

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Friends of Brose McVey

ADDRESS (number and street) 6022 Hollythorn Lane

Check if different than previously reported. (ACC)

Carmel IN 46033

2. **FEC IDENTIFICATION NUMBER** C00458901

**CITY** STATE ZIP CODE STATE DISTRICT

IN 05

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)
- Election on [ ] [ ] [ ] in the State of [ ]

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)
- Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 07 01 2009 through 09 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Karen Arland

Signature of Treasurer Electronically Filed by Mrs. Karen Arland Date 12 24 2009

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

Office Use Only							
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**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Brose McVey

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	50891.80	153073.34
(b) Total Contribution Refunds (from Line 20(d)).....	250.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	50641.80	152823.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	45672.05	70907.76
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	45672.05	70907.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	85023.33	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Friends of Brose McVey

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

37605.52

118246.06

(ii) Unitemized.....

13286.28

34077.28

(iii) TOTAL of contributions

50891.80

152323.34

from individuals..... ▶

0.00

750.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

50891.80

153073.34

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

50891.80

153073.34

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	45672.05	70907.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	250.00	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	250.00	250.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	45922.05	71157.76

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	80053.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	50891.80
25. SUBTOTAL (add Line 23 and Line 24).....	130945.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45922.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	85023.33

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

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

FOR LINE NUMBER: PAGE 5 / 62  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Keith John Allman

Mailing Address 5907 William Conner Way

City State Zip Code  
Carmel IN 46033

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

Name of Employer Occupation  
Delta Faucet CEO

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2009

**Transaction ID:** 0000494

Amount of Each Receipt this Period  
500.00

Brose

**B.** Full Name (Last, First, Middle Initial)  
Mr William S French

Mailing Address 10968 Windjammer South Drive

City State Zip Code  
Indianapolis IN 46256

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

Name of Employer Occupation  
Colliers Turley Martin Tucker real estate developer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2009

**Transaction ID:** 0001256

Amount of Each Receipt this Period  
1475.10

**C.** Full Name (Last, First, Middle Initial)  
Kate McVey

Mailing Address 12937 Andover Drive

City State Zip Code  
Carmel IN 46033

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

Name of Employer Occupation  
Brebeuf Jesuit High School College Admissions Director

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2009

**Transaction ID:** 0001243

Amount of Each Receipt this Period  
-406.01

reimbursement (cellphone)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1093.99**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kate McVey</p> <p>Mailing Address 12937 Andover Drive</p> <p>City State Zip Code Carmel IN 46033</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Brebeuf Jesuit High School      Occupation College Admissions Director</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">0.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID:</b> 0001244</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">-115.45</span></p> <p>reimbursement (campaign supplies)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Sean Bartley</p> <p>Mailing Address 1387 CR 1475</p> <p>City State Zip Code Ashland OH 44805</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self-employed      Occupation Consultant</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">0.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID:</b> 0001230</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">-350.00</span></p> <p>reimbursement - band</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Sean Bartley</p> <p>Mailing Address 1387 CR 1475</p> <p>City State Zip Code Ashland OH 44805</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self-employed      Occupation Consultant</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">0.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID:</b> 0001231</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">-464.64</span></p> <p>reimbursement (campaign supplies)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">-930.09</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) Tracy L Milligan	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 9625 Shasta Dr	<b>Transaction ID:</b> 0000506
	City State Zip Code Fishers IN 46038-8324	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Shoopman Homes Occupation Salesperson Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sean Bartley	Date of Receipt MM / DD / YYYY 08 / 28 / 2009
	Mailing Address 1387 CR 1475	<b>Transaction ID:</b> 0001237
	City State Zip Code Ashland OH 44805	Amount of Each Receipt this Period -897.25
	FEC ID number of contributing federal political committee. C	fundraising event expenses
	Name of Employer self-employed Occupation Consultant Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 0.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Charles E Jordan	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 1041 Chapman Blvd	<b>Transaction ID:</b> 0000510
	City State Zip Code Greenfield IN 46140	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer None Occupation Retired Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>-147.25</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr Michael Steven Lewis</p> <p>Mailing Address 9342 E Us Highway 40</p> <p>City State Zip Code Greenfield IN 46140</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation Farmer</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">250.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 0 1 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 0000511</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) J. Mark Howell</p> <p>Mailing Address 1982 Finchley Rd</p> <p>City State Zip Code Carmel IN 46032-7349</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Brightpoint Occupation Executive</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">2400.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 0 2 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 0000514</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2400.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr Joseph A Vogel</p> <p>Mailing Address 1623 W 950 N</p> <p>City State Zip Code N Manchester IN 46962</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation Farmer</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">250.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 0 3 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 0000515</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">250.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2900.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; height: 20px;"></span>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Steve Zahn

Mailing Address 5000 W 600 N

City State Zip Code  
Huntington IN 46750-8040

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

Name of Employer Occupation  
First Federal Bank Executive

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 04 / 2009

Transaction ID: 0000517

Amount of Each Receipt this Period  
250.00

Election Cycle-to-Date ▼  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Jeff Godby

Mailing Address 2343 Ulen Overlook

City State Zip Code  
Lebanon IN 46052

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

Name of Employer Occupation  
Godby Home Finishings business owner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2009

Transaction ID: 0000519

Amount of Each Receipt this Period  
250.00

Election Cycle-to-Date ▼  
450.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Dee M Byerly

Mailing Address 180 S State Road 15

City State Zip Code  
Wabash IN 46992

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

Name of Employer Occupation  
None Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 09 / 2009

