

REPORT OF RECEIPTS AND DISBURSEMENTS RECEIVED

For An Authorized Committee (Summary Page) FEC MAIL ROOM

1. NAME OF COMMITTEE (in full)

2000 JUL 17 P 3:09

Hoosiers Supporting Buyer For Congress		2. FEC IDENTIFICATION NUMBER COO255471
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 200 North Main St., P.O. Box 712	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CITY, STATE and ZIP CODE Monticello, IN 47960	STATE/DISTRICT IN 5	

4. TYPE OF REPORT

- April 15 Quarterly Report Twelfth day report preceding _____ (Type of Election)
- July 15 Quarterly Report election on _____ in the State of _____
- October 15 Quarterly Report Thirtieth day report following the General Election on _____
- January 31 Year End Report _____ in the State of _____
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-date
04/13/2000 through 06/30/2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	148,407.80	170,430.80
(b) Total Contribution Refunds (From Line 20(d))	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	148,307.80	170,330.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22,800.50	41,337.85
(b) Total Offsets to Operating Expenditures (from Line 14)	40.00	40.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	22,560.50	41,297.65
8. Cash on Hand at Close of Reporting Period (from Line 27)	238,679.85	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$9272.80	

For further information:
Federal Election Commission
969 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-219-3420

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. Raderstorff	Date 7/14/00
Signature of Treasurer <i>Douglas E. Raderstorff</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. 5437g.

Detailed Summary Page
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) Hoosiers Supporting Buyer For Congress	Report Covering the Period: From: 04/13/2000 To: 06/30/2000	
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	34,922.00	
(ii) Unitemized	19,450.50	
(iii) Total of contributions from individual	54,372.50	57,395.50
(b) Political Party Committees	5,098.00	8,098.00
(c) Other Political Committees (such as PACs)	86,937.30	106,937.30
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	148,407.80	170,430.80
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	40.00	40.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1,606.39	2,964.70
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	150,054.19	173,435.50
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	22,600.50	41,337.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individual/Persons Other Than Political Committees	100.00	100.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	100.00	100.00
21. OTHER DISBURSEMENTS		850.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	22,700.50	42,387.65
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		111,325.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		150,054.19
25. SUBTOTAL (add Line 23 and Line 24)		261,380.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		22,700.50
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		238,679.85

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anne Aynesworth 2609 Richards Dr. Waco, TX 76710-	Homemaker	06/28/2000	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	300.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Barnes 8038 Dean Road Indianapolis, IN 46240-	Materials Processing, Inc. Chairman & CEO	05/15/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jon Boisclair 3041 N Street, NW Washington, DC 20007-	LLC Federal Asst.	06/28/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Horror Jr. 67207 Tamarack Rd. North Liberty, IN 46554-9708	Biomet Computer Systems Analyst	04/27/2000	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	200.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Buchanan 4415 S. 200 E. Fowler, IN 47944-	Self-Employed Farmer	05/22/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	700.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. W. Kelley Carr 6 Hitching Post Rd. West Lafayette, IN 47906-	retired	05/15/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Christopher Chocola 20380 Country Rd. 14 Bristol, IN 46507-	CTR Co-owner, businessman	04/27/2000	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	200.00	

SUBTOTAL of Receipts This Page (optional)	2,200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

<p>A. Full Name, Mailing Address and Zip Code Gary Coburn 1916 Windemere Dr. Greencastle, IN 46135-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation doctor</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 05/22/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Alice Craven 1627 Springbrook Dr. Elkhart, IN 46514-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date -> 100.00</p>	<p>Date (month, day, year) 05/10/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name, Mailing Address and Zip Code Alice Craven 1627 Springbrook Dr. Elkhart, IN 46514-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 06/12/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and Zip Code Lowell G. Daun, D.D.S. 3217 Lago Vista Dr. El Dorado Hills, CA 95762-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Dental Dental Insurance</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 06/12/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Ken Davis P.O. Box 767 241 Park Ave. Francesville, IN 47946-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 05/15/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Ken Davis P.O. Box 767 241 Park Ave. Francesville, IN 47946-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date -> 550.00</p>	<p>Date (month, day, year) 06/12/2000</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>G. Full Name, Mailing Address and Zip Code Del Demaree P.O. Box 756 Kokomo, IN 46903-3831</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Syndicate Sales</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 06/05/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page	PAGE	OF
	3	13
FOR LINE NUMBER		
11(a)(i)		

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

A. Full Name, Mailing Address and Zip Code John Deschauer Jr. 8624 Woodview Dr. Springfield, VA 22153-	Name of Employer Patton Boggs	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
B. Full Name, Mailing Address and Zip Code John Earnest 3251 Oakwood Way Marion, IN 46952-	Name of Employer Preferred Medical Management	Date (month, day, year) 05/22/2000	Amount of Each Receipt this Period 125.00
	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 125.00		
C. Full Name, Mailing Address and Zip Code John Earnest 3251 Oakwood Way Marion, IN 46952-	Name of Employer Preferred Medical Management	Date (month, day, year) 05/22/2000	Amount of Each Receipt this Period 325.00
	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 450.00		
D. Full Name, Mailing Address and Zip Code Col. Frank Edens 5421 Maycross Dr. Alexandria, VA 22310-	Name of Employer	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 500.00
	Occupation retired		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
E. Full Name, Mailing Address and Zip Code James Ervin 410 First St., SE Suite 300 Washington, DC 20003-	Name of Employer ETA	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 250.00
	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
F. Full Name, Mailing Address and Zip Code William Erwin 2595 14B Road Bourbon, IN 46504-	Name of Employer self	Date (month, day, year) 04/27/2000	Amount of Each Receipt this Period 200.00
	Occupation Farmer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
G. Full Name, Mailing Address and Zip Code John Ewart 1512 Overlook Rd. Marion, IN 46952-	Name of Employer Agricox	Date (month, day, year) 06/07/2000	Amount of Each Receipt this Period 200.00
	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		

