/2000	Amount of Each Disbursement this Period \$485.99
C. Full Name, Mailing Address and ZIP Code Davis, Holly 733 N. Wallace Ave. Indianapolis IN 46201	Purpose of Disbursement Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 4/19/2000	Amount of Each Disbursement this Period \$1,348.82
D. Full Name, Mailing Address and ZIP Code Davis, Holly 733 N. Wallace Ave. Indianapolis IN 46201	Purpose of Disbursement Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 4/18/2000	Amount of Each Disbursement this Period \$150.00
E. Full Name, Mailing Address and ZIP Code Davis, Holly 733 N. Wallace Ave. Indianapolis IN 46201	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/1/2000	Amount of Each Disbursement this Period \$290.55
F. Full Name, Mailing Address and ZIP Code Delta Airlines 11 Long Wharf Boston MA 02110	Purpose of Disbursement Other (Enter Description) Travel Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/7/2000	Amount of Each Disbursement this Period \$366.00
G. Full Name, Mailing Address and ZIP Code Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Purpose of Disbursement Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 4/18/2000	Amount of Each Disbursement this Period \$150.00
H. Full Name, Mailing Address and ZIP Code Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Purpose of Disbursement Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 4/18/2000	Amount of Each Disbursement this Period \$64.95
I. Full Name, Mailing Address and ZIP Code Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Purpose of Disbursement Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/7/2000	Amount of Each Disbursement this Period \$254.95

SUBTOTAL of Disbursements This Page (optional)	\$3,258.31
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 18

FOR LINE NUMBER

17

Operating Expenditures

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)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Media Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$25.00
Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Media Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$25.00
Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Media Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$50.00
Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Media Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$39.95
Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Media Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$50.00
Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Media Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/13/2000	\$25.00
Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Media Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$175.00
Elkhart Co. Central Committee Street Required City ST 00000	Other (Enter Description) Lincoln Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/19/2000	\$230.00
Elkhart Community Bank 303 S. 3rd St. Elkhart IN 46516	Bank service charge Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/27/2000	\$39.06

SUBTOTAL of Disbursements This Page (optional)

\$659.01

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 7 OF 18
FOR LINE NUMBER 17

Operating Expenditures

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) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Elkhart Community Bank 303 S. 3rd St. Elkhart IN 46516	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$20.00
Elkhart Community Bank 303 S. 3rd St. Elkhart IN 46516	Bank Service Charge Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/5/2000	\$6.86
Express Line- Osceola P.O. Box 222 Osceola IN 46561	Office Expenses Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$26.25
Faulkner, Chris 6515 Summer Place Lane, 3B Granger IN 46530	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/28/2000	\$813.47
Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Campaign Mailings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$34.12
Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$14.33
Heritage Foundation 214 Massachusetts Ave, NE Washington DC 20002	Media Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$34.45
Herschberger, Wes 14631 Falcon Lane Goshen IN 46526	IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/11/2000	\$465.86
Herschberger, Wes 14631 Falcon Lane Goshen IN 46526	IN-KIND RECEIVED Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/11/2000	\$465.86

SUBTOTAL of Disbursements This Page (optional)	\$1,881.20
TOTAL This Period (last page (this line number only))	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 8 OF 18
FOR LINE NUMBER 17

Operating Expenditures

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)

Chris Chocola for Congress, Inc.

C00350928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement IN-KIND RECEIVED	Date (month, day, year)	Amount of Each Disbursement this Period
Hiler, Catherine 2910 York Rd. South Bend IN 46614	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$337.82
Hiler, Jack 2910 York Road South Bend IN 46614	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$1,000.00
Hilton Hotel 101 16 St. NW Washington DC 20036	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$879.50
Hobby Lobby Grape Road Mishawaka IN 46545	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$6.38
Holiday Inn 515 N. Dixie Way South Bend IN 46637	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$361.42
Honkers Restaurant 211 E. Days Rd. Mishawaka IN 46545	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$19.56
IFYR 200 S. Meridian St. Indianapolis IN 46255	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$150.00
Interlogic Systems Inc. P.O. Box 2737 Elkhart IN 46515	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/1/2000	\$3,006.60
Interlogic Systems Inc. P.O. Box 2737 Elkhart IN 46515	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/9/2000	\$97.50