Transaction ID: 0000526

Amount of Each Receipt this Period  
250.00

Election Cycle-to-Date ▼  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) John Snyder	Date of Receipt MM / DD / YYYY 09 / 12 / 2009
	Mailing Address 565 N 500 W	<b>Transaction ID:</b> 0000531
	City State Zip Code Wabash IN 46992-8643	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation McKillip Seeds Salesperson	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Walt & Calley Ekins	Date of Receipt MM / DD / YYYY 09 / 13 / 2009
	Mailing Address 25154 Mid Road	<b>Transaction ID:</b> 0000532
	City State Zip Code Batesville IN 47006	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation None retired	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Scot Ortman	Date of Receipt MM / DD / YYYY 09 / 15 / 2009
	Mailing Address 4091 South 95 East	<b>Transaction ID:</b> 0000535
	City State Zip Code Bringham IN 46913	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ortman Grain Owner	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr John E Hacker		Date of Receipt
	Mailing Address 1111 W 200 S		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 16 / 2009
	City	State	Zip Code
	Huntington	IN	46750
	FEC ID number of contributing federal political committee.		Transaction ID: 0000967
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 300.00	
Name of Employer Self		Occupation Farmer	
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Nicholas R Gulling		Date of Receipt
	Mailing Address 5340 N Sugar Hills Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 16 / 2009
	City	State	Zip Code
	Greenfield	IN	46140
	FEC ID number of contributing federal political committee.		Transaction ID: 0000969
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00	
Name of Employer None		Occupation Retired	
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael A. Smith		Date of Receipt
	Mailing Address 15358 Whistling Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 16 / 2009
	City	State	Zip Code
	Carmel	IN	46022
	FEC ID number of contributing federal political committee.		Transaction ID: 0000970
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 1300.00	
Name of Employer Self		Occupation Executive	
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2300.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1850.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr Michael T Fisher		Date of Receipt
	Mailing Address 3724 W 630 N		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Huntington	IN	46750
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer None		Occupation Retired	<b>Transaction ID:</b> 0000976
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Lisa M McDonald		Date of Receipt
	Mailing Address 6317 W 445 N		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Huntington	IN	46750
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Huntington Schools		Occupation Teacher	<b>Transaction ID:</b> 0000980
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Dan Quayle		Date of Receipt
	Mailing Address 6224 N 61st Pl		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Paradise Valley	AZ	85253
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Attorney	<b>Transaction ID:</b> 0000982
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="800.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
R. D. Rowe

Mailing Address 9711 Covington Road

City State Zip Code  
Fort Wayne IN 46804

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

Name of Employer Occupation  
Rowe Industries Executive

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2009

**Transaction ID:** 0000983

Amount of Each Receipt this Period  
250.00

350.00

**B.** Full Name (Last, First, Middle Initial)  
Philip K Shafer

Mailing Address 297 N 600 W

City State Zip Code  
Andrews IN 46702

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

Name of Employer Occupation  
Farmer Farmer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2009

**Transaction ID:** 0000984

Amount of Each Receipt this Period  
250.00

250.00

**C.** Full Name (Last, First, Middle Initial)  
John Demaree

Mailing Address 111 Monument Circle, Ste 4750

City State Zip Code  
Indianapolis IN 46204

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

Name of Employer Occupation  
Cushman & Wakefield Executive

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2009

**Transaction ID:** 0000986

Amount of Each Receipt this Period  
250.00

250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 62  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Mr Randy Curless

Mailing Address 1677 E 500 S

City State Zip Code  
Wabash IN 46992

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

Name of Employer Occupation  
Liberty Swine Farms Farmer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2009

Transaction ID: 0000988

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
John Williams

Mailing Address 8000 N Illinois

City State Zip Code  
Indianapolis IN 46260

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

Name of Employer Occupation  
None Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2009

Transaction ID: 0000990

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Greg O'Connor

Mailing Address 610 Wordsworth Court

City State Zip Code  
Noblesville IN 46060

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

Name of Employer Occupation  
M&I Bank City Councilman

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2009

Transaction ID: 0000994

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Gramelspacher		Date of Receipt
	Mailing Address 4205 Washington Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 21 / 2009
	City	State	Zip Code
	Indianapolis	IN	46205
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 0000997
Name of Employer CMW		Occupation Executive	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
			General / Uncoded

<b>B.</b>	Full Name (Last, First, Middle Initial) Rhonda A Woo		Date of Receipt
	Mailing Address 7433 W Fox View Trl		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 21 / 2009
	City	State	Zip Code
	New Palestine	IN	46163
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 0001265
Name of Employer None		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 750.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary Nose		Date of Receipt
	Mailing Address 11178 S America Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 22 / 2009
	City	State	Zip Code
	LaFontaine	IN	46940
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 0000998
Name of Employer Government		Occupation County Councilman	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Rollin M Dick

Mailing Address 9085 E SR 334

City Zionsville State IN Zip Code 46077

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

Name of Employer MH Equity Occupation Accountant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt: 09 / 22 / 2009  
**Transaction ID:** 0001001  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Robert R Halderman

Mailing Address 186 S State Road 15

City Wabash State IN Zip Code 46992

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

Name of Employer None Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 09 / 23 / 2009  
**Transaction ID:** 0001005  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Dale L Stouffer

Mailing Address 704 W Water Works Rd

City Wabash State IN Zip Code 46992

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

Name of Employer Monsanto Occupation Salesperson

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 09 / 23 / 2009  
**Transaction ID:** 0001006  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Mr Mark A Carney

Mailing Address 848 Wedgewood Ln

City State Zip Code  
Carmel IN 46033

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

Name of Employer Occupation  
CEO Insurance Executive

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2009

**Transaction ID:** 0001007

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Kevin W Clasen

Mailing Address 10816 Turne Grove

City State Zip Code  
Fishers IN 46037

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

Name of Employer Occupation  
WestPoint Private Client Financial Planner  
Group\_CF

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2009

**Transaction ID:** 0001008

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Beverly J Gard

Mailing Address 3660 N 50 E

City State Zip Code  
Greenfield IN 46140

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

Name of Employer Occupation  
State of Indiana State Senator

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2009

**Transaction ID:** 0001014

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Mr Ronnie L Mohr

Mailing Address 5200 E 600 N

City State Zip Code  
Greenfield IN 46140

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

Name of Employer Occupation  
Farmer Farmer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2009