SUBTOTAL of Receipts This Page (optional)	2,600.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
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A. Full Name, Mailing Address and Zip Code Jerry Ferguson 3860 E Forest Glen Ave. Leesburg, IN 46538-	Name of Employer Biomet Occupation Consultant	Date (month, day, year) 04/27/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
B. Full Name, Mailing Address and Zip Code Richard Ford P.O. Box 454 Wabash, IN 46992-	Name of Employer Occupation retired	Date (month, day, year) 04/27/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
C. Full Name, Mailing Address and Zip Code Richard Ford P.O. Box 454 Wabash, IN 46992-	Name of Employer Occupation retired	Date (month, day, year) 06/05/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 450.00		
D. Full Name, Mailing Address and Zip Code Richard Ford P.O. Box 454 Wabash, IN 46992-	Name of Employer Occupation retired	Date (month, day, year) 06/05/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 950.00		
E. Full Name, Mailing Address and Zip Code Bill Fouts 427 E 1050 S Galveston, IN 46932-	Name of Employer Not Employed Occupation retired	Date (month, day, year) 05/10/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
F. Full Name, Mailing Address and Zip Code Art Geyer P.O. Box 356 255 Park Ave. Francesville, IN 47946-	Name of Employer self Occupation Construction	Date (month, day, year) 05/17/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
G. Full Name, Mailing Address and Zip Code Wilbert Hamstra 12028 N 200 W Wheatfield, IN 46392-	Name of Employer Hamstra Group, Inc. Occupation President	Date (month, day, year) 05/17/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		

SUBTOTAL of Receipts This Page (optional)	2,150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and Zip Code Wilbert Hamstra 12028 N 200 W Wheatfield, IN 46392-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Hamstra Group, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> 600.00</p>	<p>Date (month, day, year) 06/07/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name, Mailing Address and Zip Code James Haughn 645 North Spring Street 65W. Hill St. Wabash, IN 46992-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer self</p> <p>Occupation doctor</p> <p>Aggregate Year-to-Date -> 300.00</p>	<p>Date (month, day, year) 05/22/2000</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>C. Full Name, Mailing Address and Zip Code Don Heckard 710 W. County Rd. 200 N Logansport, IN 46947-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Logan Ice</p> <p>Occupation owner</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 05/10/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Larry Hiler P.O. Box 148 Walkerton, IN 46574-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Hiler Industries</p> <p>Occupation chairman</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 06/16/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Bud Hillis 176 South Shore Drive Culver, IN 46511-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Not Employed</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 06/05/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Bud Hillis 176 South Shore Drive Culver, IN 46511-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Not Employed</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 06/05/2000</p>	<p>Amount of Each Receipt this Period 750.00</p>
<p>G. Full Name, Mailing Address and Zip Code Robert Kingst 1720 W. Taylor Kokomo, IN 46901-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Mid America Beverage, Inc.</p> <p>Occupation Beer Wholesaler</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 06/14/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)	3,150.00
TOTAL This Period (last page this line number only)	

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

A. Full Name, Mailing Address and Zip Code Donna Hoffmeier 5206 Nahant St. Bethesda, MD 20816- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer United Concordia Occupation Gov't Affairs Aggregate Year-to-Date -> 500.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and Zip Code Joseph Huffman 519 Burlington Ave. Logansport, IN 46947- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Not Employed Occupation retired Aggregate Year-to-Date -> 250.00	Date (month, day, year) 05/10/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code Samuel Joyner 1550 Country Club Dr. E. Warsaw, IN 46580- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self Occupation owner Aggregate Year-to-Date -> 200.00	Date (month, day, year) 04/27/2000	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and Zip Code Samuel Kahn P.O. Box 7040 Rancho Santa Fe, CA 92067- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Great Western Mortgage Occupation CEO Aggregate Year-to-Date -> 500.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and Zip Code Robert Kesler P.O. Box 4527 Warsaw, IN 46581-4527 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Bodor Corp. Occupation Manager Aggregate Year-to-Date -> 100.00	Date (month, day, year) 04/27/2000	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and Zip Code Robert Kesler P.O. Box 4527 Warsaw, IN 46581-4527 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Bodor Corp. Occupation Manager Aggregate Year-to-Date -> 1,100.00	Date (month, day, year) 06/05/2000	Amount of Each Receipt this Period 1,100.00
G. Full Name, Mailing Address and Zip Code Stephen Kesler P.O. Box 4527 Warsaw, IN 46581- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Bodor Corp. Occupation President Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 04/27/2000	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	3,550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Boreen Kiehl 2938 Bagley Drive Kokomo, IN 46902-		05/08/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired		
	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Kubacki 1401 E. North Shore Dr. Syracuse, IN 46567-	Lake City Bank	04/27/2000	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Banker		
	Aggregate Year-to-Date ->	200.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Leetz 570 E. Long Lake Road P.O. Box 1123 Valparaiso, IN 46383-1123	North Coast Distributing, Inc	06/07/2000	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Beer Distributor		
	Aggregate Year-to-Date ->	200.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glen Marshall P.O. Box 242 2355 Harrison Blvd. Valparaiso, IN 46384-	G.E. Marshall Inc.	05/22/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation President		
	Aggregate Year-to-Date ->	250.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Marshall 2355 Harrison Blvd. Valparaiso, IN 46383-	G.E. Marshall Inc.	05/22/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Secretary		
	Aggregate Year-to-Date ->	250.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Martin 5309 North 1st Place Arlington, VA 22203-	self	06/11/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Physician		
	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin McCann 1215 East 425 South Knox, IN 46534-	American Airlines	04/27/2000	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation pilot		
	Aggregate Year-to-Date ->	200.00	

