

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Hoosiers Supporting Buyer For Congress

ADDRESS (number and street) 103 West Broadway St, P.O. Box 712
 Check if different than previously reported. (ACC)
Monticello IN 47960

2. **FEC IDENTIFICATION NUMBER** C00255471
CITY STATE ZIP CODE STATE DISTRICT
IN 04
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 10 01 2009 through 12 31 2009

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 Douglas E. Raderstorf

Signature of Treasurer Electronically Filed by Douglas E. Raderstorf Date 04 15 2010

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Hoosiers Supporting Buyer For Congress

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	91220.53	358870.78
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	91220.53	358870.78
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	66745.23	366676.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	2893.40	7708.42
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	63851.83	358968.57
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	400069.17	
<hr/>		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	3819.77	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Hoosiers Supporting Buyer For Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	42502.10	95853.64
(i) Itemized (use Schedule A).....	6468.43	7892.14
(ii) Unitemized.....	48970.53	103745.78
(iii) TOTAL of contributions from individuals..... ▶	3750.00	6250.00
(b) Political Party Committees.....	38500.00	248125.00
(c) Other Political Committees (such as PACS).....	0.00	750.00
(d) The Candidate.....	91220.53	358870.78
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	2893.40	7708.42
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	206.75	2607.96
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	94320.68	369187.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	66745.23	366676.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	1000.00	3600.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	67745.23	370276.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	373493.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	94320.68
25. SUBTOTAL (add Line 23 and Line 24).....	467814.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67745.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	400069.17

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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 Supporting Buyer For Congress

<p>A. Full Name (Last, First, Middle Initial) Thomas Adams</p> <p>Mailing Address 2514 Reynolds Drive</p> <p>City State Zip Code Winston Salem NC 27104</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Reynolds American</p> <p>Occupation Executive</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9</p> <p>Transaction ID: 91204.C18223</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) John Barnes</p> <p>Mailing Address 6210 Red Alder Drive</p> <p>City State Zip Code Avon IN 46123</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Materials Processing, Inc.</p> <p>Occupation Chairman & CEO</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 9</p> <p>Transaction ID: C18156</p> <p>Amount of Each Receipt this Period 542.86</p> <p>In-Kind</p> <p>Note: food/bev. for fundraiser</p>
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<p>C. Full Name (Last, First, Middle Initial) John Barnes</p> <p>Mailing Address 6210 Red Alder Drive</p> <p>City State Zip Code Avon IN 46123</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Materials Processing, Inc.</p> <p>Occupation Chairman & CEO</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 3010.24</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 9</p> <p>Transaction ID: C18157</p> <p>Amount of Each Receipt this Period 610.24</p> <p>In-Kind</p> <p>Note: food/bev. for fundraiser</p>
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SUBTOTAL of Receipts This Page (optional)	1653.10
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Jon Boisclair
Mailing Address 3041 N Street, NW
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. **C**
Name of Employer Advocacy Group Occupation Partner
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 12 / 22 / 2009
Transaction ID: 00107.C18329
Amount of Each Receipt this Period 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Dennis Brady
Mailing Address 1455 Ocean Drive Apt. 1607
City Miami Beach State FL Zip Code 33139
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt 10 / 30 / 2009
Transaction ID: C18213
Amount of Each Receipt this Period 1500.00
Receipt

C. Full Name (Last, First, Middle Initial)
David Bridges
Mailing Address 1612 North River Rd.
City West Lafayette State IN Zip Code 47906
FEC ID number of contributing federal political committee. **C**
Name of Employer Purdue University Occupation Professor
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 11 / 17 / 2009
Transaction ID: 91231.C18273
Amount of Each Receipt this Period 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 2250.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 7 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Bruce Buchanan
 Mailing Address 4415 S. 200 E.
 City State Zip Code
 Fowler IN 47944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Farmer
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 9
Transaction ID: 91231.C18272
 Amount of Each Receipt this Period
 250.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Nicholas Bumbacco
 Mailing Address 9428 Pebble Beach Dive
 City State Zip Code
 Albuquerque NM 87111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Santa Fe National Tobacco Executive
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9
Transaction ID: 91204.C18226
 Amount of Each Receipt this Period
 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Joe Cain
 Mailing Address 206 Royal Palm Drive
 City State Zip Code
 Fort Lauderdale FL 33301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested retired
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9
Transaction ID: C18218
 Amount of Each Receipt this Period
 2300.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **3050.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 8 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Merlene Cain

Mailing Address 206 Royal Palm Drive

City State Zip Code
Fort Lauderdale FL 33301

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

Name of Employer Information Requested Occupation
retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: C18219

Amount of Each Receipt this Period
2300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Vernon Clark

Mailing Address P.O. Box 3385

City State Zip Code
Stateline NV 89449

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

Name of Employer self Occupation
Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 91231.C18279

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Robin Gaido

Mailing Address 206 Royal Palm Drive

City State Zip Code
Fort Lauderdale FL 33301

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

Name of Employer Information Requested Occupation
Information Requested

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: C18217

Amount of Each Receipt this Period
2300.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **5600.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Karl Gallant

Mailing Address 9506 Gauge Drive

City State Zip Code
Fairfax VA 22039

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation
Occupation Executive

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9
Transaction ID: 91204.C18227
 Amount of Each Receipt this Period
1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Lester Groves

Mailing Address 1170 Batson Mill Road

City State Zip Code
Charlotte TN 37036

FEC ID number of contributing federal political committee. C

Name of Employer Conwood Company Occupation
Occupation Executive

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9
Transaction ID: 91204.C18225
 Amount of Each Receipt this Period
500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Timothy Hecht

Mailing Address 520 Brentwood Court NW

City State Zip Code
Vienna VA 22180

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
Occupation Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9
Transaction ID: 91231.C18277
 Amount of Each Receipt this Period
500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Daniel Herko

Mailing Address 1005 Weatherford Trail

City Lewisville State NC Zip Code 27023

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

Name of Employer R.J. Reynolds Tobacco Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 91204.C18222
 Amount of Each Receipt this Period: 500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Susan Ivey

Mailing Address 900 Arbor Road

City Winston Salem State NC Zip Code 27104

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

Name of Employer Reynolds American Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 91204.C18228
 Amount of Each Receipt this Period: 1000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Arnold Katz

Mailing Address 1270 Round Hill Rd.