SUBTOTAL of Disbursements This Page (optional)

\$5,858.78

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 18

FOR LINE NUMBER

17

Operating Expenditures

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)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Interlogic Systems Inc. P.O. Box 2737 Elkhart IN 46515	Campaign Workers' Salaries Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/1/2000	\$7,419.72
Interlogic Systems Inc. P.O. Box 2737 Elkhart IN 46515	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$97.50
Interlogic Systems Inc. P.O. Box 2737 Elkhart IN 46515	Campaign workers' Salaries Campaign Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/9/2000	\$7,820.30
Interlogic Systems Inc. P.O. Box 2737 Elkhart IN 46515	Campaign Workers' Salaries Campaign Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/8/2000	\$3,214.49
JP Engraving 726 Middleton Run Road Elkhart IN 46516	Print Ads Print Ads Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$205.00
Key Bank P.O. Box 810012 Toledo OH 43681	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$48.73
Key Bank P.O. Box 810012 Toledo OH 43681	Bank Service Charge Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$29.00
KeyBank Visa P. O. Box 810012 Toledo OH 43681	Office Expenses office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$2,268.15
KeyBank Visa P. O. Box 810012 Toledo OH 43681	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$2,270.35

SUBTOTAL of Disbursements This Page (optional)

\$23,373.24

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 10 OF 18

FOR LINE NUMBER

17

Operating Expenditures

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)

Chris Chocola for Congress, Inc.

C00350928

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Kinkos 2202 South Bend Ave. South Bend IN 46614	Office Expenses office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$3.15
Kinkos 2202 South Bend Ave. South Bend IN 46614	Office Expenses office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$16.38
Kinkos 2202 South Bend Ave. South Bend IN 46614	Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$34.86
Kroger 6325 University Commons South Bend IN 46635	Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$41.58
La Esperanza 1638 N Ironwood Dr. South Bend IN 46635	Other (Enter Description) Food Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$35.51
Lord, Gordon P.O. Box 575 Goshen IN 46526	IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/26/2000	\$1,000.00
Lord, Laurie P.O. Box 575 Goshen IN 46526	IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/26/2000	\$777.59
LS Ayres 6501 N. Grape Rd., Suite 100 South Bend IN 46635	Fundraising Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$83.95
Mazurkiewicz, Jason 1521 Tramont Mishawaka IN 46544	Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$127.50

SUBTOTAL of Disbursements This Page (optional)

\$2,120.52

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF 18

FOR LINE NUMBER

17

Operating Expenditures

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)

Chris Chocola for Congress, Inc.

C00350826

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Mazurkiewicz, Jason 1521 Tremont Mishawaka IN 46544	Office Expenses Copy Max--Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/13/2000	\$15.21
Mazurkiewicz, Jason 1521 Tremont Mishawaka IN 46544	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$61.87
Mishawaka Utilities 126 N. Church St. Mishawaka IN 46546	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/18/2000	\$200.00
Mishawaka Utilities 126 N. Church St. Mishawaka IN 46546	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$221.35
National Media 211 N. Union Street Alexandria VA 22314	Television Ads Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/12/2000	\$50,000.00
Next Day Signs 13565 US 20 Mishawaka IN 46545	Other (Enter Description) other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$183.75
Nipsco PO Box 13007 Merrillville IN 46411	Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$42.33
Nipsco PO Box 13007 Merrillville IN 46411	Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/24/2000	\$5.52
Northwest Airlines Chicago International Airport Chicago IL 60607	Office Expenses Travel Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$474.00

SUBTOTAL of Disbursements This Page (optional)

\$51,204.03

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 12 OF 18

FOR LINE NUMBER

17

Operating Expenditures

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)		C00350928	
A. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/16/2000	Amount of Each Disbursement this Period \$9.17
B. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Office Expenses Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/16/2000	Amount of Each Disbursement this Period \$10.79
C. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Office Expenses Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/16/2000	Amount of Each Disbursement this Period \$23.09
D. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/16/2000	Amount of Each Disbursement this Period \$77.25
E. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/16/2000	Amount of Each Disbursement this Period \$25.38
F. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Office Expenses Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/7/2000	Amount of Each Disbursement this Period \$51.43
G. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement office Expenses Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/7/2000	Amount of Each Disbursement this Period \$94.49
H. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/7/2000	Amount of Each Disbursement this Period \$94.44
I. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/7/2000	Amount of Each Disbursement this Period \$44.06