SUBTOTAL of Receipts This Page (optional)

1,850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code Dr. Richard McVay 6920 Bonnie Brae Lane Columbus, OH 43235-		Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 06/09/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 250.00		
B. Full Name, Mailing Address and Zip Code David McIntyre 4311 E. Blanche Dr. Phoenix, AZ 85032-		Name of Employer TriWest Healthcare Alliance Occupation President	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 500.00		
C. Full Name, Mailing Address and Zip Code Jim Meck 218 Conradt Ave. Kokomo, IN 46901-		Name of Employer Occupation retired	Date (month, day, year) 05/10/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 250.00		
D. Full Name, Mailing Address and Zip Code Jim Meck 218 Conradt Ave. Kokomo, IN 46901-		Name of Employer Occupation retired	Date (month, day, year) 06/05/2000	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 400.00		
E. Full Name, Mailing Address and Zip Code Ron Metz 724 Nutmeg Ln. Kokomo, IN 46901-		Name of Employer self Occupation Accountant	Date (month, day, year) 05/08/2000	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 400.00		
F. Full Name, Mailing Address and Zip Code Dane Miller P.O. Box 587 16 Stone Camp Trail Winona Lake, IN 46990-		Name of Employer Riomet Occupation President	Date (month, day, year) 04/27/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code Dick Miller 12275 N. Ogden Pt. Rd. #112 Syracuse, IN 46567-9700		Name of Employer MRO Invest. Occupation CEO	Date (month, day, year) 04/28/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 1,000.00		

SUBTOTAL of Receipts This Page (optional)	3,550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Miller 10967 W. S.R. 14 Medaryville, IN 47957-	Self-Employed Occupation Farmer	05/10/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 250.00		
Jane Miller 12275 N. Ogden Pt. Rd. Condo 112 Syracuse, IN 46567-9700	Not Employed Occupation housewife	04/28/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 1,000.00		
Mary Louise Miller 16 Stone Camp Winona Lake, IN 46590-	Not Employed Occupation housewife	06/26/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 500.00		
Tim Mills 2550 M St., 8th Floor Washington, DC 20037-	Patton Boggs Occupation Attorney	06/12/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 1,000.00		
Daniel Mohr 3146 Villas Dr. S. Kokomo, IN 46901-	Mohr Construction Occupation Supervisor	05/22/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 250.00		
Stan Mohr P.O. Box 2707 Kokomo, IN 46904-2707	Mohr Construction Occupation Self Employed	06/07/2000	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 300.00		
Charles Monfort 1826 N. Strafford St. Arlington, VA 22207-	Monfort & Wolfe Occupation Co-Owner	06/12/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 500.00		

SUBTOTAL of Receipts This Page (optional)	3,800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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 connected 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, Mailing Address and Zip Code Robert Moorhead 7939 Beaumont Pl. Indianapolis, IN 46250-1664</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Graphics LTD</p> <p>Occupation Chief Excc Officer</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 06/05/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Micheal Nardotti Jr. 4405 Marquis Place Woodbridge, VA 22192-6606</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Patton Boggs</p> <p>Occupation Business Men</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 06/12/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Gary Neale 94 West Rd. Dune Acres Chesterton, IN 46304-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer NiSource</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 06/22/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>D. Full Name, Mailing Address and Zip Code David O'Bryon 3536 Woodbine St. Chevy Chase, MD 20815-4039</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer self</p> <p>Occupation Pres.</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 06/28/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code D.L. Pattillo, Col. 1700 Jackson Hole Cove Austin, TX 78746-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer self</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 06/26/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Jack Porter 1071 Mitten Drive Wabash, IN 46992-1031</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Not Employed</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 04/27/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>G. Full Name, Mailing Address and Zip Code Jack Porter 1071 Mitten Drive Wabash, IN 46992-1031</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Not Employed</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date -> 400.00</p>	<p>Date (month, day, year) 06/16/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>

SUBTOTAL of Receipts This Page (optional)

2,600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code Jeffrey Price 15 S. Wabash Peru, IN 46970-	Name of Employer Self-Employed Occupation Attorney	Date (month, day, year) 05/08/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
B. Full Name, Mailing Address and Zip Code Mike Query 652 Morningside Dr. Zionsville, IN 46077-	Name of Employer Eli Lilly Co. Occupation Marketing	Date (month, day, year) 06/07/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
C. Full Name, Mailing Address and Zip Code James Rooney 12015 Corral Dr. Fairfax, VA 22039-	Name of Employer self Occupation Attorney	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
D. Full Name, Mailing Address and Zip Code R.G. Sanders 3294 N. 600 E. Warsaw, IN 46580-	Name of Employer Bodkin Abstract Occupation Abstractor	Date (month, day, year) 04/27/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
E. Full Name, Mailing Address and Zip Code Sam Schlosser 10805 Nutmeg Meadows Dr. Plymouth, IN 46563-	Name of Employer Plymouth Foundries Occupation owner	Date (month, day, year) 04/28/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
F. Full Name, Mailing Address and Zip Code E.P. Severns 507 Sagebrush Drive Kokomo, IN 46901-	Name of Employer Coca-Cola Bottling, Company Occupation President	Date (month, day, year) 05/10/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
G. Full Name, Mailing Address and Zip Code E.P. Severns 507 Sagebrush Drive Kokomo, IN 46901-	Name of Employer Coca-Cola Bottling, Company Occupation President	Date (month, day, year) 06/05/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 600.00		

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed Summary Page	PAGE	OF
	12	13
FOR LINE NUMBER		
11(a) (i)		

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 sources.