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer Brokerage Concepts, Inc Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 00107.C18295
 Amount of Each Receipt this Period: 200.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1700.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 70 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

<p>A. Full Name (Last, First, Middle Initial) Bunnie Katz</p> <p>Mailing Address 1270 Round Hill Road</p> <p>City State Zip Code Bryn Mawr PA 19010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self Occupation self owner</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2400.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 00107.C18296</p> <p>Amount of Each Receipt this Period 2400.00 </p> <p>Receipt</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	2	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	2	2	/	2	0	0	9												

<p>B. Full Name (Last, First, Middle Initial) Joe Kotso</p> <p>Mailing Address 900 Ridge Rd., Suite A 1919 Miramar Rd.</p> <p>City State Zip Code Munster IN 46321</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self Occupation self Realtor</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: C18212</p> <p>Amount of Each Receipt this Period 1000.00 </p> <p>Receipt</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	6	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	6	/	2	0	0	9												

<p>C. Full Name (Last, First, Middle Initial) Bruce Leetz</p> <p>Mailing Address P.O. Box 1123</p> <p>City State Zip Code Valparaiso IN 46383</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self Occupation North Coast Distributing, Inc Beer Distributor</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: C18209</p> <p>Amount of Each Receipt this Period 250.00 </p> <p>Receipt</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	6	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	6	/	2	0	0	9												

SUBTOTAL of Receipts This Page (optional)	3650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 70
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Daniel Lehman

Mailing Address 7632 Almaden Court

City State Zip Code
Indianapolis IN 46278

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

Name of Employer Occupation
Ortholndy Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: C18211

Amount of Each Receipt this Period
250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Jimmy Lunsford

Mailing Address 2294 South Rd. 300 East

City State Zip Code
Danville IN 46122

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

Name of Employer Occupation
Information Requested retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: C18208

Amount of Each Receipt this Period
200.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Vince Marino

Mailing Address 647 Island Park Drive

City State Zip Code
Charleston SC 29492

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

Name of Employer Occupation
self owner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 00107.C18298

Amount of Each Receipt this Period
2400.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **2850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Vince Marino

Mailing Address 647 Island Park Drive

City Charleston State SC Zip Code 29492

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

Name of Employer self Occupation owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 12 / 22 / 2009
Transaction ID: 00107.C18297
 Amount of Each Receipt this Period 2400.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Vincent Marino

Mailing Address 108 Dalton Street

City Daniel Island State SC Zip Code 29492

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

Name of Employer Information Requested Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 12 / 22 / 2009
Transaction ID: 00107.C18299
 Amount of Each Receipt this Period 2400.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Vincent Marino

Mailing Address 108 Dalton Street

City Daniel Island State SC Zip Code 29492

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

Name of Employer Information Requested Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 12 / 22 / 2009
Transaction ID: 00107.C18300
 Amount of Each Receipt this Period 2400.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **7200.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Mary Anne Payne

Mailing Address 113 McMichael Court

City State Zip Code
Clemmons NC 27012

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

Name of Employer Reynolds American Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: 91204.C18224

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mark Peters

Mailing Address 5488 Birmingham Court

City State Zip Code
Winston Salem NC 27106

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

Name of Employer Reynolds American Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: 91204.C18221

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kyle Queen

Mailing Address 901 North Birch Road
Apt. D7

City State Zip Code
Fort Lauderdale FL 33304

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: C18220

Amount of Each Receipt this Period
2300.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Hugh Richardson

Mailing Address 20550 Falcons Landing Circle Apt 5

City State Zip Code
Potomac Falls VA 20165

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

Name of Employer Information Requested Occupation
retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Nancy Sturgeon

Mailing Address 1104 Glousman Road

City State Zip Code
Winston Salem NC 27104

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

Name of Employer Information Requested Occupation
R.J. Reynolds Tobacco Executive

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Steve Tough

Mailing Address 8125 Macargo Court

City State Zip Code
Granite Bay CA 95746

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

Name of Employer Information Requested Occupation
self Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Americas Health Insurance Plans PAC

Mailing Address 601 Pennsylvania Ave. NW
South Building, Suite 500

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106740

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: C18109
 Amount of Each Receipt this Period: 500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
American Academy of Otolaryngology PAC

Mailing Address 316 Pennsylvania Ave. SE
Suite 501

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 91204.C18237
 Amount of Each Receipt this Period: 1000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
American Academy of Otolaryngology PAC

Mailing Address 316 Pennsylvania Ave. SE
Suite 501

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 91231.C18255
 Amount of Each Receipt this Period: 1500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
American Assoc. of Orthopaedic Surgeons

Mailing Address 317 Massachussets Ave. NE
Suite 100

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 8 / 2 0 0 9

Transaction ID: 00107.C18326

Amount of Each Receipt this Period
 1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
American Association of

Mailing Address Nurse Anesthetis PAC
25 Massachusetts Ave. NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 9

Transaction ID: 91231.C18274

Amount of Each Receipt this Period
 1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
American College of Radiology Assoc. PAC

Mailing Address 505 9th Street NW
Suite 610

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 8 / 2 0 0 9

Transaction ID: 00107.C18327

Amount of Each Receipt this Period
 2000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
American Health Care

Mailing Address Association PAC
1201 L Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 8 / 2 0 0 9

Transaction ID: 00107.C18324

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Boehringer Ingelheim Pharmaceuticals

Mailing Address 1201 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00420398

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: 91204.C18234

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Build PAC of the National Assoc.

Mailing Address of Home Builders
1201 15th St., NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 8 / 2 0 0 9

Transaction ID: 00107.C18325

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Dealers Election Action Committee

Mailing Address of the NADA
8400 Westpark Dr.