SUBTOTAL of Disbursements This Page (optional)	\$430.10
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 13 OF 18
FOR LINE NUMBER 17

Operating Expenditures

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)		C00350926	
A. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/7/2000	Amount of Each Disbursement this Period \$10.49
B. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/7/2000	Amount of Each Disbursement this Period \$131.08
C. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/7/2000	Amount of Each Disbursement this Period \$68.84
D. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/16/2000	Amount of Each Disbursement this Period \$15.30
E. Full Name, Mailing Address and ZIP Code Pfister Promotions 54525 Hunters Ct. Elkhart IN 46514	Purpose of Disbursement other (Enter Description) other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 4/13/2000	Amount of Each Disbursement this Period \$164.79
F. Full Name, Mailing Address and ZIP Code Pizza Hut 6305 University Commons South Bend IN 46635	Purpose of Disbursement Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/7/2000	Amount of Each Disbursement this Period \$28.33
G. Full Name, Mailing Address and ZIP Code Pizza Hut 6305 University Commons South Bend IN 46635	Purpose of Disbursement Other (Enter Description) other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/16/2000	Amount of Each Disbursement this Period \$12.59
H. Full Name, Mailing Address and ZIP Code Pizza Hut 6305 University Commons South Bend IN 46635	Purpose of Disbursement Other (Enter Description) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/1/2000	Amount of Each Disbursement this Period \$19.94
I. Full Name, Mailing Address and ZIP Code Pizza Hut 6305 University Commons South Bend IN 46635	Purpose of Disbursement other (Enter Description) volunteer Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/20/2000	Amount of Each Disbursement this Period \$19.93

SUBTOTAL of Disbursements This Page (optional)	\$471.29
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 14 OF 18

FOR LINE NUMBER

17

Operating Expenditures

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)		C00350926	
A. Full Name, Mailing Address and ZIP Code Pizza Hut 6305 University Commons South Bend IN 46635	Purpose of Disbursement Other (Enter Description) Food for Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/29/2000	Amount of Each Disbursement this Period \$34.63
B. Full Name, Mailing Address and ZIP Code Pizza Hut 6305 University Commons South Bend IN 46635	Purpose of Disbursement Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/7/2000	Amount of Each Disbursement this Period \$32.32
C. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Postage Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/7/2000	Amount of Each Disbursement this Period \$165.00
D. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Postage Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/20/2000	Amount of Each Disbursement this Period \$753.13
E. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/16/2000	Amount of Each Disbursement this Period \$266.00
F. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/16/2000	Amount of Each Disbursement this Period \$132.00
G. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/16/2000	Amount of Each Disbursement this Period \$132.00
H. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Postage Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/30/2000	Amount of Each Disbursement this Period \$267.48
I. Full Name, Mailing Address and ZIP Code RCA GE Thompson Street Required Indianapolis IN 46201	Purpose of Disbursement Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/16/2000	Amount of Each Disbursement this Period \$160.70

SUBTOTAL of Disbursements This Page (optional)	\$1,943.26
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 15 OF 18
FOR LINE NUMBER
17