**Transaction ID:** 0001021

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Ronnie L Mohr

Mailing Address 5200 E 600 N

City State Zip Code  
Greenfield IN 46140

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

Name of Employer Occupation  
Farmer Farmer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2009

**Transaction ID:** 0001022

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Raul E Zavaleta

Mailing Address 475 W 91st St

City State Zip Code  
Indianapolis IN 46260

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

Name of Employer Occupation  
Eli Lilly Employee

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2009

**Transaction ID:** 0001026

Amount of Each Receipt this Period  
500.00

General / Uncoded

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 62  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.**

Full Name (Last, First, Middle Initial)  
Lloyd Hagedorn

Mailing Address 6409 East Canal Point

City State Zip Code  
Fort Wayne IN 46804

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

Name of Employer Occupation  
None Retired

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2009

Transaction ID: 0001030

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Jay Vroom

Mailing Address 1156 15th St NW, Suite 400

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
Crop Life America Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2009

Transaction ID: 0001031

Amount of Each Receipt this Period

500.00

General / Uncoded

**C.**

Full Name (Last, First, Middle Initial)  
Walter P Waitt

Mailing Address 3520 West 200 South

City State Zip Code  
Greenfield IN 46140

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

Name of Employer Occupation  
None Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 495.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2009

Transaction ID: 0001261

Amount of Each Receipt this Period

245.00

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

1245.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) Chuck Simons		Date of Receipt
	Mailing Address 5510 Four Mile Drive		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kokomo	IN	46901
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Orthodontist	<b>Transaction ID:</b> 0001034
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs Marjorie L Hiner		Date of Receipt
	Mailing Address 1979 N 600 W		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Andrews	IN	46702
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer None		Occupation Retired	<b>Transaction ID:</b> 0001037
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="254.00"/>	<input type="text" value="254.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs Marjorie L Hiner		Date of Receipt
	Mailing Address 1979 N 600 W		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Andrews	IN	46702
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer None		Occupation Retired	<b>Transaction ID:</b> 0001038
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="454.00"/>	<input type="text" value="200.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="954.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr Kenneth G Stella</p> <p>Mailing Address 4671 Bedford Court</p> <p>City State Zip Code Carmel IN 46033</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer None</p> <p>Occupation retired</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 24 / 2009</span></p> <p><b>Transaction ID:</b> 0001042</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr Max R Warner</p> <p>Mailing Address 10181 N 200 W</p> <p>City State Zip Code Huntington IN 46750</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer None</p> <p>Occupation Retired</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 25 / 2009</span></p> <p><b>Transaction ID:</b> 0001043</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr Ryan M Warner</p> <p>Mailing Address 1863 W 1000 N</p> <p>City State Zip Code Huntington IN 46750</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Bippus Bank</p> <p>Occupation Chief Executive Officer</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">220.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 25 / 2009</span></p> <p><b>Transaction ID:</b> 0001044</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">220.00</span></p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">820.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 62  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Mr Ryan M Warner

Mailing Address 1863 W 1000 N

City State Zip Code  
Huntington IN 46750

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

Name of Employer Occupation  
Bippus Bank Chief Executive Officer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2009

**Transaction ID:** 0001045

Amount of Each Receipt this Period  
30.00

250.00

**B.** Full Name (Last, First, Middle Initial)  
G. William Armstrong

Mailing Address 10654 Sunset Pointe Lane

City State Zip Code  
Fishers IN 46037

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

Name of Employer Occupation  
Armstrong Development Executive

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2009

**Transaction ID:** 0001049

Amount of Each Receipt this Period  
750.00

1350.00

**C.** Full Name (Last, First, Middle Initial)  
Mr John E Hacker

Mailing Address 1111 W 200 S

City State Zip Code  
Huntington IN 46750

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

Name of Employer Occupation  
Self Farmer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2009

**Transaction ID:** 0001050

Amount of Each Receipt this Period  
250.00

550.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1030.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 23 / 62</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) Corby D Thompson		Date of Receipt
	Mailing Address 12553 Walnut Ridge Pl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2009
	City	State	Zip Code
	Fishers	IN	46038
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 0001053
Name of Employer Boomerang Development		Occupation Executive	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr Curtis D Fankhauser		Date of Receipt
	Mailing Address 4332 Wythe Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2009
	City	State	Zip Code
	Indianapolis	IN	46250
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 0001054
Name of Employer Truss Manufacturing		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr Christopher R Norwood		Date of Receipt
	Mailing Address 10380 Bosloe Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2009
	City	State	Zip Code
	Carmel	IN	46032
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 0001056
Name of Employer Biechele Royce		Occupation Senior Investment Advisor	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr Jeffery Scott Roush	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address 12065 Watermark Ct	<b>Transaction ID:</b> 0001058
	City State Zip Code Indianapolis IN 46236	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Tom Roush Lincoln Mercury automobile dealer	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Del Demaree	Date of Receipt MM / DD / YYYY 09 / 26 / 2009
	Mailing Address 5511 Four Mile Drive	<b>Transaction ID:</b> 0001065
	City State Zip Code Kokomo IN 46901	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Syndicate Sales Executive	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stacy Castor	Date of Receipt MM / DD / YYYY 09 / 26 / 2009
	Mailing Address 4855 W 1800 S	<b>Transaction ID:</b> 0001067
	City State Zip Code Remington IN 47977	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation None Homemaker	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 62  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Dean Eppley  
Mailing Address 711 W SR 124  
City Wabash State IN Zip Code 46992  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation Farmer  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 550.00  
Date of Receipt 09 / 27 / 2009  
Transaction ID: 0001073  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs Christine Sue York  
Mailing Address 4738 W 800 N  
City Roann State IN Zip Code 46974  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Riverbend Farms LLC Occupation Farmer  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 09 / 27 / 2009  
Transaction ID: 0001078  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Barry J Eppley  
Mailing Address 1870 W 400 S  
City Wabash State IN Zip Code 46992  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wabash County Occupation County Commissioner  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 09 / 27 / 2009  
Transaction ID: 0001079  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Mrs Christine Sue York