City State Zip Code
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 11 / 17 / 2009
Transaction ID: 91231.C18275
 Amount of Each Receipt this Period: 1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Eli Lilly Company PAC

Mailing Address 555 12th St., NW
Suite 650

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 30 / 2009
Transaction ID: 91204.C18230
 Amount of Each Receipt this Period: 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Eli Lilly Company PAC

Mailing Address 555 12th St., NW
Suite 650

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 30 / 2009
Transaction ID: 91204.C18235
 Amount of Each Receipt this Period: 1500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Health Net Federal Services PAC

Mailing Address 2107 Wilson Blvd.

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00342402

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 12 / 22 / 2009
Transaction ID: 00107.C18289
 Amount of Each Receipt this Period 3000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Healthcare Distribution Management Assoc

Mailing Address 901 North Glebe Road Suite 1000

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00247569

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2009
Transaction ID: C18114
 Amount of Each Receipt this Period 1000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Jacobs Good Government Fund

Mailing Address 1111 S. Arroyo Parkway

City Pasadena State CA Zip Code 91105

FEC ID number of contributing federal political committee. **C** C00142299

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 22 / 2009
Transaction ID: 00107.C18284
 Amount of Each Receipt this Period 1000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Johnson & Johnson Employees Good

Mailing Address Government Fund
One Johnson & Johnson Plaza.

City State Zip Code
New Brunswick NJ 08933-7204

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: 00107.C18287

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
King & Spalding Nonpartisan Committee

Mailing Address 1700 Pennsylvania Ave. NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00204453

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: 91231.C18280

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Land OLakes PAC

Mailing Address P.O. Box 64101

City State Zip Code
Saint Paul MN 55164

FEC ID number of contributing federal political committee. **C** C00009423

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Transaction ID: C18110

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Microsoft Corp. Pac

Mailing Address 1401 Eye Street NW
Suite 500

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 6 / 2 0 0 9

Transaction ID: C18115

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
National Assoc. for Uniformed Services

Mailing Address 5535 Hempstead Way

City Springfield State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C** C00086348

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 6 / 2 0 0 9

Transaction ID: C18112

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
National Cable & Telecommunications

Mailing Address Assoc. PAC
25 Massachusette Ave. NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 9

Transaction ID: 00107.C18286

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

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

Mailing Address Assoc. PAC
205 Daingerfield Rd.

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 6 / 2 0 0 9

Transaction ID: C18113

Amount of Each Receipt this Period
 1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Neurosurgery PAC

Mailing Address 5550 Meadowbrook Court

City Rolling Meadows State IL Zip Code 60008

FEC ID number of contributing federal political committee. **C** C00413955

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: 91204.C18238

Amount of Each Receipt this Period
 1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Nisource Inc. Pac

Mailing Address 200 Civic Center Drive

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00051979

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 6 / 2 0 0 9

Transaction ID: C18111

Amount of Each Receipt this Period
 1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Novartis Corporation PAC

Mailing Address 701 Pennsylvania Ave., NW
Suite 725

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00033969

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 91204.C18231
 Amount of Each Receipt this Period: 1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Pharmaceutical Research & Manufacturers

Mailing Address of America Better Gov. Com.
1100- 15th St., NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00021972

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 91204.C18232
 Amount of Each Receipt this Period: 1000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Verizon Communications Inc. Good

Mailing Address Government Club PAC
1300 I Street, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 00107.C18285
 Amount of Each Receipt this Period: 2000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Wiley Rein PAC

Mailing Address 1776 K Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 9

Transaction ID: 00107.C18288

Amount of Each Receipt this Period
1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Zeneca Inc. PAC

Mailing Address 701 Pennsylvania Aveune, NW
Suite 500

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00279455

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: 91204.C18236

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	38500.00

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

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

FOR LINE NUMBER: PAGE 28 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Galloway for Sheriff
Mailing Address 36 Blvd. Motiff
City Brownsburg State IN Zip Code 46112
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9
Transaction ID: 91231.C18271
Amount of Each Receipt this Period
250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Hershman for Senate
Mailing Address P.O. Box 189
City Monticello State IN Zip Code 47960
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9
Transaction ID: 00122.C18334
Amount of Each Receipt this Period
3500.00
Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3750.00
TOTAL This Period (last page this line number only)	▶	3750.00

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

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

FOR LINE NUMBER: PAGE 29 / 70

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Stephen Buyer

Mailing Address 200 North Main St.

City State Zip Code
Monticello IN 47960-

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

Name of Employer Occupation
United States Government 4th District Congressman

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1563.80

Date of Receipt

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

Transaction ID: 00107.C18282

Amount of Each Receipt this Period

1200.00

Offsets to Operating Expenditure

B.

Full Name (Last, First, Middle Initial)
Stephen Buyer

Mailing Address 200 North Main St.

City State Zip Code
Monticello IN 47960-

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

Name of Employer Occupation
United States Government 4th District Congressman

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2402.42

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00107.C18306

Amount of Each Receipt this Period

838.62

Offsets to Operating Expenditure

C.

Full Name (Last, First, Middle Initial)
Lancelots Castles

Mailing Address 4116 South 3rd Street

City State Zip Code
Jacksonville Beach FL 32250-

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

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00107.C18308

Amount of Each Receipt this Period

500.00

Offsets to Operating Expenditure

SUBTOTAL of Receipts This Page (optional)

2538.62

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 70
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Wells Fargo		Date of Receipt
	Mailing Address 119 North Main Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Monticello	IN	47960-6748
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 00107.C18314
Receipt For: 2010		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="2395.77"/>	<input type="text" value="354.78"/>
<input type="checkbox"/> Other (specify) ▼			Offsets to Operating Expenditure
			Note: checks never cleared

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="354.78"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2893.40"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Wells Fargo

Mailing Address 119 North Main Street

City Monticello State IN Zip Code 47960-6748

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2083.02

Date of Receipt: 10 / 30 / 2009
Transaction ID: C18106
 Amount of Each Receipt this Period: 8.53
 Other Receipt
 note: October interest

B. Full Name (Last, First, Middle Initial)
Wells Fargo

Mailing Address 119 North Main Street

City Monticello State IN Zip Code 47960-6748

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2092.04

Date of Receipt: 11 / 30 / 2009
Transaction ID: 91231.C18281
 Amount of Each Receipt this Period: 9.02
 Other Receipt
 Note: November interest