Operating Expenditures

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)		C00350926	
A. Full Name, Mailing Address and ZIP Code RDB Group 1806 N. Calvert St. Arlington VA 22201	Purpose of Disbursement Professional Services Professional Services Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/1/2000	Amount of Each Disbursement this Period \$7,085.85
B. Full Name, Mailing Address and ZIP Code Sams Club Street Required South Bend IN 46616	Purpose of Disbursement Office Expenses Primary Party Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/2/2000	Amount of Each Disbursement this Period \$143.94
C. Full Name, Mailing Address and ZIP Code SC Bodner Company 5240 Nob Lane Indianapolis IN 46226	Purpose of Disbursement Office Rent Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 4/18/2000	Amount of Each Disbursement this Period \$1,616.28
D. Full Name, Mailing Address and ZIP Code SC Bodner Company 5240 Nob Lane Indianapolis IN 46226	Purpose of Disbursement Office Rent Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/2/2000	Amount of Each Disbursement this Period \$1,616.28
E. Full Name, Mailing Address and ZIP Code SC Bodner Company 5240 Nob Lane Indianapolis IN 46226	Purpose of Disbursement Office Rent Office Rent Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/20/2000	Amount of Each Disbursement this Period \$1,616.28
F. Full Name, Mailing Address and ZIP Code Service Printers 28574 Phillips Street Elkhart IN 46514	Purpose of Disbursement Campaign Literature Campaign Literature Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/9/2000	Amount of Each Disbursement this Period \$414.75
G. Full Name, Mailing Address and ZIP Code Service Printers 28574 Phillips Street Elkhart IN 46514	Purpose of Disbursement Office Expenses Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 5/1/2000	Amount of Each Disbursement this Period \$236.25
H. Full Name, Mailing Address and ZIP Code Service Printers 28574 Phillips Street Elkhart IN 46514	Purpose of Disbursement Campaign Mailings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 6/9/2000	Amount of Each Disbursement this Period \$500.00
I. Full Name, Mailing Address and ZIP Code Service Printers 28574 Phillips Street Elkhart IN 46514	Purpose of Disbursement Campaign Literature Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 4/18/2000	Amount of Each Disbursement this Period \$2,459.10

SUBTOTAL of Disbursements This Page (optional)	\$15,688.73
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 15 OF 18

FOR LINE NUMBER

17

Operating Expenditures

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) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Service Printers 26574 Phillips Street Elkhart IN 46514	Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/13/2000	\$673.05
B. Full Name, Mailing Address and ZIP Code Smart Call 3130 S. 11th St. Niles MI 49120	other (Enter Description) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/7/2000	\$52.50
C. Full Name, Mailing Address and ZIP Code Sports Image Apparel 58800 Executive Drive Mishawaka IN 46544	Fundraising other (Enter Description) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/13/2000	\$771.36
D. Full Name, Mailing Address and ZIP Code Sports Image Apparel 58800 Executive Drive Mishawaka IN 46544	Fundraising other (Enter Description) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/13/2000	\$239.66
E. Full Name, Mailing Address and ZIP Code Sprint Phone Comp. P.O. Box 152046 Irving TX 75015	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/30/2000	\$66.02
F. Full Name, Mailing Address and ZIP Code Sprint Printing 1227 W. Beardsley Ave. Elkhart IN 46515	Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/18/2000	\$601.65
G. Full Name, Mailing Address and ZIP Code Sprint Printing 1227 W. Beardsley Ave. Elkhart IN 46515	Campaign Mailings Campaign Mailings Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/16/2000	\$682.61
H. Full Name, Mailing Address and ZIP Code Sprint Printing 1227 W. Beardsley Ave. Elkhart IN 46515	Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$142.80
I. Full Name, Mailing Address and ZIP Code Sprint Printing 1227 W. Beardsley Ave. Elkhart IN 46515	Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	5/1/2000	\$958.65

SUBTOTAL of Disbursements This Page (optional)	\$4,188.30
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 17 OF 18

FOR LINE NUMBER

17

Operating Expenditures

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) **Chris Chocofa for Congress, Inc.** C00350928