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

A. Full Name, Mailing Address and Zip Code Jim Sheets 8502 East 150 S. Fowler, IN 47944-		Name of Employer Self-Employed	Date (month, day, year) 05/15/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)		Occupation Farmer	Aggregate Year-to-Date -> 250.00	
B. Full Name, Mailing Address and Zip Code Mary Tanguy 586 S. Shore Dr. Culver, IN 46511-		Name of Employer	Date (month, day, year) 06/05/2000	Amount of Each Receipt this Period 972.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)		Occupation retired	fundraiser expense	
C. Full Name, Mailing Address and Zip Code Sigrid Tate 1907 S. Union St. Kokomo, IN 46902-		Name of Employer self	Date (month, day, year) 05/24/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)		Occupation Dentist	Aggregate Year-to-Date -> 250.00	IN-KIND
D. Full Name, Mailing Address and Zip Code Larxy Teghtmeyer 4086 E Forest Glen Leesburg, IN 46538-		Name of Employer	Date (month, day, year) 04/27/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)		Occupation retired	Aggregate Year-to-Date -> 200.00	
E. Full Name, Mailing Address and Zip Code Phil Thielen 4209 North 134th Street Omaha, NE 68164-		Name of Employer self	Date (month, day, year) 05/22/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)		Occupation Contractor	Aggregate Year-to-Date -> 250.00	
F. Full Name, Mailing Address and Zip Code Steve Tough 9332 Crocker Rd. Granite Bay, CA 95746-		Name of Employer self	Date (month, day, year) 06/09/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)		Occupation Consultant	Aggregate Year-to-Date -> 500.00	
G. Full Name, Mailing Address and Zip Code Charlotte L. Tsoucalas 4000 Fort Worth Ave. Alexandria, VA 22304-		Name of Employer Defense Health Advisors	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)		Occupation Business Executive	Aggregate Year-to-Date -> 500.00	

SUBTOTAL of Receipts This Page (optional)	2,922.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Any information supplied 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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Suzanne Ward 2424 Cedarwood Dr. Madison, IN 47250-	retired	05/17/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Weaver 516 W. 2ND ST Marion, IN 46952-	Marion Com. Schools teacher	05/08/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andy Webster 10007 W. 109th Ave. W. Cedar Lake, IN 46303-9253	Webster Trucking CEO	05/10/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->	250.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh Weckerly 2972 Chatsworth Blvd. San Diego, CA 92106-	retired	05/01/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Williams 900 Garden St. West Lafayette, IN 47906-2250	Rogers Group Management	05/15/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->	250.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	1,500.00
TOTAL This Period (last page this line number only)	34,922.00

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code Indiana Republican State Central Comm. 200 S. Meridian. Ste. 400 Indianapolis, IN 46225-	Name of Employer 	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 5,000.00
	Occupation 	Aggregate Year-to-Date -> 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code National Republican Congressional Commit 320 First St., SE Washington, DC 20003-	Name of Employer 	Date (month, day, year) 06/05/2000	Amount of Each Receipt this Period 98.00
	Occupation 	Aggregate Year-to-Date -> 98.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND		
C. Full Name, Mailing Address and Zip Code 	Name of Employer 	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation 	Aggregate Year-to-Date ->	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code 	Name of Employer 	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation 	Aggregate Year-to-Date ->	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code 	Name of Employer 	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation 	Aggregate Year-to-Date ->	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code 	Name of Employer 	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation 	Aggregate Year-to-Date ->	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code 	Name of Employer 	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation 	Aggregate Year-to-Date ->	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	5,098.00
TOTAL This Period (last page this line number only)	5,098.00

SCHEDULE A

ITEMIZED RECEIPTS

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, Mailing Address and Zip Code 1st Source Corp. Pac P.O. Box 1602 South Bend, IN 46634-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/30/2000 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code American Association of Orthodontist PAC 401 North Lindbergh Blvd. St. Louis, MO 63141-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 04/27/2000 3,000.00</p>	<p>Amount of Each Receipt this Period 3,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code American Chiropractic Association PAC 1701 Clarendon Blvd. Rosslyn, VA 22209-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/20/2000 667.01</p>	<p>Amount of Each Receipt this Period 667.01 IN-KIND</p>
<p>D. Full Name, Mailing Address and Zip Code American Chiropractic Association PAC 1701 Clarendon Blvd. Rosslyn, VA 22209-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/28/2000 2,667.01</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code American Dental PAC 1111 14th St., NW Suite 1100 Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 04/27/2000 3,000.00</p>	<p>Amount of Each Receipt this Period 3,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code American Dental PAC 1111 14th St., NW Suite 1100 Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 05/22/2000 4,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code American Hotel & Motel PAC 1201 New York Ave., NW Suite 600 Washington, DC 20005-3931</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 05/22/2000 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)	10,667.01
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Any information reported 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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Medical Assoc. PAC 1101 Vermont Ave., NW Washington, DC 20005-		05/01/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	1,000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Moving & Storage Assoc. PAC 1611 Duke St. Alexandria, VA 22314-		06/30/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Optometric Association PAC 1505 Prince St. - Suite 300. Alexandria, VA 22314-		05/24/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Trucking PAC 430 First St., SE Washington, DC 20003-		06/30/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	1,000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthem Insurance Companies, Inc. Good Government Program PAC 120 Monument Circle Indianapolis, IN 46204-4903		06/12/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Associated Builders & Contractors PAC 1300 N. 17th St. Rosslyn, VA 22209-		06/30/2000	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	5,000.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bethlehem Steel Good Government Comm. 1725 Martin Tower Bethlehem, PA 18016-7699		06/19/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	1,000.00