C. Full Name (Last, First, Middle Initial)
Wells Fargo

Mailing Address 119 North Main Street

City Monticello State IN Zip Code 47960-6748

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2260.08

Date of Receipt: 12 / 31 / 2009
Transaction ID: 00107.C18307
 Amount of Each Receipt this Period: 168.04
 Other Receipt
 Note: interest

SUBTOTAL of Receipts This Page (optional) ► **185.59**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 70	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial) Wells Fargo		Date of Receipt
Mailing Address 119 North Main Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
City	State	Zip Code
Monticello	IN	47960-6748
FEC ID number of contributing federal political committee.		Transaction ID: 00107.C18330
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="9.77"/>
Occupation		Other Receipt
Receipt For: 2010		Note: December interest
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	
<input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	
	<input type="text" value="2269.85"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="9.77"/>
TOTAL This Period (last page this line number only)	<input type="text" value="195.36"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address City State Zip Code Grand Rapids OH 43522- Purpose of Disbursement fundraiser gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8867 Date of Disbursement 11 / 23 / 2009 Amount of Each Disbursement this Period 423.56 FUNDRAISER GIFTS
B.	Full Name (Last, First, Middle Initial) Aristotle International, Inc. Mailing Address 205 Pennsylvania Avenue, S.E. City State Zip Code Washington DC 20003-1164 Purpose of Disbursement technical support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8925 Date of Disbursement 11 / 10 / 2009 Amount of Each Disbursement this Period 862.50 TECHNICAL SUPPORT
C.	Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 27-680 City State Zip Code Kansas City MO 64180- Purpose of Disbursement cell phone expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8875 Date of Disbursement 11 / 23 / 2009 Amount of Each Disbursement this Period 123.64 CELL PHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

1409.70

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) AT&T Wireless	Transaction ID: E8822
	Mailing Address P.O. Box 8220	Date of Disbursement 10 / 13 / 2009
	City Fox Valley State IL Zip Code 60572-	Amount of Each Disbursement this Period 121.50
	Purpose of Disbursement cell phone expense	CELL PHONE EXPENSE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John Barnes	Transaction ID: C181561K
	Mailing Address 6210 Red Alder Drive	Date of Disbursement 10 / 08 / 2009
	City Avon State IN Zip Code 46123-	Amount of Each Disbursement this Period 542.86
	Purpose of Disbursement Note: food/bev. for fundraiser	IN KIND: NOTE: FOOD/BEV. FOR FUNDRAISER
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Barnes	Transaction ID: C181571K
	Mailing Address 6210 Red Alder Drive	Date of Disbursement 10 / 09 / 2009
	City Avon State IN Zip Code 46123-	Amount of Each Disbursement this Period 610.24
	Purpose of Disbursement Note: food/bev. for fundraiser	IN KIND: NOTE: FOOD/BEV. FOR FUNDRAISER
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1274.60
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Toby & Karen Burkhardt	Transaction ID: E8821 Date of Disbursement 10 / 13 / 2009
	Mailing Address 402 Ruddell Dr.	Amount of Each Disbursement this Period 1250.00
	City Kokomo State IN Zip Code 46901-	
	Purpose of Disbursement fundraiser gifts Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISER GIFTS

B.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: E8813 Date of Disbursement 10 / 13 / 2009
	Mailing Address 300 1st. St., S.E.	Amount of Each Disbursement this Period 634.40
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement food & bev. expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FOOD & BEV. EXPENSE

C.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: 91231.E8914 Date of Disbursement 11 / 06 / 2009
	Mailing Address 300 1st. St., S.E.	Amount of Each Disbursement this Period 928.11
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement food & bev. expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FOOD & BEV. EXPENSE

SUBTOTAL of Disbursements This Page (optional)	2812.51
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

<p>A. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st. St., S.E.</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement food & bev. expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91231.E8876</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="184.97"/></p> <p>FOOD & BEV. EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) Century Link</p> <p>Mailing Address P.O. Box 74517</p> <p>City Atlanta State GA Zip Code 30374-</p> <p>Purpose of Disbursement phone bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E8826</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="665.32"/></p> <p>PHONE BILL</p>
<p>C. Full Name (Last, First, Middle Initial) Century Link</p> <p>Mailing Address P.O. Box 74517</p> <p>City Atlanta State GA Zip Code 30374-</p> <p>Purpose of Disbursement phone bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91231.E8896</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="565.87"/></p> <p>PHONE BILL</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1416.16"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 70

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Century Link Mailing Address P.O. Box 74517 City Atlanta State GA Zip Code 30374- Purpose of Disbursement phone bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8870 Date of Disbursement 11 / 23 / 2009 Amount of Each Disbursement this Period 537.87 PHONE BILL	
B.	Full Name (Last, First, Middle Initial) Comcast Mailing Address City Monticello State IN Zip Code 47960- Purpose of Disbursement cable service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8895 Date of Disbursement 11 / 06 / 2009 Amount of Each Disbursement this Period 78.62 CABLE SERVICE	
C.	Full Name (Last, First, Middle Initial) Comcast Mailing Address City Monticello State IN Zip Code 47960- Purpose of Disbursement cable services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8869 Date of Disbursement 11 / 23 / 2009 Amount of Each Disbursement this Period 78.62 CABLE SERVICES	

SUBTOTAL of Disbursements This Page (optional) ▶

695.11

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

<p>A. Full Name (Last, First, Middle Initial) Corporate Card</p> <p>Mailing Address P.O. Box 10347</p> <p>City Des Moines State IA Zip Code 50306-</p> <p>Purpose of Disbursement see below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E8829</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9687.01"/></p> <p>SEE BELOW</p>
<p>B. Full Name (Last, First, Middle Initial) Aardvark Electronics</p> <p>Mailing Address 824 North 6th Street</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E8838</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.70"/></p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES</p>
<p>C. Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E8837</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p> <p>[MEMO ITEM] MEMO: AIRFARE</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="9687.01"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Battlefield <hr/> Mailing Address 5851 St. Rd. 43 N. <hr/> City West Lafayette State IN Zip Code 47906- <hr/> Purpose of Disbursement gasoline Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E8830 Date of Disbursement 10 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 119.06 <hr/> [MEMO ITEM] MEMO: GASOLINE
B.	Full Name (Last, First, Middle Initial) Bistro Bis <hr/> Mailing Address 15 E Strret Northeast <hr/> City Washington State DC Zip Code 20001- <hr/> Purpose of Disbursement food & bev. expense Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8872 Date of Disbursement 11 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 1314.40 <hr/> [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
C.	Full Name (Last, First, Middle Initial) Dallas National Golf <hr/> Mailing Address <hr/> City Dallas State TX Zip Code 75200- <hr/> Purpose of Disbursement green fees Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E8842 Date of Disbursement 10 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 100.67 <hr/> [MEMO ITEM] MEMO: GREEN FEES