<p>A. Full Name, Mailing Address and ZIP Code Sprint Printing 1227 W. Beardsley Ave. Elkhart IN 46515</p>	<p>Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 5/1/2000</p>	<p>Amount of Each Disbursement this Period \$1,088.85</p>
<p>B. Full Name, Mailing Address and ZIP Code Sprint Printing 1227 W. Beardsley Ave. Elkhart IN 46515</p>	<p>Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 4/13/2000</p>	<p>Amount of Each Disbursement this Period \$408.45</p>
<p>C. Full Name, Mailing Address and ZIP Code Tyszka, Nicholas The Jamison House, 5 South Bend IN 46637</p>	<p>Purpose of Disbursement Office Expenses Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 5/16/2000</p>	<p>Amount of Each Disbursement this Period \$95.46</p>
<p>D. Full Name, Mailing Address and ZIP Code Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545</p>	<p>Purpose of Disbursement Other (Enter Description) Other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 5/16/2000</p>	<p>Amount of Each Disbursement this Period \$66.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545</p>	<p>Purpose of Disbursement Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 5/16/2000</p>	<p>Amount of Each Disbursement this Period \$133.20</p>
<p>F. Full Name, Mailing Address and ZIP Code Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545</p>	<p>Purpose of Disbursement Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 5/16/2000</p>	<p>Amount of Each Disbursement this Period \$66.60</p>
<p>G. Full Name, Mailing Address and ZIP Code Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545</p>	<p>Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 6/7/2000</p>	<p>Amount of Each Disbursement this Period \$266.40</p>
<p>H. Full Name, Mailing Address and ZIP Code Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545</p>	<p>Purpose of Disbursement Other (Enter Description) ArmeY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 4/13/2000</p>	<p>Amount of Each Disbursement this Period \$312.67</p>
<p>I. Full Name, Mailing Address and ZIP Code Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545</p>	<p>Purpose of Disbursement Office Expenses office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 5/16/2000</p>	<p>Amount of Each Disbursement this Period \$83.14</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>\$2,520.77</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use a separate schedule for each category of the Detailed Summary Page

PAGE 18 OF 18

FOR LINE NUMBER

17

Operating Expenditures

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) **Chris Chocola for Congress, Inc.** **C00350925**

<p>A. Full Name, Mailing Address and ZIP Code Voter Registration St. Joe 227 W. Jefferson Blvd. South Bend IN 46601</p>	<p>Purpose of Disbursement Voter Registration Materials or Services Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 6/13/2000</p>	<p>Amount of Each Disbursement this Period \$30.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Walgreen University Commons South Bend IN 46635</p>	<p>Purpose of Disbursement Office Expenses Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 6/7/2000</p>	<p>Amount of Each Disbursement this Period \$20.52</p>
<p>C. Full Name, Mailing Address and ZIP Code Walgreen University Commons South Bend IN 46635</p>	<p>Purpose of Disbursement Office Expenses Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 6/7/2000</p>	<p>Amount of Each Disbursement this Period \$32.69</p>
<p>D. Full Name, Mailing Address and ZIP Code Walgreen University Commons South Bend IN 46635</p>	<p>Purpose of Disbursement Media Media Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 5/16/2000</p>	<p>Amount of Each Disbursement this Period \$6.12</p>
<p>E. Full Name, Mailing Address and ZIP Code Welter, Angie 21560 C.R. 10 Elkhart IN 46514</p>	<p>Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 6/7/2000</p>	<p>Amount of Each Disbursement this Period \$450.00</p>
<p>Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement this Period</p>
<p>Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement this Period</p>
<p>Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement this Period</p>
<p>Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement this Period</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>\$539.33</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$133,001.40</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate sheets for each category of the Detailed Secretary Page

PAGE 1 OF 1

FOR LINE NUMBER

20(a)

Refunds of Contributions to Individuals

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)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Banks, Stephan 1504 E. Colfax Ave. South Bend IN 46817	Refund of 3/15/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	4/28/2000	\$50.00
Brambeck, Myra 2808 Martin Manor Dr. Goshen IN 46526	Refund of 6/21/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/21/2000	\$300.00
Pletcher, Donald 3037 Twin Pines Dr. Elkhart IN 46514	Refund of 6/22/2000 Contribution Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	6/29/2000	\$250.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	\$600.00
TOTAL This Period (last page this line number only)	\$600.00

SCHEDULE C

LOANS

(Revised 3/80) Loans owed BY the Committee

Name of Committee (in Full) **Chris Chocola for Congress, Inc.** C00350925

A. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Chocola, J. Christopher 20380 CR 14 PERSONAL FUNDS Bristol, IN 46507	\$25,000.00	\$0.00	\$25,000.00

Election: Primary General Other (Specify):
 Terms: Date Incurred 12/27/1999 Date Due 12/31/2000 Interest Rate 8 %(apr) Secured

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding
			\$0.00
			\$0.00
			\$0.00

B. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Chocola, J. Christopher 20380 CR 14 PERSONAL FUNDS Bristol, IN 46507	\$25,000.00	\$0.00	\$25,000.00