Mailing Address 4738 W 800 N

City State Zip Code  
Roann IN 46974

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

Name of Employer Occupation  
Riverbend Farms LLC Farmer

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2009

**Transaction ID:** 0001081

Amount of Each Receipt this Period  
409.87

IN-KIND: Wabash Event

1409.87

**B.** Full Name (Last, First, Middle Initial)  
Mr Frederick J Day

Mailing Address 3993 E 226th St

City State Zip Code  
Cicero IN 46034

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

Name of Employer Occupation

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2009

**Transaction ID:** 0001274

Amount of Each Receipt this Period  
1000.00

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dilip Vadlamudi

Mailing Address 8665 Providence Dr

City State Zip Code  
Fishers IN 46038

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

Name of Employer Occupation  
Repscore Owner

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2009

**Transaction ID:** 0001090

Amount of Each Receipt this Period  
500.00

1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1909.87**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 62  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Mr Donald Dwain Dumoulin, II

Mailing Address 15834 Bridgewater Club B

City Carmel State IN Zip Code 46033

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

Name of Employer King Systems Occupation Chief Executive Officer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2009  
**Transaction ID:** 0001091  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Bob Irvin

Mailing Address 465 Leeds Cir

City Carmel State IN Zip Code 46032-9491

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

Name of Employer IQ Solutions Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2009  
**Transaction ID:** 0001092  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Ted A Little

Mailing Address 1076 W 900 N

City N Manchester State IN Zip Code 46962

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

Name of Employer Mid West Ag Occupation Farmer/Lending

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2009  
**Transaction ID:** 0001093  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Bharath Gali

Mailing Address 12713 Broncos Dr

City State Zip Code  
Fishers IN 46037

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

Name of Employer GDN Info Occupation  
Owner

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2009

**Transaction ID:** 0001097

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Don N Aquilano

Mailing Address 13066 Southampton Ct

City State Zip Code  
Carmel IN 46032

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

Name of Employer Gazelle TechVentures Occupation  
Director

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2009

**Transaction ID:** 0001100

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Fred C. Tucker, III

Mailing Address 3777 Bay Road North

City State Zip Code  
Indianapolis IN 46240

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

Name of Employer FC Tucker Realty Occupation  
Executive

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2009

**Transaction ID:** 0001101

Amount of Each Receipt this Period  
250.00

Quinn Event

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr Mark A Kosiarek	Date of Receipt MM / DD / YYYY 09 / 29 / 2009
	Mailing Address 12424 Brooks Xing	<b>Transaction ID:</b> 0001103
	City State Zip Code Fishers IN 46037	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Lunch2 Event
	Name of Employer Occupation VAI Technology Inc Owner	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) George Morton	Date of Receipt MM / DD / YYYY 09 / 29 / 2009
	Mailing Address 5640 N 250 E	<b>Transaction ID:</b> 0001106
	City State Zip Code Lebanon IN 46052	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation None retired	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Shuter	Date of Receipt MM / DD / YYYY 09 / 29 / 2009
	Mailing Address 7400 N 400 W	<b>Transaction ID:</b> 0001107
	City State Zip Code Frankton IN 46044	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Farmer	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 30 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Robert Hingst

Mailing Address 1720 W Taylor

City State Zip Code  
Kokomo IN 46901

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

Name of Employer Occupation  
Mid American Beverage Vice President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2009

**Transaction ID:** 0001109

Amount of Each Receipt this Period  
400.00

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Robin Koch

Mailing Address PMB 149, 333 W North Ave

City State Zip Code  
Chicago IL 60610

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

Name of Employer Occupation  
Watson Pharmaceuticals Director

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2009

**Transaction ID:** 0001113

Amount of Each Receipt this Period  
250.00

Christmas Event

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Cierzniak

Mailing Address 1503 Broadway St

City State Zip Code  
Indianapolis IN 46202

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

Name of Employer Occupation  
TEK Systems- Technical Writer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2009

**Transaction ID:** 0001114

Amount of Each Receipt this Period  
200.00

Repeat

350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr Steven Alonso		Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 1357 Helford Lane		Transaction ID: 0001117
	City Carmel	State IN	Zip Code 46032
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Fifth Third Bank	Occupation VP Consumer Lending	Repeat
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr James C Dillon		Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 507 Cornwall Court		Transaction ID: 0001118
	City Carmel	State IN	Zip Code 46032
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Doctor	Brokshire Event
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr Rex Allen Gingerich		Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 1416 Sugar Mill Ct		Transaction ID: 0001121
	City Russiaville	State IN	Zip Code 46979
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer McGonigal GMC	Occupation Executive	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Mr Brian R Zurawski

Mailing Address 10697 Woodmont Ln

City State Zip Code  
Fishers IN 46037

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

Name of Employer Occupation  
Cushman & Wakefield Executive

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

**Transaction ID:** 0001124

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Donald D Garrity

Mailing Address 10826 Geist Rd

City State Zip Code  
Fishers IN 46037

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

Name of Employer Occupation  
Garrity Tool Owner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

**Transaction ID:** 0001126

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Michael T Fisher

Mailing Address 3724 W 630 N

City State Zip Code  
Huntington IN 46750

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

Name of Employer Occupation  
None Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

**Transaction ID:** 0001134

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr James J Iovino</p> <p>Mailing Address 15927 Bridgewater Club B</p> <p>City State Zip Code Carmel IN 46033</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self-employed Occupation insurance agent</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">600.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 3 0 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 0001136</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr Scott M Kennedy</p> <p>Mailing Address 12989 Brighton Lane</p> <p>City State Zip Code Carmel IN 46032</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Merrill Lynch VP, Global Wealth Management</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 3 0 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 0001140</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Stephanie Jocham</p> <p>Mailing Address 11450 N Meridian St Ste 200</p> <p>City State Zip Code Carmel IN 46032-4530</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self-employed Occupation Attorney</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">600.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 3 0 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 0001141</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Quinn Event</p>
---	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1200.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 62  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Clifton Johnson