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Family Express	Transaction ID: E8832 Date of Disbursement 10 / 05 / 2009
	Mailing Address	
	City: Lafayette State: IN Zip Code: 47902-	Amount of Each Disbursement this Period 86.30
	Purpose of Disbursement: gasoline Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: GASOLINE

B.	Full Name (Last, First, Middle Initial) Godaddy.com	Transaction ID: E8846 Date of Disbursement 10 / 05 / 2009
	Mailing Address	
	City: State: Zip Code:	Amount of Each Disbursement this Period 19.99
	Purpose of Disbursement: website Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: WEBSITE

C.	Full Name (Last, First, Middle Initial) Main Street Station	Transaction ID: E8833 Date of Disbursement 10 / 05 / 2009
	Mailing Address	
	City: Monticello State: IN Zip Code: 47960-	Amount of Each Disbursement this Period 52.28
	Purpose of Disbursement: gasoline Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: GASOLINE

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Shell Station Mailing Address City State Zip Code Lafayette IN 47903- Purpose of Disbursement gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E8854 Date of Disbursement 10 / 05 / 2009 Amount of Each Disbursement this Period 54.31 [MEMO ITEM] MEMO: GASOLINE	
B.	Full Name (Last, First, Middle Initial) Corporate Card Mailing Address P.O. Box 10347 City State Zip Code Des Moines IA 50306- Purpose of Disbursement see below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8889 Date of Disbursement 11 / 05 / 2009 Amount of Each Disbursement this Period 670.73 SEE BELOW	
C.	Full Name (Last, First, Middle Initial) Corporate Card Mailing Address P.O. Box 10347 City State Zip Code Des Moines IA 50306- Purpose of Disbursement see below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8871 Date of Disbursement 11 / 05 / 2009 Amount of Each Disbursement this Period 1427.18 SEE BELOW	

SUBTOTAL of Disbursements This Page (optional) ▶

2097.91

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial) Family Express <hr/> Mailing Address <hr/> City Lafayette State IN Zip Code 47902- <hr/> Purpose of Disbursement gasoline Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8885 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 51.51
	[MEMO ITEM] MEMO: GASOLINE
	Category/ Type
B. Full Name (Last, First, Middle Initial) Jacksonville Jaguars <hr/> Mailing Address <hr/> City Jacksonville State FL Zip Code 32099- <hr/> Purpose of Disbursement fundraising tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8884 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1600.00
	[MEMO ITEM] MEMO: FUNDRAISING TICKETS
	Category/ Type
C. Full Name (Last, First, Middle Initial) Johnnys Half Shell <hr/> Mailing Address 400 North Capitol Street NW <hr/> City Washington State DC Zip Code 20001- <hr/> Purpose of Disbursement food & bev. expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8888 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 788.00
	[MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address St. Rd. 24 City Monticello State IN Zip Code 47960- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8887 Date of Disbursement 11 / 17 / 2009	Amount of Each Disbursement this Period 89.54 [MEMO ITEM] MEMO: OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Corporate Card Mailing Address P.O. Box 10347 City Des Moines State IA Zip Code 50306- Purpose of Disbursement see below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8898 Date of Disbursement 11 / 23 / 2009	Amount of Each Disbursement this Period 2008.89 SEE BELOW
C.	Full Name (Last, First, Middle Initial) American Airlines Mailing Address City Washington State DC Zip Code 20005- Purpose of Disbursement airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8904 Date of Disbursement 11 / 23 / 2009	Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶

2008.89

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Budget Rent-A-Car Mailing Address N/A City Miami State FL Zip Code 33189- Purpose of Disbursement car rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8908 Date of Disbursement 11 / 23 / 2009	Amount of Each Disbursement this Period 412.23 [MEMO ITEM] MEMO: CAR RENTAL
B.	Full Name (Last, First, Middle Initial) Family Express Mailing Address City Lafayette State IN Zip Code 47902- Purpose of Disbursement gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8909 Date of Disbursement 11 / 23 / 2009	Amount of Each Disbursement this Period 48.30 [MEMO ITEM] MEMO: GASOLINE
C.	Full Name (Last, First, Middle Initial) Godaddy.com Mailing Address City State Zip Code Purpose of Disbursement website Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8913 Date of Disbursement 11 / 23 / 2009	Amount of Each Disbursement this Period 19.99 [MEMO ITEM] MEMO: WEBSITE

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Marriott Hotels <hr/> Mailing Address <hr/> City: Indianapolis State: IN Zip Code: 46201- Purpose of Disbursement: hotel expense Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8906 Date of Disbursement 11 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 449.40 <hr/> [MEMO ITEM] MEMO: HOTEL EXPENSE
B.	Full Name (Last, First, Middle Initial) Shell Station <hr/> Mailing Address <hr/> City: Lafayette State: IN Zip Code: 47903- Purpose of Disbursement: gasoline Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8901 Date of Disbursement 11 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 67.44 <hr/> [MEMO ITEM] MEMO: GASOLINE
C.	Full Name (Last, First, Middle Initial) Target <hr/> Mailing Address <hr/> City: Lafayette State: IN Zip Code: 47905- Purpose of Disbursement: office supplies Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8899 Date of Disbursement 11 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 233.14 <hr/> [MEMO ITEM] MEMO: OFFICE SUPPLIES

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
U.S. House Members Dinner

Mailing Address B-217 Longworth Bldg.