Election: Primary General Other (Specify):
 Terms: Date Incurred 11/23/1999 Date Due 12/31/2000 Interest Rate 8 %(apr) Secured

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding
			\$0.00
			\$0.00
			\$0.00

\$50,000.00

SUBTOTALS This Period This Page (optional)
 TOTALS This Period (last page in this line only)

Carry outstanding balance to LINE 3, Schedule D, for this line, if no Schedule D, carry forward to appropriate line of Summary

SCHEDULE C

LOANS

(Revised 3/80) Loans owed BY the Committee

Name of Committee (In Full) **Chris Chocola for Congress, Inc.** C00350826

A. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Committed Payments To Date	Balance Outstanding at Close of This Period
Chocola, J. Christopher 20380 CR 14 PERSONAL FUNDS Bristol, IN 46507	\$25,000.00	\$0.00	\$25,000.00

Election: Primary General Other (Specify):
 Terms: Date Incurred 6/30/2000 Date Due 12/31/2000 Interest Rate 8 %(apr) Secured

List All Endorsers or Guarantors (if any) to Item

1. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
			\$0.00
2. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
			\$0.00
3. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
			\$0.00

B. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Committed Payments To Date	Balance Outstanding at Close of This Period

Election: Primary General Other (Specify):
 Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) Secured

List All Endorsers or Guarantors (if any) to Item

1. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
2. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
3. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	\$25,000.00
TOTALS This Period (last page in this line only)	\$75,000.00

Carry outstanding balance to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM 4/13/2000 TO 6/30/2000

LINE NUMBER 11
(Use separate schedules for each numbered line)

Name of Committee (in Full) Chris Chocola for Congress, Inc.	00050320	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payments This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Sports Image Apparel 58800 Executive Drive Mishawaka IN 46544		\$0.00	\$2,780.03	\$0.00	\$2,780.03
Nature of Debt (Purpose) Fundraising					
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Pizza Hut 6305 University Commons South Bend IN 46635		\$0.00	\$20.99	\$0.00	\$20.99
Nature of Debt (Purpose) Volunteer Food Other (Enter Description)					
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Postmaster 601 South Main Street Elkhart IN 46516		\$0.00	\$165.00	\$0.00	\$165.00
Nature of Debt (Purpose) Postage					
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Postmaster 601 South Main Street Elkhart IN 46516		\$0.00	\$400.00	\$0.00	\$400.00
Nature of Debt (Purpose) Postage					
E. Full Name, Mailing Address and Zip Code of Debtor or Credit Office Max 5520 Grape Rd. South Bend IN 46635		\$0.00	\$15.80	\$0.00	\$15.80
Nature of Debt (Purpose) Office Expenses					
F. Full Name, Mailing Address and Zip Code of Debtor or Credit Ameritech N17 W24300 Riverwood Drive Waukesha WI 53188		\$0.00	\$265.22	\$0.00	\$265.22
Nature of Debt (Purpose) Office Expenses					

1) SUBTOTALS This Period This Page (optional)	\$3,647.04
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page)	

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM 4/13/2000 TO 6/30/2000

LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full) Chris Chocola for Congress, Inc.	000350226	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Varsity Clubs Of America 3800 N. Main St Mishawaka IN 46545		\$0.00	\$599.40	\$0.00	\$599.40
Nature of Debt (Purpose) Office Expenses					
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Advantage Mail Services David Hedg P.O. Box 2073 Elkhart IN 46515		\$0.00	\$238.02	\$0.00	\$238.02
Nature of Debt (Purpose) Campaign Mailings					
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Pizza Hut 6305 University Commons South Bend IN 46635		\$0.00	\$17.84	\$0.00	\$17.84
Nature of Debt (Purpose) Volunteer Food Other (Enter Description)					
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Westin Hotel W. Washington St. Indianapolis IN 46204		\$0.00	\$158.19	\$0.00	\$158.19
Nature of Debt (Purpose) Travel Expenses Other (Enter Description)					
E. Full Name, Mailing Address and Zip Code of Debtor or Credit Sprint Phone Comp. P.O. Box 152046 Irving TX 75015		\$0.00	\$84.98	\$0.00	\$84.98
Nature of Debt (Purpose) Office Expenses					
F. Full Name, Mailing Address and Zip Code of Debtor or Credit RDB Group 1806 N. Calvert St. Arlington VA 22201		\$0.00	\$8,000.00	\$0.00	\$8,000.00
Nature of Debt (Purpose) Professional Services					