SUBTOTAL of Receipts This Page (optional)	10,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	DF
	3	12
FOR LINE NUMBER		
11(c)		

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

A. Full Name, Mailing Address and Zip Code Boeing PAC 1200 Wilson Blvd. Arlington, VA 22209-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	04/27/2000	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		500.00
B. Full Name, Mailing Address and Zip Code Build PAC of the National Assoc. of Home Builders 1201 15th St., NW Washington, DC 20005-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/16/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		1,000.00
C. Full Name, Mailing Address and Zip Code DaimlerChrysler Corporation PAC Political Support Committee 1000 Chrysler Dr., CIMS 485-09-82 Auburn Hills, MI 48326-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/26/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		500.00
D. Full Name, Mailing Address and Zip Code DaimlerChrysler Corporation PAC Political Support Committee 1000 Chrysler Dr., CIMS 485-09-82 Auburn Hills, MI 48326-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/19/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		2,500.00
E. Full Name, Mailing Address and Zip Code CoalPac 1130 17th St., NW Washington, DC 20036-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/30/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		500.00
F. Full Name, Mailing Address and Zip Code Credit Union Legislative Action Council of CUNA 805 15th St., NW - Suite 300 Washington, DC 20005-2207	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	04/27/2000	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		500.00
G. Full Name, Mailing Address and Zip Code Credit Union Legislative Action Council of CUNA 805 15th St., NW - Suite 300 Washington, DC 20005-2207	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/26/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		1,000.00

SUBTOTAL of Receipts This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

All 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, Mailing Address and Zip Code Credit Union Legislative Action Council of CUNA 805 15th St., NW - Suite 300 Washington, DC 20005-2207</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/29/2000</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Dealers Election Action Committee of the WADA 8400 Westpark Dr. Mc Lean, VA 22102-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 05/17/2000</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Dupont Good Government Fund 1701 Pennsylvania Ave., NW Suite 900 Washington, DC 20006-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/28/2000</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Electronic Data Systems Employees PAC 1331 Pennsylvania Ave., NW Suite 300 North Washington, DC 20004-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/28/2000</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Ernst & Young PAC 1225 Connecticut Ave. NW Washington, DC 20036-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/29/2000</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Ernst & Young PAC 1225 Connecticut Ave. NW Washington, DC 20036-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/30/2000</p> <p>Aggregate Year-to-Date -> 1,500.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Federal Express PAC 1980 Nonconah Blvd. Memphis, TN 38132-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 04/28/2000</p> <p>Aggregate Year-to-Date -> 3,000.00</p>	<p>Amount of Each Receipt this Period 3,000.00</p>

SUBTOTAL of Receipts This Page (optional)	8,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

All 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, Mailing Address and Zip Code Florida Power & Light Employees' PAC 700 Universe Blvd. P.O. Box 14000 North Palm Beach, FL 33408-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/22/2000 Aggregate Year-to-Date -> 70.29</p>	<p>Amount of Each Receipt this Period 70.29 IN-KIND</p>
<p>B. Full Name, Mailing Address and Zip Code Florida Power & Light Employees' PAC 700 Universe Blvd. P.O. Box 14000 North Palm Beach, FL 33408-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/30/2000 Aggregate Year-to-Date -> 1,070.29</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Florida Sugar Cane League PAC 115 S. Lopez St. Clewiston, FL 33440-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/29/2000 Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Ford Motor Company Civic Action Fund The American Road Dearborn, MI 48121-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/19/2000 Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Friends of Bob Livingston PAC 228 S. Washington St., Suite 200 Alexandria, VA 22314-5404</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/12/2000 Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code GM Civic Involvement Program P.O. Box 9077 3044 W. Grand Blvd. Detroit, MI 48202-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 04/27/2000 Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code GM Civic Involvement Program P.O. Box 9077 3044 W. Grand Blvd. Detroit, MI 48202-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/30/2000 Aggregate Year-to-Date -> 1,500.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)	4,070.29
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code GTE Company PAC 1850 M St., NW Suite 1200 Washington, DC 20036-	Name of Employer Occupation	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 1,000.00		
B. Full Name, Mailing Address and Zip Code General Atomics PAC 2001 Pennsylvania Ave. NW Suite 650 Washington, DC 20006-	Name of Employer Occupation	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 1,500.00		
C. Full Name, Mailing Address and Zip Code General Dynamics Voluntary Political Contribution Plan 3190 Fairview Park Dr. Falls Church, VA 22042-	Name of Employer Occupation	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 3,000.00		
D. Full Name, Mailing Address and Zip Code G-P Employees Fund of Georgia Pacific Corp. 1875 Eys St. NW Suite 775 Washington, DC 20006-	Name of Employer Occupation	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 500.00		
E. Full Name, Mailing Address and Zip Code Honeywell International PAC 1100 Connecticut Ave. Suite 700 Washington, DC 20004-	Name of Employer Occupation	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 1,000.00		
F. Full Name, Mailing Address and Zip Code Humana PAC P.O. Box 10381 Louisville, KY 40201-1438	Name of Employer Occupation	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code INSURPAC 412 1st Street, SE Suite 300 Washington, DC 20003-	Name of Employer Occupation	Date (month, day, year) 05/01/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 500.00		