Mailing Address 9508 Timber Crest Lane

City Indianapolis State IN Zip Code 46256

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

Name of Employer Hall Render Occupation Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2009  
**Transaction ID:** 0001142  
 Amount of Each Receipt this Period 500.00  
 General / Uncoded

**B.** Full Name (Last, First, Middle Initial)  
Mr Thomas K Johnson

Mailing Address 8611 Vintner Court

City Indianapolis State IN Zip Code 46256

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

Name of Employer Wells Fargo Insurance Occupation Wells Fargo

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2009  
**Transaction ID:** 0001143  
 Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Johnna R Mishelow

Mailing Address 1026 Saratoga Cir

City Indianapolis State IN Zip Code 46280

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

Name of Employer None Occupation Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2009  
**Transaction ID:** 0001144  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 62  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.**

Full Name (Last, First, Middle Initial)  
Gerald G Malone

Mailing Address 13982 Broad Meadow

City State Zip Code  
Carmel IN 46032

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

Name of Employer Occupation  
HJ Umbaugh & Assoc Accountant

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

**Transaction ID:** 0001145

Amount of Each Receipt this Period  
250.00

General / Uncoded

750.00

**B.**

Full Name (Last, First, Middle Initial)  
Corby D Thompson

Mailing Address 12553 Walnut Ridge Pl

City State Zip Code  
Fishers IN 46038

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

Name of Employer Occupation  
Boomerang Development Executive

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

**Transaction ID:** 0001147

Amount of Each Receipt this Period  
250.00

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr John V Schneider

Mailing Address 65 Bayshore Ct

City State Zip Code  
Carmel IN 46033

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

Name of Employer Occupation  
Schneider Corp Executive

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

**Transaction ID:** 0001149

Amount of Each Receipt this Period  
250.00

250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Mr Jeffrey A Greenwalt

Mailing Address

City State Zip Code  
IN

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

Name of Employer: Greenfield Builders   Occupation: Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 30 / 2009  
**Transaction ID:** 0001154  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs Marjorie L Hiner

Mailing Address 1979 N 600 W

City State Zip Code  
Andrews IN 46702

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

Name of Employer: None   Occupation: Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 30 / 2009  
**Transaction ID:** 0001156  
 Amount of Each Receipt this Period: 1000.00  
 Hiner Event

**C.** Full Name (Last, First, Middle Initial)  
Mr Wendel Scott Dawes

Mailing Address 4075 N 200 W

City State Zip Code  
Urbana IN 46990

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

Name of Employer: Dawes Farms   Occupation: Farmer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 30 / 2009  
**Transaction ID:** 0001163  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 37 / 62
	(check only one)	
	<input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) Tom Roush		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 525 David Brown Dr		Transaction ID: 0001164		
	City Westfield	State IN	Zip Code 46074-9629	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Car Dealership Owner		Occupation Auto Dealer		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Helen L Dawes		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 2199 E St Rd 16		Transaction ID: 0001165		
	City Urbana	State IN	Zip Code 46990	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self		Occupation Farmer		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr Joseph P Clayton		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 3516 Club Estates Drive		Transaction ID: 0001166		
	City Carmel	State IN	Zip Code 46033	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sirius Satellite Radio		Occupation Chairman		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 62  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.** Full Name (Last, First, Middle Initial)  
Donald T Bell

Mailing Address 9990 Westfield Blvd

City Indianapolis State IN Zip Code 46280

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

Name of Employer Bell Telephone Technologies Occupation businessman

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt 09 / 30 / 2009  
**Transaction ID:** 0001167  
 Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Alan Kimbell

Mailing Address 1430 Indiana Ave

City Indianapolis State IN Zip Code 46202

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

Name of Employer None Occupation retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2009  
**Transaction ID:** 0001173  
 Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Richard Smith

Mailing Address 1830 S Plate

City Kokomo State IN Zip Code 46902

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

Name of Employer Smith Financial Occupation Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2009  
**Transaction ID:** 0001177  
 Amount of Each Receipt this Period 500.00  
 Kokomo Event

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 62

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

**A.**

Full Name (Last, First, Middle Initial)  
Gale Mann

Mailing Address 6330 W Hamilton Rd

City State Zip Code  
Fort Wayne IN 46814

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

Name of Employer  
Roanoke Chamber of Commerce

Occupation  
Board Member

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: 0001178

Amount of Each Receipt this Period

500.00

Hiner Event

**B.**

Full Name (Last, First, Middle Initial)  
John Mann

Mailing Address 6330 W Hamilton Rd S

City State Zip Code  
Fort Wayne IN 46814-9434

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

Name of Employer  
JMA Inc

Occupation  
Executive

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: 0001179

Amount of Each Receipt this Period

500.00

Hiner Event

**C.**

Full Name (Last, First, Middle Initial)  
Mrs Susan J Quinn

Mailing Address 12059 Admirals Pointe Ci

City State Zip Code  
Indianapolis IN 46236

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

Name of Employer  
None

Occupation  
Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
380.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: 0001262

Amount of Each Receipt this Period

380.00

IN-KIND: Food

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

1380.00

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

37605.52

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 62

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

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)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) Marathon Oil  Mailing Address 1708 East 116th Street  City Carmel State IN Zip Code 46032  Purpose of Disbursement fuel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 0000082 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 40.07
<b>B.</b>	Full Name (Last, First, Middle Initial) Sean Bartley  Mailing Address 1387 CR 1475  City Ashland State OH Zip Code 44805  Purpose of Disbursement COMPENSATION FOR PERSONAL SERVICES Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 0001227 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 2000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Jason Myers  Mailing Address 7455 Blue Creek Drive  City Indianapolis State IN Zip Code 46256  Purpose of Disbursement graphics Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 0001245 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3040.07</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
Friends of Brose McVey

A.