City Washington State DC Zip Code 20002-

Purpose of Disbursement
food & bev. expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 91231.E8903

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	9	9

Amount of Each Disbursement this Period

23.85

[MEMO ITEM]

MEMO: FOOD & BEV. EXPENSE

B.

Full Name (Last, First, Middle Initial)
Corporate Card

Mailing Address P.O. Box 10347

City Des Moines State IA Zip Code 50306-

Purpose of Disbursement
see below

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00107.E8938

Date of Disbursement

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

Amount of Each Disbursement this Period

9876.08

SEE BELOW

C.

Full Name (Last, First, Middle Initial)
Battlefield

Mailing Address 5851 St. Rd. 43 N.

City West Lafayette State IN Zip Code 47906-

Purpose of Disbursement
gasoline

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00107.E8954

Date of Disbursement

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

Amount of Each Disbursement this Period

51.25

[MEMO ITEM]

MEMO: GASOLINE

SUBTOTAL of Disbursements This Page (optional) ▶

9876.08

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Capital Grille Mailing Address 601 Pennsylvania Ave., NW City Washington State DC Zip Code 20004- Purpose of Disbursement food & bev. expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8952 Date of Disbursement 12 / 09 / 2009 Amount of Each Disbursement this Period 518.35 [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE	
B.	Full Name (Last, First, Middle Initial) Conrad Hotel Mailing Address 50 West Washington Street City Indianapolis State IN Zip Code 46204- Purpose of Disbursement hotel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8953 Date of Disbursement 12 / 09 / 2009 Amount of Each Disbursement this Period 480.17 [MEMO ITEM] MEMO: HOTEL EXPENSE	
C.	Full Name (Last, First, Middle Initial) Dallas National Golf Mailing Address City Dallas State TX Zip Code 75200- Purpose of Disbursement green fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8955 Date of Disbursement 12 / 09 / 2009 Amount of Each Disbursement this Period 162.38 [MEMO ITEM] MEMO: GREEN FEES	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial) Dicks Sporting Mailing Address City State Zip Code Lafayette IN 47905- Purpose of Disbursement fundraiser supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8948 Date of Disbursement 12 / 09 / 2009
	Amount of Each Disbursement this Period 170.13 [MEMO ITEM] MEMO: FUNDRAISER SUPPLIES

B. Full Name (Last, First, Middle Initial) Family Express Mailing Address City State Zip Code Lafayette IN 47902- Purpose of Disbursement gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8945 Date of Disbursement 12 / 09 / 2009
	Amount of Each Disbursement this Period 59.78 [MEMO ITEM] MEMO: GASOLINE

C. Full Name (Last, First, Middle Initial) Godaddy.com Mailing Address City State Zip Code Purpose of Disbursement website Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8959 Date of Disbursement 12 / 09 / 2009
	Amount of Each Disbursement this Period 19.99 [MEMO ITEM] MEMO: WEBSITE

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Hertz Rent-A-Car Mailing Address City: Jacksonville State: FL Zip Code: 32201- Purpose of Disbursement: rental car Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8943 Date of Disbursement 12 / 09 / 2009	Amount of Each Disbursement this Period 151.32 [MEMO ITEM] MEMO: RENTAL CAR
B.	Full Name (Last, First, Middle Initial) Muirfield Village Golf Club Mailing Address: 5750 Memorial Drive City: Dublin State: OH Zip Code: 43017- Purpose of Disbursement: hotel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8939 Date of Disbursement 12 / 09 / 2009	Amount of Each Disbursement this Period 571.12 [MEMO ITEM] MEMO: HOTEL EXPENSE
C.	Full Name (Last, First, Middle Initial) Northwest Airlines Mailing Address City: Indianapolis State: IN Zip Code: 46240- Purpose of Disbursement: airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8940 Date of Disbursement 12 / 09 / 2009	Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO: AIRFARE

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Robert Trent Jones Golf Mailing Address One Turtle Point Dr. City Lake Manassas State VA Zip Code 20155- Purpose of Disbursement fundraiser facilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8962 Date of Disbursement 12 / 09 / 2009 Amount of Each Disbursement this Period 540.75 [MEMO ITEM] MEMO: FUNDRAISER FACILITIES
B.	Full Name (Last, First, Middle Initial) Rosa Mexicana Mailing Address 575 7th Street, NW City Washington State DC Zip Code 20004- Purpose of Disbursement food & bev. expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8958 Date of Disbursement 12 / 09 / 2009 Amount of Each Disbursement this Period 425.74 [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
C.	Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address P.O. Box 85036 City Louisville State KY Zip Code 40285-5036 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8947 Date of Disbursement 12 / 09 / 2009 Amount of Each Disbursement this Period 35.02 [MEMO ITEM] MEMO: SHIPPING

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Washington Golf Center <hr/> Mailing Address 2625 Shirlington Rd. <hr/> City Arlington State VA Zip Code 22206- <hr/> Purpose of Disbursement food & bev. expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8960 Date of Disbursement 12 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 190.17 <hr/> [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
B.	Full Name (Last, First, Middle Initial) Kelly Craven <hr/> Mailing Address 1800 Old Meadow Rd. Unit #319 <hr/> City Mc Lean State VA Zip Code 22102- <hr/> Purpose of Disbursement fundraiser consultant Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8931 Date of Disbursement 12 / 18 / 2009 <hr/> Amount of Each Disbursement this Period 600.00 <hr/> FUNDRAISER CONSULTANT
C.	Full Name (Last, First, Middle Initial) Huntington Bank <hr/> Mailing Address 2361 Morse Road <hr/> City Columbus State OH Zip Code 43229- <hr/> Purpose of Disbursement truck payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8923 Date of Disbursement 11 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 587.89 <hr/> TRUCK PAYMENT