1) SUBTOTALS This Period This Page (optional)	\$9,088.43
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page)	

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM 4/13/2000 TO 6/30/2000

PAGE 1 of 1
 LINE NUMBER 10
 (Use separate schedules for each numbered line)

Name of Committee (in Full) Chris Chocola for Congress, Inc.	00000999	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Cross Oberlie 916 Byrd Ave. Neenah WI 54956		\$0.00	\$225.00	\$0.00	\$225.00
Nature of Debt (Purpose) Campaign Literature					
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Alcatraz Brewing Comp. 49 W. Maryland Indianapolis IN 46204		\$0.00	\$59.71	\$0.00	\$59.71
Nature of Debt (Purpose) Mailing Other (Enter Description)					
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Martin Snappermarket 3900 E. Bristol St. Elkhart IN 46514		\$0.00	\$43.81	\$0.00	\$43.81
Nature of Debt (Purpose) Catering Other (Enter Description)					
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Kroger 6325 University Commons South Bend IN 46635		\$0.00	\$20.25	\$0.00	\$20.25
Nature of Debt (Purpose) Catering Other (Enter Description)					
E. Full Name, Mailing Address and Zip Code of Debtor or Credit Postmaster 601 South Main Street Elkhart IN 46516		\$0.00	\$660.00	\$0.00	\$660.00
Nature of Debt (Purpose) Postage					
F. Full Name, Mailing Address and Zip Code of Debtor or Credit Speedi Sign PO Box 2882 Savannah GA 31402		\$0.00	\$390.00	\$0.00	\$390.00
Nature of Debt (Purpose) Campaign Literature					

1) SUBTOTALS This Period This Page (optional)	\$1,398.77
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D

DEBTS AND OBLIGATIONS

(Revised 3/80) Owed BY the Committee

Excluding Loans

FROM 4/13/2000 TO 6/30/2000

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
000359928 Chris Chabola for Congress, Inc.				
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Sprint Printing Donna Bickel 1227 W. Beardsley Ave. Elkhart IN 46515	\$0.00	\$1,897.88	\$0.00	\$1,897.88
Nature of Debt (Purpose) Campaign Literature				
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Sprint Printing Donna Bickel 1227 W. Beardsley Ave. Elkhart IN 46515	\$183.75	\$0.00	\$0.00	\$183.75
Nature of Debt (Purpose) Fundraising				
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545	\$0.00	\$113.20	\$0.00	\$113.20
Nature of Debt (Purpose) Office Expenses				
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Walgreen University Commons South Bend IN 46635	\$0.00	\$20.96	\$0.00	\$20.96
Nature of Debt (Purpose) Office Expenses				
E. Full Name, Mailing Address and Zip Code of Debtor or Credit Federal Express 3620 Independence Drive Fort Wayne IN 46808	\$0.00	\$21.44	\$0.00	\$21.44
Nature of Debt (Purpose) Campaign Mailings				
F. Full Name, Mailing Address and Zip Code of Debtor or Credit Federal Express 3620 Independence Drive Fort Wayne IN 46808	\$0.00	\$25.34	\$0.00	\$25.34
Nature of Debt (Purpose) Campaign Mailings				

1) SUBTOTALS This Period This Page (optional)	\$2,262.57
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page of	