Full Name (Last, First, Middle Initial)  
Ricker Oil Company

Transaction ID: 0000085  
Date of Disbursement

Mailing Address 3355 West 16th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	9	

City Indianapolis State IN Zip Code 46224

Amount of Each Disbursement this Period

Purpose of Disbursement  
Meals/snacks during travel

002  
Category/  
Type

25.60
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Indiana Republican Party

Transaction ID: 0005261  
Date of Disbursement

Mailing Address 47 South Meridian Street  
Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	9	

City Indianapolis State IN Zip Code 46204

Amount of Each Disbursement this Period

Purpose of Disbursement  
State Dinner expense

001  
Category/  
Type

300.00
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Sean Bartley

Transaction ID: 0001229  
Date of Disbursement

Mailing Address 1387 CR 1475

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

City Ashland State OH Zip Code 44805

Amount of Each Disbursement this Period

Purpose of Disbursement  
mileage

001  
Category/  
Type

278.00
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

603.60

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sean Bartley</p> <p>Mailing Address 1387 CR 1475</p> <p>City Ashland State OH Zip Code 44805</p> <p>Purpose of Disbursement PAYMENT FOR MILEAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0001228</p> <p>Date of Disbursement 07 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 613.62</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Marathon Oil</p> <p>Mailing Address 1708 East 116th Street</p> <p>City Carmel State IN Zip Code 46032</p> <p>Purpose of Disbursement From FEC File</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0000101</p> <p>Date of Disbursement 07 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 7.28</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Sean Bartley</p> <p>Mailing Address 1387 CR 1475</p> <p>City Ashland State OH Zip Code 44805</p> <p>Purpose of Disbursement COMPENSATION FOR PERSONAL SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0001234</p> <p>Date of Disbursement 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3620.90

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 25505 City Lehigh Valley State PA Zip Code 18002-5505 Purpose of Disbursement cellphone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0000071 Date of Disbursement 07 / 21 / 2009 Amount of Each Disbursement this Period 368.48 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Nexpointe Strategies, LLC Mailing Address 11595 North Pennsylvania Street City Carmel State IN Zip Code 46032 Purpose of Disbursement meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0000072 Date of Disbursement 07 / 21 / 2009 Amount of Each Disbursement this Period 26.16 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Jazz It Up Mailing Address 525 Industrial Drive City Carmel State IN Zip Code 46032 Purpose of Disbursement tee shirts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0000073 Date of Disbursement 07 / 21 / 2009 Amount of Each Disbursement this Period 269.11 001 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

663.75

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

A.

Full Name (Last, First, Middle Initial)  
Brose A McVey

Transaction ID: 0001251  
Date of Disbursement

Mailing Address 12937 Andover Dr

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

City State Zip Code  
Carmel IN 46033

Amount of Each Disbursement this Period

110.39
--------

Purpose of Disbursement  
mileage/parking  
Candidate Name

001
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Sean Bartley

Transaction ID: 0001232  
Date of Disbursement

Mailing Address 1387 CR 1475

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

City State Zip Code  
Ashland OH 44805

Amount of Each Disbursement this Period

458.48
--------

Purpose of Disbursement  
PAYMENT FOR MILEAGE  
Candidate Name

001
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Sean Bartley

Transaction ID: 0001233  
Date of Disbursement

Mailing Address 1387 CR 1475

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

City State Zip Code  
Ashland OH 44805

Amount of Each Disbursement this Period

33.16
-------

Purpose of Disbursement  
operational expenditures - printing  
Candidate Name

006
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

602.03
--------

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

A.	Full Name (Last, First, Middle Initial) Howey Politics Indiana	Transaction ID: 0005273 Date of Disbursement 07 / 24 / 2009
	Mailing Address 6255 North Evanston	Amount of Each Disbursement this Period 550.00
	City Indianapolis State IN Zip Code 46220	
	Purpose of Disbursement Howey Report subscription	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Marathon Oil	Transaction ID: 0000090 Date of Disbursement 07 / 24 / 2009
	Mailing Address 1708 East 116th Street	Amount of Each Disbursement this Period 66.52
	City Carmel State IN Zip Code 46032	
	Purpose of Disbursement Expense for Fuel/Auto/RV	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Shell Oil	Transaction ID: 0000091 Date of Disbursement 07 / 28 / 2009
	Mailing Address	Amount of Each Disbursement this Period 65.68
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement fuel	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>682.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Marathon Oil</p> <p>Mailing Address 1708 East 116th Street</p> <p>City Carmel State IN Zip Code 46032</p> <p>Purpose of Disbursement Expense for Fuel/Auto/RV</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0000092</p> <p>Date of Disbursement 07 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 68.62</p> <p>001 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Marathon Oil</p> <p>Mailing Address 1708 East 116th Street</p> <p>City Carmel State IN Zip Code 46032</p> <p>Purpose of Disbursement Expense for Fuel/Auto/RV</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0000149</p> <p>Date of Disbursement 08 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 73.53</p> <p>001 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Marathon Oil</p> <p>Mailing Address 1708 East 116th Street</p> <p>City Carmel State IN Zip Code 46032</p> <p>Purpose of Disbursement Expense for Fuel/Auto/RV</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0000154</p> <p>Date of Disbursement 08 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 76.36</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

218.51

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

A.	Full Name (Last, First, Middle Initial) Speedway	Transaction ID: 0000155
	Mailing Address	Date of Disbursement 08 / 11 / 2009
	City Carmel State IN Zip Code	Amount of Each Disbursement this Period 73.09
	Purpose of Disbursement From FEC File Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sean Bartley	Transaction ID: 0001235
	Mailing Address 1387 CR 1475	Date of Disbursement 08 / 17 / 2009
	City Ashland State OH Zip Code 44805	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement COMPENSATION FOR PERSONAL SERVICES Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Promotions Plus by Paula	Transaction ID: 0000077
	Mailing Address 222 Kerry Court	Date of Disbursement 08 / 17 / 2009
	City Carmel State IN Zip Code 46032	Amount of Each Disbursement this Period 540.35
	Purpose of Disbursement tee shirts Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2613.44

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

A.

