

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address **PO Box 659**

City **Logansport** State **IN** Zip Code **46947-0659**

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

Name of Employer **Retired** Occupation **Physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 30 / 2014

Transaction ID : A-CF7022

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Bharat H. Barai M.D.

Mailing Address **9903 Twin Creek Boulevard**

City **Munster** State **IN** Zip Code **46321-4231**

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

Name of Employer **PREMIER ONCOLOGY HEMATOLOGY** Occupation **MED DOCTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 08 / 2014

Transaction ID : A-CF6947

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mark A Barclay

Mailing Address **3215 W US Highway 136**

City **Crawfordsville** State **IN** Zip Code **47933-8540**

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

Name of Employer **Self-Employed** Occupation **Farmer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A-CF6896

Amount of Each Receipt this Period
1000

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

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

4100.00