SUBTOTAL of Disbursements This Page (optional) ▶

1187.89

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial) Huntington Bank <hr/> Mailing Address 2361 Morse Road <hr/> City Columbus State OH Zip Code 43229- <hr/> Purpose of Disbursement truck payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8880 Date of Disbursement 11 / 23 / 2009
	Amount of Each Disbursement this Period 587.89
	Category/ Type TRUCK PAYMENT
	Full Name (Last, First, Middle Initial) Ind. Dept of Revenue <hr/> Mailing Address 100 N. Senate Ave. <hr/> City Indianapolis State IN Zip Code 46204- <hr/> Purpose of Disbursement payroll taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 137.31	
Category/ Type PAYROLL TAXES	
C. Full Name (Last, First, Middle Initial) Ind. Dept of Revenue <hr/> Mailing Address 100 N. Senate Ave. <hr/> City Indianapolis State IN Zip Code 46204- <hr/> Purpose of Disbursement payroll taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8868 Date of Disbursement 11 / 30 / 2009
Amount of Each Disbursement this Period 136.71	
Category/ Type PAYROLL TAXES	

SUBTOTAL of Disbursements This Page (optional) ▶

861.91

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial) Ind. Dept of Revenue <hr/> Mailing Address 100 N. Senate Ave. <hr/> City Indianapolis State IN Zip Code 46204- <hr/> Purpose of Disbursement payroll taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00107.E8937 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 136.71
	Category/ Type PAYROLL TAXES
	Full Name (Last, First, Middle Initial) Cal Johnson <hr/> Mailing Address P.O. Box 671 <hr/> City Folly Beach State SC Zip Code 29439- <hr/> Purpose of Disbursement office rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 850.00	
Category/ Type OFFICE RENT	
C. Full Name (Last, First, Middle Initial) Cal Johnson <hr/> Mailing Address P.O. Box 671 <hr/> City Folly Beach State SC Zip Code 29439- <hr/> Purpose of Disbursement office rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8915 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 9
Amount of Each Disbursement this Period 850.00	
Category/ Type OFFICE RENT	

SUBTOTAL of Disbursements This Page (optional) ▶

1836.71

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

<p>A. Full Name (Last, First, Middle Initial) Cal Johnson</p> <p>Mailing Address P.O. Box 671</p> <p>City Folly Beach State SC Zip Code 29439-</p> <p>Purpose of Disbursement office rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00107.E8930</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="850.00"/></p> <p>OFFICE RENT</p>
<p>B. Full Name (Last, First, Middle Initial) Lancelots Castles</p> <p>Mailing Address 4116 South 3rd Street</p> <p>City Jacksonville Beach State FL Zip Code 32250-</p> <p>Purpose of Disbursement hotel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00107.E8934</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>HOTEL EXPENSE</p>
<p>C. Full Name (Last, First, Middle Initial) Lancelots Castles</p> <p>Mailing Address 4116 South 3rd Street</p> <p>City Jacksonville Beach State FL Zip Code 32250-</p> <p>Purpose of Disbursement hotel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00107.E8933</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="761.34"/></p> <p>HOTEL EXPENSE</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2111.34"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

<p>A. Full Name (Last, First, Middle Initial) Stephanie Mattix</p> <p>Mailing Address 200 N. Main St.</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E8861</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1574.38"/></p> <p>PAYROLL</p>
<p>B. Full Name (Last, First, Middle Initial) Stephanie Mattix</p> <p>Mailing Address 200 N. Main St.</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91231.E8927</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1574.38"/></p> <p>PAYROLL</p>
<p>C. Full Name (Last, First, Middle Initial) Monticello Water & Sewer Departments</p> <p>Mailing Address P.O. Box 384</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement water bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E8816</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="69.18"/></p> <p>WATER BILL</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3217.94"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Monticello Water & Sewer Departments <hr/> Mailing Address P.O. Box 384 <hr/> City Monticello State IN Zip Code 47960- <hr/> Purpose of Disbursement water bill Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8878 Date of Disbursement 11 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 31.42 <hr/> WATER BILL
B.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Assoc. <hr/> Mailing Address 2875 Towerview Road Suite 100 <hr/> City Herndon State VA Zip Code 20171- <hr/> Purpose of Disbursement fundraiser consultant Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8897 Date of Disbursement 11 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 1500.00 <hr/> FUNDRAISER CONSULTANT
C.	Full Name (Last, First, Middle Initial) National Republican Congressional Commit <hr/> Mailing Address 320 First St., SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement member commitment Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E8817 Date of Disbursement 10 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 6500.00 <hr/> MEMBER COMMITMENT

SUBTOTAL of Disbursements This Page (optional) ▶	8031.42
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: E8825 Date of Disbursement
	Mailing Address 125 W. Broadway	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Monticello State IN Zip Code 47960-	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="88.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POSTAGE

B.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: 00107.E8929 Date of Disbursement
	Mailing Address 125 W. Broadway	<input type="text" value="12"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Monticello State IN Zip Code 47960-	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="88.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POSTAGE

C.	Full Name (Last, First, Middle Initial) Robert Trent Jones Golf	Transaction ID: E8857 Date of Disbursement
	Mailing Address One Turtle Point Dr.	<input type="text" value="10"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Lake Manassas State VA Zip Code 20155-	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser facility	<input type="text" value="5023.14"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISER FACILITY

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5199.14"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

<p>A. Full Name (Last, First, Middle Initial) Robinos Photography</p> <p>Mailing Address 5605 Keeneland Way</p> <p>City Lafayette State IN Zip Code 47905-</p> <p>Purpose of Disbursement photograph expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00107.E8936</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2350.00"/></p> <p>PHOTOGRAPH EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) Super Test Service Stations</p> <p>Mailing Address 305 W. Broadway Street</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E8856</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="269.75"/></p> <p>GASOLINE</p>
<p>C. Full Name (Last, First, Middle Initial) Super Test Service Stations</p> <p>Mailing Address 305 W. Broadway Street</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91231.E8879</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="51.14"/></p> <p>GASOLINE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
The Stationairs Express

Mailing Address 224 North Main Street

City State Zip Code
Monticello IN 47960-

Purpose of Disbursement
office supplies
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: E8815
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	9

Amount of Each Disbursement this Period

105.83

OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address P.O. Box 85036

City State Zip Code
Louisville KY 40285-5036

Purpose of Disbursement
shipping
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: E8827
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	9

Amount of Each Disbursement this Period

24.74

SHIPPING

C.