Full Name (Last, First, Middle Initial)  
Nexpointe Strategies, LLC

Transaction ID: 0000078  
Date of Disbursement

Mailing Address 11595 North Pennsylvania Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	9

City Carmel State IN Zip Code 46032

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
office rent

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Nexpointe Strategies, LLC

Transaction ID: 0000079  
Date of Disbursement

Mailing Address 11595 North Pennsylvania Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	9

City Carmel State IN Zip Code 46032

Amount of Each Disbursement this Period

12.50
-------

Purpose of Disbursement  
meal

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Transaction ID: 0000080  
Date of Disbursement

Mailing Address PO Box 25505

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	9

City Lehigh Valley State PA Zip Code 18002-5505

Amount of Each Disbursement this Period

236.97
--------

Purpose of Disbursement  
cellphone

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

1249.47
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<p><b>A.</b> Full Name (Last, First, Middle Initial) Marathon Oil</p> <p>Mailing Address 1708 East 116th Street</p> <p>City Carmel State IN Zip Code 46032</p> <p>Purpose of Disbursement Expense for Fuel/Auto/RV</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0000156</p> <p>Date of Disbursement 08 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 67.50</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sean Bartley</p> <p>Mailing Address 1387 CR 1475</p> <p>City Ashland State OH Zip Code 44805</p> <p>Purpose of Disbursement PAYMENT FOR MILEAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0001236</p> <p>Date of Disbursement 08 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 83.76</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ricker Oil Company</p> <p>Mailing Address 3355 West 16th Street</p> <p>City Indianapolis State IN Zip Code 46224</p> <p>Purpose of Disbursement Expense for Fuel/Auto/RV</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0000159</p> <p>Date of Disbursement 08 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 70.53</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

221.79

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Trucks Plus</p> <p>Mailing Address 1812 South Wabash Street</p> <p>City Wabash State IN Zip Code 46992</p> <p>Purpose of Disbursement rv PURCHASE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 0000172</p> <p><b>Date of Disbursement</b> 08 / 22 / 2009</p> <p><b>Amount of Each Disbursement this Period</b> 24001.00</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sean Bartley</p> <p>Mailing Address 1387 CR 1475</p> <p>City Ashland State OH Zip Code 44805</p> <p>Purpose of Disbursement COMPENSATION FOR PERSONAL SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 0001238</p> <p><b>Date of Disbursement</b> 08 / 28 / 2009</p> <p><b>Amount of Each Disbursement this Period</b> 2000.00</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Road</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement e-mail service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 0000081</p> <p><b>Date of Disbursement</b> 08 / 28 / 2009</p> <p><b>Amount of Each Disbursement this Period</b> 432.00</p> <p>006 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

26433.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sean Bartley</p> <p>Mailing Address 1387 CR 1475</p> <p>City Ashland State OH Zip Code 44805</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 0001239</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="230.05"/></p> <p>Category/Type: <input type="text" value="006"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Speedway</p> <p>Mailing Address</p> <p>City Carmel State IN Zip Code</p> <p>Purpose of Disbursement From FEC File</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 0000168</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.99"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Usps</p> <p>Mailing Address</p> <p>City Carmel State IN Zip Code 46032</p> <p>Purpose of Disbursement postage, mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 0000170</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="29.54"/></p> <p>Category/Type: <input type="text" value="006"/></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

A.	Full Name (Last, First, Middle Initial) Usps	Transaction ID: 0000095 Date of Disbursement 09 / 10 / 2009
	Mailing Address	Amount of Each Disbursement this Period 47.52
	City: Carmel State: IN Zip Code: 46032	
	Purpose of Disbursement: postage, mailing Candidate Name	006 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Usps	Transaction ID: 0000096 Date of Disbursement 09 / 10 / 2009
	Mailing Address	Amount of Each Disbursement this Period 47.52
	City: Carmel State: IN Zip Code: 46032	
	Purpose of Disbursement: postage, mailing Candidate Name	006 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Marathon Oil	Transaction ID: 0000106 Date of Disbursement 09 / 14 / 2009
	Mailing Address: 1708 East 116th Street	Amount of Each Disbursement this Period 49.25
	City: Carmel State: IN Zip Code: 46032	
	Purpose of Disbursement: Expense for Fuel/Auto/RV Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	144.29
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) Usps <hr/> Mailing Address <hr/> City State Zip Code Carmel IN 46032 <hr/> Purpose of Disbursement postage, mailing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0000105 Date of Disbursement 09 / 14 / 2009 <hr/> Amount of Each Disbursement this Period 47.52
<b>B.</b>	Full Name (Last, First, Middle Initial) Office Depot <hr/> Mailing Address 12147 North Meridian Street <hr/> City State Zip Code Carmel IN 46032 <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0000117 Date of Disbursement 09 / 16 / 2009 <hr/> Amount of Each Disbursement this Period 124.36
<b>C.</b>	Full Name (Last, First, Middle Initial) Fun Time Inc. <hr/> Mailing Address <hr/> City State Zip Code Indianapolis IN <hr/> Purpose of Disbursement RV repairs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0000124 Date of Disbursement 09 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 228.41