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM

4/13/2000

TO

6/30/2000

PAGE 5017 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (In Full) Chris Chocola for Congress, Inc.	00095026	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Federal Express 3620 Independence Drive Fort Wayne IN 46808		\$0.00	\$21.44	\$0.00	\$21.44
Nature of Debt (Purpose) Campaign Mailings					
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Federal Express 3620 Independence Drive Fort Wayne IN 46808		\$0.00	\$23.52	\$0.00	\$23.52
Nature of Debt (Purpose) Campaign Mailings					
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Federal Express 3620 Independence Drive Fort Wayne IN 46808		\$0.00	\$21.44	\$0.00	\$21.44
Nature of Debt (Purpose) Campaign Mailings					
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Office Max 5520 Grape Rd. South Bend IN 46635		\$0.00	\$103.92	\$0.00	\$103.92
Nature of Debt (Purpose) Office Expenses					
E. Full Name, Mailing Address and Zip Code of Debtor or Credit Kroger 6325 University Commons South Bend IN 46635		\$0.00	\$9.88	\$0.00	\$9.88
Nature of Debt (Purpose) Office Expenses					
F. Full Name, Mailing Address and Zip Code of Debtor or Credit Kinkos 2202 South Bend Ave. South Bend IN 46614		\$0.00	\$24.89	\$0.00	\$24.89
Nature of Debt (Purpose) Office Expenses					

1) SUBTOTALS This Period This Page (optional)	\$205.09
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page o	

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM 4/13/2000 TO 6/30/2000

PAGE 001 of 1
 LINE NUMBER 10
 (Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
000350828 Chris Chocola for Congress, Inc.				
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	\$0.00	\$24.98	\$0.00	\$24.98
Nature of Debt (Purpose) Gas Other (Enter Description)				
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Nipsco PO Box 13007 Merrillville IN 46411	\$0.00	\$656.69	\$0.00	\$656.69
Nature of Debt (Purpose) Office Expenses				
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Cross And Oberlie 916 Byrd Ave. Neenah WI 54956	\$0.00	\$237.28	\$0.00	\$237.28
Nature of Debt (Purpose) Campaign Literature				
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Citgo Gas Station 65615 SR 15 Goshen IN 46526	\$0.00	\$23.24	\$0.00	\$23.24
Nature of Debt (Purpose) Gas Other (Enter Description)				
E. Full Name, Mailing Address and Zip Code of Debtor or Credit Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	\$0.00	\$36.77	\$0.00	\$36.77
Nature of Debt (Purpose) Gas Other (Enter Description)				
F. Full Name, Mailing Address and Zip Code of Debtor or Credit Capitol Hill Club 300 1st Street SE Washington DC 20005	\$0.00	\$341.20	\$0.00	\$341.20
Nature of Debt (Purpose) Hotel Other (Enter Description)				

1) SUBTOTALS This Period This Page (optional)	\$1,320.16
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page of)	

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM 4/13/2000 TO 6/30/2000

PAGE 2 of 2 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (In Full) Chris Chocola for Congress, Inc.	00030628	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Citgo Gas Station 65615 SR 15 Goshen IN 46526		\$0.00	\$26.00	\$0.00	\$26.00
Nature of Debt (Purpose) Gas Other (Enter Description)					
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Digital Hill Multi-Media SS No. 3 120 N. 5th St., Suite 3 Goshen IN 46526		\$0.00	\$525.00	\$0.00	\$525.00
Nature of Debt (Purpose) Media					
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Mishawaka Utilities 126 N. Church St. Mishawaka IN 46546		\$0.00	\$190.96	\$0.00	\$190.96
Nature of Debt (Purpose) Office Expenses					
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Advantage Mail Services David Hedge P.O. Box 2073 Elkhart IN 46515		\$0.00	\$930.42	\$0.00	\$930.42
Nature of Debt (Purpose) Campaign Mailings					
E. Full Name, Mailing Address and Zip Code of Debtor or Credit Business Communication Center 333 S. Michigan St. South Bend IN 46624		\$0.00	\$207.61	\$0.00	\$207.61
Nature of Debt (Purpose) Office Expenses					
F. Full Name, Mailing Address and Zip Code of Debtor or Credit Kroger 6325 University Commons South Bend IN 46635		\$0.00	\$20.25	\$0.00	\$20.25
Nature of Debt (Purpose) Office Expenses					

1) SUBTOTALS This Period This Page (optional)	\$1,900.24
2) TOTALS This Period (last page in this line only)	\$19,832.30
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	\$75,000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page)	\$94,832.30

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-12-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	7-15-00 DATE PREPARED