Full Name (Last, First, Middle Initial)
USAA Credit Card

Mailing Address 10750 McDermott Fwy

City State Zip Code
San Antonio TX 78288-

Purpose of Disbursement
see below
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 91231.E8916
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	0	9

Amount of Each Disbursement this Period

201.08

SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

331.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Kroger Company Mailing Address 916 North Main St. City Monticello State IN Zip Code 47960- Purpose of Disbursement gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8918 Date of Disbursement 11 / 06 / 2009 Amount of Each Disbursement this Period 73.92 [MEMO ITEM] MEMO: GASOLINE
B.	Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address P.O. Box 85036 City Louisville State KY Zip Code 40285-5036 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8920 Date of Disbursement 11 / 06 / 2009 Amount of Each Disbursement this Period 14.90 [MEMO ITEM] MEMO: SHIPPING
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 630024 City Lafayette State IN Zip Code 47901- Purpose of Disbursement cell phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E8858 Date of Disbursement 10 / 13 / 2009 Amount of Each Disbursement this Period 251.51 CELL PHONE

SUBTOTAL of Disbursements This Page (optional)	251.51
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: E8828 Date of Disbursement 10 / 13 / 2009
	Mailing Address P.O. Box 630024	Amount of Each Disbursement this Period 169.85
	City Lafayette State IN Zip Code 47901-	
	Purpose of Disbursement cell phone	CELL PHONE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 91231.E8882 Date of Disbursement 11 / 06 / 2009
	Mailing Address P.O. Box 630024	Amount of Each Disbursement this Period 752.51
	City Lafayette State IN Zip Code 47901-	
	Purpose of Disbursement cell phone expense	CELL PHONE EXPENSE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 91231.E8881 Date of Disbursement 11 / 23 / 2009
	Mailing Address P.O. Box 630024	Amount of Each Disbursement this Period 369.15
	City Lafayette State IN Zip Code 47901-	
	Purpose of Disbursement cell phone expense	CELL PHONE EXPENSE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1291.51
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 630024 City Lafayette State IN Zip Code 47901- Purpose of Disbursement cell phone expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8877 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 55.80 CELL PHONE EXPENSE
B.	Full Name (Last, First, Middle Initial) W.P. Electric Mailing Address 1415 North State Road 25 City Delphi State IN Zip Code 46923- Purpose of Disbursement electric repairs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E8814 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 526.25 ELECTRIC REPAIRS
C.	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 119 North Main Street City Monticello State IN Zip Code 47960-6748 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E8820 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9	Amount of Each Disbursement this Period 658.82 PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶

1240.87

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial) Wells Fargo <hr/> Mailing Address 119 North Main Street <hr/> City Monticello State IN Zip Code 47960-6748 <hr/> Purpose of Disbursement payroll taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8874 Date of Disbursement 11 / 16 / 2009
	Amount of Each Disbursement this Period 653.82
	Category/Type PAYROLL TAXES
	Full Name (Last, First, Middle Initial) Wells Fargo <hr/> Mailing Address 119 North Main Street <hr/> City Monticello State IN Zip Code 47960-6748 <hr/> Purpose of Disbursement fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 22.00	
Category/Type FEE	
C. Full Name (Last, First, Middle Initial) Wells Fargo <hr/> Mailing Address 119 North Main Street <hr/> City Monticello State IN Zip Code 47960-6748 <hr/> Purpose of Disbursement fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91231.E8865 Date of Disbursement 11 / 30 / 2009
Amount of Each Disbursement this Period 7.00	
Category/Type FEE	

SUBTOTAL of Disbursements This Page (optional) ▶

682.82

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Wells Fargo	Transaction ID: 00107.E8935 Date of Disbursement 12 / 14 / 2009
	Mailing Address 119 North Main Street	Amount of Each Disbursement this Period 100.00
	City Monticello State IN Zip Code 47960-6748	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Wells Fargo	Transaction ID: 00107.E8932 Date of Disbursement 12 / 15 / 2009
	Mailing Address 119 North Main Street	Amount of Each Disbursement this Period 658.82
	City Monticello State IN Zip Code 47960-6748	
	Purpose of Disbursement payroll taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES

C.	Full Name (Last, First, Middle Initial) Eric Woolf	Transaction ID: E8862 Date of Disbursement 10 / 30 / 2009
	Mailing Address 200 North Main Street	Amount of Each Disbursement this Period 795.00
	City Monticello State IN Zip Code 47960-	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	▶	1553.82
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Eric Woolf

Transaction ID: 91231.E8928
Date of Disbursement

Mailing Address 200 North Main Street

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

City State Zip Code
Monticello IN 47960-

Amount of Each Disbursement this Period

795.00

Purpose of Disbursement
payroll

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

PAYROLL

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

795.00

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

66605.87

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 70

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Vernon Clark

Mailing Address P.O. Box 3385

City State Zip Code
Stateline NV 89449-

Purpose of Disbursement
NSF CHECK

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 91231.E8864

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	1		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International, Inc.			Nature of Debt (Purpose): technical support
Mailing Address 205 Pennsylvania Avenue, S.E.			
City Washington	State DC	ZIP Code 20003-1164	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: LS00122.E8969	
Amount Incurred This Period <input type="text" value="862.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="862.50"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stephanie Mattix			Nature of Debt (Purpose): payroll
Mailing Address 200 N. Main St.			
City Monticello	State IN	ZIP Code 47960-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: LS00122.E8966	
Amount Incurred This Period <input type="text" value="1574.38"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1574.38"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eric Woolf			Nature of Debt (Purpose): payroll
Mailing Address 200 North Main Street			
City Monticello	State IN	ZIP Code 47960-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: LS00122.E8967	
Amount Incurred This Period <input type="text" value="795.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="795.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3231.88"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 70 / 70
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huntington Bank			Nature of Debt (Purpose): truck payment
Mailing Address 2361 Morse Road			
City Columbus	State OH	ZIP Code 43229-	

Outstanding Balance Beginning This Period		Transaction ID: LS00122.E8968	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
587.89	0.00	587.89	

1) SUBTOTALS This Period This Page (optional).....	587.89
2) TOTALS This Period (last page this line number only).....	3819.77
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	3819.77