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

SCHEDULE A

ITEMIZED RECEIPTS

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, Mailing Address and Zip Code Lockheed Martin Employees PAC. 1725 Jefferson Davis Hwy. Crystal Square Two, Suite 300 Arlington, VA 22202-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/12/2000</p> <p>1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Magellan Health Services Employee Committee For Good Government 31414 Peachtree Rd., N.E. Suite 1400 Atlanta, GA 30326-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/16/2000</p> <p>1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Manufactured Housing Institute PAC</p> <p>2101 Wilson Blvd., Suite 510 Indianapolis, IN 46241-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 05/01/2000</p> <p>500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Marine Engineers' Beneficial Association Retirees Group Fund 444 N. Capitol St., NW Suite 800 Washington, DC 20001-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/28/2000</p> <p>500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Microsoft Corp. Pac 16011 N.E. 36th Way Box 97017 Redmond, WA 98073-9717</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/28/2000</p> <p>1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Microsoft Corp. Pac 16011 N.E. 36th Way Box 97017 Redmond, WA 98073-9717</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/30/2000</p> <p>2,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code NAUS-PAC 5535 Hempstead Way Springfield, VA 22151-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/28/2000</p> <p>500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code NAUS-PAC 5535 Hempstead Way Springfield, VA 22151-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 2,500.00
	Occupation	06/28/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		3,000.00

B. Full Name, Mailing Address and Zip Code NAUS-PAC 5535 Hempstead Way Springfield, VA 22151-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 2,000.00
	Occupation	06/28/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		5,000.00

C. Full Name, Mailing Address and Zip Code NFIB Safe Trust 600 Maryland Ave., SW Suite 700 Washington, DC 20024-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 2,000.00
	Occupation	05/22/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		2,000.00

D. Full Name, Mailing Address and Zip Code National Assoc. of Insurance & Financial Advisors PAC 1922 F. St., NW Washington, DC 20006-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation	05/24/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		500.00

E. Full Name, Mailing Address and Zip Code National Assoc. of Convenience Stores 1605 King St. Alexandria, VA 22314-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 5,000.00
	Occupation	06/30/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		5,000.00

F. Full Name, Mailing Address and Zip Code National Beer Wholesalers Assoc. PAC 1100 S. Washington St. Alexandria, VA 22314-4494	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation	06/16/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		4,000.00

G. Full Name, Mailing Address and Zip Code National Hardwood Lumber Association P.O. Box 34518 Memphis, TN 38184-0518	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 750.00
	Occupation	06/16/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->		750.00

SUBTOTAL of Receipts This Page (optional)	13,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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, Mailing Address and Zip Code National Restaurant Assoc. PAC 1200 Seventeenth St., NW Washington, DC 20036-3097 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 06/30/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code National Rifle Association Political Victory Fund 11250 Waples Mill Road Fairfax, VA 22030-7400 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> 4,950.00</p>	<p>Date (month, day, year) 04/27/2000</p>	<p>Amount of Each Receipt this Period 4,950.00</p>
<p>C. Full Name, Mailing Address and Zip Code Nisource Inc. Pac 5265 Hohman Ave. Hammond, IN 46320- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 06/30/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Oral & Maxillofacial Surgery PAC 9700 W. Bryn Mawr Ave. Des Plaines, IL 60018- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> 3,000.00</p>	<p>Date (month, day, year) 04/28/2000</p>	<p>Amount of Each Receipt this Period 3,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Philip Morris Companies Inc. PAC 120 Park Ave. New York, NY 10017- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 06/30/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code The Procter & Gamble Company Good Government Committee 1 Procter & Gamble Plaza Cincinnati, OH 45202- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 04/27/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code RJR PAC 401 N. Main St. P.O. Box 718 Winston Salem, NC 27102- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 04/27/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)	10,950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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			
A. Full Name, Mailing Address and Zip Code RJR PAC 401 N. Main St. P.O. Box 718 Winston Salem, NC 27102- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 06/28/2000 1,000.00	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and Zip Code Raytheon, Pac 141 Spring St. Lexington, MA 02421- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 04/27/2000 500.00	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and Zip Code Raytheon, Pac 141 Spring St. Lexington, MA 02421- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 06/12/2000 1,000.00	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and Zip Code Raytheon, Pac 141 Spring St. Lexington, MA 02421- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 06/12/2000 2,000.00	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Realtors PAC 430 N. Michigan Ave. Chicago, IL 60611- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 05/15/2000 1,000.00	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Realtors PAC 430 N. Michigan Ave. Chicago, IL 60611- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 06/30/2000 2,000.00	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code SBC Communications Inc. Employee Federal PAC 175 E. Houston Room 4-J-01 San Antonio, TX 78205- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 04/27/2000 1,000.00	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

<p>A. Full Name, Mailing Address and Zip Code SBC Communications Inc. Employee Federal PAC 175 E. Houston Room 4-J-01 San Antonio, TX 78295-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,500.00</p>	<p>Date (month, day, year) 06/30/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Sierra Health Services PAC P.O. Box 15645 Las Vegas, NV 89114-5645</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 06/11/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Sierra Health Services PAC P.O. Box 15645 Las Vegas, NV 89114-5645</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,500.00</p>	<p>Date (month, day, year) 06/12/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Southern Minnesota Sugar Cooperative PAC P.O. Box 500 Renville, MN 56284-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 06/28/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Spectrum Healthcare services, Inc. PAC P.O. Box 419052 Saint Louis, MO 63141-9052</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 06/12/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code National Assoc. of Broadcasters Television & Radio PAC 1771 N. St., NW Washington, DC 20036-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,500.00</p>	<p>Date (month, day, year) 05/01/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code USX Corp. PAC 5th Floor 1101 Pennsylvania Ave. NW Washington, DC 20004-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 06/30/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>

