

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)ii

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NAME OF COMMITTEE (In Full)

Friends for Baron Hill C00327056

A. Full Name, Mailing Address and ZIP Code Ralph Selfert 254 Garritt Street Hanover, IN 47243 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$	Date (month, day, year) 6/30/00 \$20.00	Amount of Each Receipt This Period \$20.00
B. Full Name, Mailing Address and ZIP Code Shirley Shade 500 E 14th St Seymour, IN 47274-1148 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$	Date (month, day, year) 6/30/00 \$100.00	Amount of Each Receipt This Period \$50.00
C. Full Name, Mailing Address and ZIP Code Jean Shelton 7105 West State Road 56 Hanover, IN 47243 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$	Date (month, day, year) 6/29/00 \$20.00	Amount of Each Receipt This Period \$20.00
D. Full Name, Mailing Address and ZIP Code Robert Shippee PO Box 11 Seymour, IN 47274- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$	Date (month, day, year) 6/30/00 \$10.00	Amount of Each Receipt This Period \$10.00
E. Full Name, Mailing Address and ZIP Code Barbara Sillings 545 Spickert Know Road New Albany, IN 47150 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$	Date (month, day, year) 4/30/00 \$100.00	Amount of Each Receipt This Period \$100.00
F. Full Name, Mailing Address and ZIP Code Greg Silver 8442 Oakwood Ct Indianapolis, IN 46260-2355 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/29/00 \$175.00	Amount of Each Receipt This Period \$175.00
G. Full Name, Mailing Address and ZIP Code Connie Sipes 1825 Ekin Avenue New Albany, IN 47150 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer State of Indiana Occupation State Senator Aggregate Year-to-Date > \$	Date (month, day, year) 4/30/00 \$200.00	Amount of Each Receipt This Period \$200.00

SUBTOTAL of Receipts This Page (optional) \$575.00

TOTAL This Period (last page this line number only)