

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)

MIKE PENCE COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR. BEN B. PENCE 2829 - 25TH STREET COLUMBUS, IN 47203	SELF Occupation: ORTHODONTIST	11-12-99	\$ 1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN W. FISHER P.O. BOX 1408 MUNCIE, IN 47308	RETIRED	11-12-99	\$ 500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANICE BALL FISHER P.O. BOX 1408 MUNCIE, IN 47308	RETIRED	11-12-99	\$ 500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH S. DAWSON 7899 HIGH DRIVE INDIANAPOLIS, IN 46240	SELF	11-11-99	\$ 1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM H. GRUPPE P.O. BOX 71 MUNCIE, IN 47308	G46 OIL CO. OF INDIANA, INC. Occupation: PRESIDENT	11-12-99	\$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,250		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDMUND F. BALL P.O. BOX 1408 MUNCIE, IN 47308	RETIRED	11-15-99	\$ 500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH D. HANSEN 6330 E. SOUTHPORT ROAD INDIANAPOLIS, IN 46287	HANSEN & HORN GROUP, INC. Occupation: HOME BUILDER	11-15-99	\$ 300
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		

SUBTOTAL of Receipts This Page (optional)

4050

TOTAL This Period (last page this line number only)