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

SCHEDULE A

ITEMIZED RECEIPTS

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

<p>A. Full Name, Mailing Address and Zip Code Union Pacific Corp. Fund for Effective Government 600 Thirteenth St. NW Suite 340 Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/30/2000 Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code United Defense Employees PAC 1525 Wilson Blvd., Suite 700 Arlington, VA 22209-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/12/2000 Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code WELLS FARGO & Company Impact Fund Norwest Center Sixth and Marquette Minneapolis, MN 55479-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 05/22/2000 Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Williamette Industries Inc. PAC 3800 SW Fifth Avenue Portland, OR 97201-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/14/2000 Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / / Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / / Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / / Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	88,937.30

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and Zip Code Stephen Buyer 200 North Main St. Monticello, IN 47960-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer United States Government Occupation Fifth District Congressman</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/30/2000</p> <p>In-kind to be reimb. see Sch. D</p> <p>1,362.77</p>	<p>Amount of Each Receipt this Period 1,362.77</p> <p>MEMO</p>
<p>B. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	
<p>TOTAL This Period (last page this line number only)</p>	<p>0.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Subsidy Page	PAGE	OF
	1	1
FOR LINE NUMBER		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			
A. Full Name, Mailing Address and Zip Code Lafayette Bank & Trust P.O. Box 1130 Lafayette, IN 47902-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/10/2000	133.98
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		305.53
B. Full Name, Mailing Address and Zip Code Lafayette Bank & Trust P.O. Box 1130 Lafayette, IN 47902-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/12/2000	307.08
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		612.61
C. Full Name, Mailing Address and Zip Code Norwest Bank 119 North Main Street Monticello, IN 47960-6748	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	04/28/2000	402.95
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		1,589.71
D. Full Name, Mailing Address and Zip Code Norwest Bank 119 North Main Street Monticello, IN 47960-6748	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/31/2000	398.83
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		1,988.54
E. Full Name, Mailing Address and Zip Code Norwest Bank 119 North Main Street Monticello, IN 47960-6748	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/30/2000	363.55
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		2,352.09
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	1,606.39
TOTAL This Period (last page this line number only)	1,606.39

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	9
FOR LINE NUMBER		
17		

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Chiropractic Association PAC 1701 Clarendon Blvd. Rosslyn, VA 22209-	food for fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/20/2000	667.01 IN KIND
Buschman's Service Center, Inc. 210 W. Broadway Monticello, IN 47960-	gasoline Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/28/2000	185.44
Buschman's Service Center, Inc. 210 W. Broadway Monticello, IN 47960-	gasoline Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/01/2000	332.88
Campbell Printing Company 125 North Van Rensselaer St. Rensselaer, IN 47978-	printing service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/17/2000	657.49
Corporate Card P.O. Box 10347 Des Moines, IA 50306-	"see below" Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/17/2000	1,555.84
Corporate Card P.O. Box 10347 Des Moines, IA 50306-	annual fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/17/2000	40.00 MEMO
The Woodlands Hotel 2301 N Millbend Rd. The Woodlands, TX 77380-	hotel expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/17/2000	358.30 MEMO

SUBTOTAL of Disbursements This Page (optional)	3,398.66
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Air Indianapolis, IN 46201-	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/17/2000	455.00 MEMO
U.S. Air Indianapolis, IN 46201-	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/17/2000	556.00 MEMO
Corporate Card P.O. Box 10347 Des Moines, IA 50306-	"see below" Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/14/2000	386.29
O'Hare Hilton Chicago, IL 60670-	hotel expense <i>food for fundraiser</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/14/2000	269.96 MEMO
Florida Power & Light Employees' PAC 700 Universe Blvd. P.O. Box 14000 North Palm Beach, FL 33408-	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/22/2000	70.29 IN KIND
Josh Hammond 200 N. Main St. Monticello, IN 47960-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/28/2000	601.24
Josh Hammond 200 N. Main St. Monticello, IN 47960-	Business cards/parking Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/10/2000	100.58

SUBTOTAL of Disbursements This Page (optional)

1,158.40

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Josh Hammond 200 N. Main St. Monticello, IN 47960-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/31/2000	2,429.99
Ind. Dept of Revenue 100 N. Senate Ave. Indianapolis, IN 46204-	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/27/2000	44.34
Ind. Dept of Revenue 100 N. Senate Ave. Indianapolis, IN 46204-	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/17/2000	157.68
Ind. Dept of Revenue 100 N. Senate Ave. Indianapolis, IN 46204-	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/14/2000	157.68
Lafayette Mailing Service 678 N. 36th Street Suite B Lafayette, IN 47905-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/03/2000	278.43
Lafayette Mailing Service 678 N. 36th Street Suite B Lafayette, IN 47905-	mailing service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/05/2000	73.90
Lafayette Mailing Service 678 N. 36th Street Suite B Lafayette, IN 47905-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/01/2000	933.71

SUBTOTAL of Disbursements This Page (optional)