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**400.29**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) Shell Oil  Mailing Address  City Indianapolis State IN Zip Code 46204 Purpose of Disbursement From FEC File Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 0000126 <b>Date of Disbursement</b> 09 / 21 / 2009	Amount of Each Disbursement this Period 5.37
<b>B.</b>	Full Name (Last, First, Middle Initial) Shell Oil  Mailing Address  City Indianapolis State IN Zip Code 46204 Purpose of Disbursement From FEC File Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 0000130 <b>Date of Disbursement</b> 09 / 21 / 2009	Amount of Each Disbursement this Period 11.61
<b>C.</b>	Full Name (Last, First, Middle Initial) Shell Oil  Mailing Address  City Indianapolis State IN Zip Code 46204 Purpose of Disbursement From FEC File Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 0000134 <b>Date of Disbursement</b> 09 / 21 / 2009	Amount of Each Disbursement this Period 25.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

41.98

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<b>A.</b>	Full Name (Last, First, Middle Initial) Shell Oil  Mailing Address  City Indianapolis State IN Zip Code 46204 Purpose of Disbursement From FEC File Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 0000139 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 9  Amount of Each Disbursement this Period 65.05  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Ricker Oil Company  Mailing Address 3355 West 16th Street  City Indianapolis State IN Zip Code 46224 Purpose of Disbursement Expense for Fuel/Auto/RV Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 0000131 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 9  Amount of Each Disbursement this Period 12.03  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Ricker Oil Company  Mailing Address 3355 West 16th Street  City Indianapolis State IN Zip Code 46224 Purpose of Disbursement Expense for Fuel/Auto/RV Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 0000137 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 9  Amount of Each Disbursement this Period 30.00  001 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

107.08

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

A.	Full Name (Last, First, Middle Initial) Marathon Oil	Transaction ID: 0000140 Date of Disbursement 09 / 21 / 2009
	Mailing Address 1708 East 116th Street	Amount of Each Disbursement this Period 93.77
	City Carmel State IN Zip Code 46032	
	Purpose of Disbursement Expense for Fuel/Auto/RV Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ricker Oil Company	Transaction ID: 0000141 Date of Disbursement 09 / 21 / 2009
	Mailing Address 3355 West 16th Street	Amount of Each Disbursement this Period 100.00
	City Indianapolis State IN Zip Code 46224	
	Purpose of Disbursement Expense for Fuel/Auto/RV Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: 0000129 Date of Disbursement 09 / 21 / 2009
	Mailing Address 12147 North Meridian Street	Amount of Each Disbursement this Period 9.61
	City Carmel State IN Zip Code 46032	
	Purpose of Disbursement office supplies Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

203.38

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<p><b>A.</b> Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 12147 North Meridian Street</p> <p>City Carmel State IN Zip Code 46032</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0000138</p> <p>Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 48.51</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Walter P Waitt</p> <p>Mailing Address 3520 West 200 South</p> <p>City Greenfield State IN Zip Code 46140</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0001261-IK</p> <p>Date of Disbursement 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 245.00</p> <p>(contributor) In-Kind Received</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mrs Marjorie L Hiner</p> <p>Mailing Address 1979 N 600 W</p> <p>City Andrews State IN Zip Code 46702</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0001037-IK</p> <p>Date of Disbursement 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 254.00</p> <p>(contributor) In-Kind Received</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

547.51

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr Ryan M Warner</p> <p>Mailing Address 1863 W 1000 N</p> <p>City Huntington State IN Zip Code 46750</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0001045-IK <b>Date of Disbursement</b> 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>(contributor) In-Kind Received</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mrs Christine Sue York</p> <p>Mailing Address 4738 W 800 N</p> <p>City Roann State IN Zip Code 46974</p> <p>Purpose of Disbursement IN-KIND: Wabash Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0001081-IK <b>Date of Disbursement</b> 09 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 409.87</p> <p>(contributor) In-Kind Received</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ricker Oil Company</p> <p>Mailing Address 3355 West 16th Street</p> <p>City Indianapolis State IN Zip Code 46224</p> <p>Purpose of Disbursement Expense for Fuel/Auto/RV</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0000143 <b>Date of Disbursement</b> 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>449.87</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 60 / 62

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ricker Oil Company</p> <p>Mailing Address 3355 West 16th Street</p> <p>City Indianapolis State IN Zip Code 46224</p> <p>Purpose of Disbursement Expense for Fuel/Auto/RV</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0000144</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="11.84"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Ricker Oil Company</p> <p>Mailing Address 3355 West 16th Street</p> <p>City Indianapolis State IN Zip Code 46224</p> <p>Purpose of Disbursement Expense for Fuel/Auto/RV</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0000145</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="12.94"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Marathon Oil</p> <p>Mailing Address 1708 East 116th Street</p> <p>City Carmel State IN Zip Code 46032</p> <p>Purpose of Disbursement Expense for Fuel/Auto/RV</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0000146</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="17.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="41.78"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

A.

Full Name (Last, First, Middle Initial)  
Mrs Susan J Quinn

Transaction ID: 0001262-IK  
Date of Disbursement

Mailing Address 12059 Admirals Pointe Ci

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

City Indianapolis State IN Zip Code 46236

Amount of Each Disbursement this Period

380.00
--------

Purpose of Disbursement  
IN-KIND: Food  
Candidate Name

001
-----

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

(contributor) In-Kind Received

B.

Full Name (Last, First, Middle Initial)  
PayPal

Transaction ID: 0001263  
Date of Disbursement

Mailing Address 2211 North First Street

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

City San Jose State CA Zip Code 95131

Amount of Each Disbursement this Period

277.42
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Purpose of Disbursement  
From FEC File  
Candidate Name

001
-----

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

657.42
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TOTAL This Period (last page this line number only) .....

42965.50
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Brose McVey

A.

Full Name (Last, First, Middle Initial)  
Bluetip Hotels, LLC

Transaction ID: 0000171

Date of Disbursement

Mailing Address 10539 Beacon Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	9

City Indianapolis State IN Zip Code 46256-9797

Amount of Each Disbursement this Period

250.00
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Purpose of Disbursement  
refund of duplicate contribution

010
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

250.00
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TOTAL This Period (last page this line number only) ..... ►

250.00
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