4,075.73

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lafayette Mailing Service 678 N. 36th Street Suite B Lafayette, IN 47905-	mailing service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/05/2000	278.76
Main Street Computers 224 N. Main Street P.O. Box 1003 Monticello, IN 47960-	computer service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/03/2000	49.15
Main Street Computers 224 N. Main Street P.O. Box 1003 Monticello, IN 47960-	computer service/office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/05/2000	623.93
Stephanie Mattix 200 N. Main St. Monticello, IN 47960-	"see below" Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/19/2000	268.94
U.S. Air Indianapolis, IN 46201-	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/19/2000	215.00 MEMO
Stephanie Mattix 200 N. Main St. Monticello, IN 47960-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/27/2000	810.06
Stephanie Mattix 200 N. Main St. Monticello, IN 47960-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/31/2000	810.06

SUBTOTAL of Disbursements This Page (optional)	2,840.90
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed summary page

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Finance Center P.O. Box 70874 Chicago, IL 60673-0874	health insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/26/2000	240.61
Nipaco P.O. Box 13007 Merrillville, IN 46411-	electric bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/03/2000	85.63
Nipaco P.O. Box 13007 Merrillville, IN 46411-	electric bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/2000	93.45
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	stop pay Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/14/2000	25.00
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/14/2000	235.66
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	money order Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/17/2000	18.70
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/17/2000	418.04

SUBTOTAL of Disbursements This Page (optional)	1,117.09
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	money order/petty cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/23/2000	98.70
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	money order Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/07/2000	18.90
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/09/2000	1,280.68
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	check order Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/2000	34.30
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/30/2000	52.40
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/17/2000	12.80
Postmaster 125 W. Broadway Monticello, IN 47960-	rental fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/18/2000	32.00

SUBTOTAL of Disbursements This Page (optional)	1,529.78
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congress			
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/21/2000	66.00
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/25/2000	6.40
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/17/2000	52.75
Q Graphics 108 E. Main St. P.O. Box 180 Delphi, IN 46923-	printing service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/26/2000	1,741.95
Doug Raderstorf 800 East Ohio Street Monticello, IN 47960-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/27/2000	384.78
Doug Raderstorf 800 East Ohio Street Monticello, IN 47960-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/31/2000	384.78
Ramada Plaza Hotel 2519 E. Center St. Warsaw, IN 46580-	facilities for fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/05/2000	340.68

SUBTOTAL of Disbursements This Page (optional)	2,977.34
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Reliable Car Rental 2965 N. Shadeland Indianapolis, IN 46219-	Van Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/10/2000	405.59
Rensselaer Printco 116 N. Cullen Street Rensselaer, IN 47978-	printing service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/09/2000	372.00
Sprint P.O. Box 74517 Atlanta, GA 30374-	telephone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/28/2000	260.11
Sprint P.O. Box 74517 Atlanta, GA 30374-	telephone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/05/2000	22.89
Sprint P.O. Box 74517 Atlanta, GA 30374-	telephone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/17/2000	49.98
Sprint P.O. Box 74517 Atlanta, GA 30374-	telephone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/26/2000	387.85
Sprint P.O. Box 74517 Atlanta, GA 30374-	telephone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/05/2000	69.77

SUBTOTAL of Disbursements This Page (optional)	1,568.19
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sprint P.O. Box 74517 Atlanta, GA 30374-	telephone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/07/2000	21.67
Stunt Dawg Studios 110 N. Front St. Rensselaer, IN 47978-	fundraiser t-shirts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/17/2000	811.65
Mary Tanguy 586 S. Shore Dr. Culver, IN 46511-	fundraiser expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/2000	972.00 IN KIND
Lawrence Vogel 907 E. US 24 Monticello, IN 47960-	May rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/24/2000	650.00
Lawrence Vogel 907 E. US 24 Monticello, IN 47960-	June rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/2000	650.00
		/ /	
		/ /	

SUBTOTAL of Disbursements This Page (optional)	3,105.32
TOTAL This Period (last page this line number only)	21,771.41

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Leslie-fisher Engine 2719 E. Boulevard Kokomo, IN 46902-	refund of contribution 6/9/00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/30/2000	100.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	100.00
TOTAL This Period (last page this line number only)	100.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Hoosiers Supporting Buyer for Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Stephanie Mattix 4479 E. Oakcrest Dr. Monticello, IN 47960	\$810.06	\$1889.06	\$1889.06	\$810.06
Nature of Debt (Purpose): Payroll/travel expenses				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Josh Hammond 2025 Greenbush St. Apt. 212 Lafayette, IN 47904	\$0	\$5716.35	\$3191.81	\$2584.54
Nature of Debt (Purpose): payroll/reimb. for gasoline				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Carolyn Machado 6111 Newman Road Fairfax, VA 22030	\$0	\$2393.50	\$0	\$2393.50
Nature of Debt (Purpose): consultant				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Rensselaer Printco 116 N. Cullen St. Rensselaer, IN 47978	\$0	\$1118.55	\$372.00	\$746.55
Nature of Debt (Purpose): printing expense				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Stunt Dawg Studio 110 N. Front St. Rensselaer, IN 47978	\$0	\$1652.70	\$811.65	\$841.05
Nature of Debt (Purpose): T-Shirts				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Steve Buyer 200 N. Main St. Monticello, IN 47960	\$0	\$1362.77	\$0	\$1362.77
Nature of Debt (Purpose): Reimb. for travel&Facilities				

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page in this line only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Hoosiers Supporting Buyer for Congress A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Corporate Card Services P.O. Box 10347 Des Moines, IA 50306	\$0	\$2476.46	\$1942.13	\$534.33
Nature of Debt (Purpose): Food for fundraiser				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	\$9272.80
2) TOTALS This Period (last page in this line only)	\$9272.80
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	\$9272.80

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-14-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>See</i>	7-17-00
PREPARER	DATE PREPARED